



# Advancing Quality Maternal Healthcare in Nigeria: What are the Missing Links?

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## Keynote Speaker



**Dr. Osagie Enahire**  
Honourable Minister of Health

## Speakers



**Dr. Mary-Ann Etiebet**  
Executive Director, MSD for Mothers



**Dr. Nneka Onwu**  
Director, Community Health Services, National Primary Health Care Development Agency

## Panelists



**Ugoma Ofonagoro**  
Head of Projects, EpiAFRIC



**Amy Oyekunle**  
CEO, Wellbeing Foundation Africa



**Onyedikachi Nwizu**  
Head of Operations, MOBicure



**Tariah Adams**  
Senior Communication/Advocacy Officer, White Ribbon Alliance



**Hajjiya Fatima Abdu**  
Chairperson, Health Committee, Federation of Muslim Women's Associations in Nigeria (FOMWAN)



**Dr. Charity Chenge**  
Senior Program Officer, Health, Bill and Melinda Gates Foundation



**Abiola Nejo**  
Segment Manager, Women & Young Professionals, Access Bank



**Dr. Ojo Olumuyiwa**  
National Professional Officer, Maternal, Sexual & Reproductive Health, World Health Organization



**Ekenem Isichei**  
West Africa Lead, Corporate Council on Africa



**Dr. Olamide Okulaja**  
Director of Advocacy & Communications, PharmAccess Foundation

## Intros & Moderators



**Vivianne Ihekweazu**  
Director of Programmes, Nigeria Health Watch



**Temitayo Erogbogbo**  
Director of Advocacy, MSD for Mothers



**Dr. Ifeanyi Nsofor**  
CEO, EpiAFRIC



**Bunmi Oyejorin**  
Programme Manager, Nigeria Health Watch

Sustaining Health Outcomes through the Private Sector (SHOPS) Plus is USAID's flagship initiative in private sector health. The project seeks to harness the full potential of the private sector and catalyze public-private engagement to improve health outcomes in family planning, HIV/AIDS, maternal and child health, and other health areas. SHOPS Plus supports the achievement of US government health priorities and improves the equity and quality of the total health system.



Marie Stopes International Organisation Nigeria is committed to providing quality Family Planning, and Sexual Reproductive Health services in Nigeria. Marie Stopes Nigeria opened its first clinic in 2009, delivering sexual and reproductive health services to communities across Nigeria. In our first year, we estimated that 12,000 women in Nigeria were using a form of contraception provided by Marie Stopes. That number increased to at least 1,367,400 by the end of 2017, and continues to grow!



MSD for Mothers is MSD's \$500m initiative to create a world where no woman has to die giving life. Applying MSD's business and scientific resources, we collaborate with partners to improve the health and well-being of women during pregnancy, childbirth and the postpartum period. MSD for Mothers builds on this legacy by implementing programs, partnerships and solutions so no woman dies giving life. Every day, MSD employees contribute their business and scientific expertise to the challenge of maternal mortality.



The Partnership for Advocacy in Child and Family Health at Scale (PACFaH@Scale), or simply, PAS, is a BMGF reinvestment health/social accountability project which aims to advocate to the executives and legislatures at federal, states and LGA to fulfill their service and social compacts with the citizens, fulfill promises made and implement policies, laws and regulations that have positive health impacts on the people. Key message in the advocacies is to demand for increased and sustained funding of PHC and health.



EpiAFRIC is a global competitive African health consultancy group. We provide a service of uncompromising competence, tenacious integrity, and an in-depth local understanding of the Nigerian context, enriched by a culture of delivery from our international experience and underpinned by a socially aware ethos. We offer advisory, research and capacity development for the health sector.



**PharmAccess** FOUNDATION PharmAccess Foundation is an entrepreneurial organisation with a digital agenda dedicated to connecting more people to

better healthcare in Nigeria. PharmAccess mobilises public and private resources for the benefit of healthcare providers and patients through a combination of health insurance, loans to healthcare providers, quality standards, provider services, and mHealth innovations that are tested in the PharmAccess mHealth lab.



Christian Aid works with local partners and communities to fight injustice, respond to humanitarian emergencies, campaign for change, and help people claim the services and rights

they are entitled to. In partnership with local organisations, as well as with governments and the private sector, Christian Aid aims to end poverty and injustice worldwide by focusing on seven key areas of gender and power inclusion, voice and governance, community health, from violence to peace, humanitarian, inclusive markets, resilience and climate.



The development Research and Projects Centre (dRPC) is an intermediary non-profit established with a mission to build organizational and technical capacity within civil society and government to work together in inclusive development model in which felt needs of the vulnerable and excluded are addressed. Our vision is a soft and sustainable model of development built around social capital, people and the human element in development, hence the small 'd' in dRPC.



Society for Family Health Nigeria has a mission to empower Nigerians, particularly the poor and vulnerable to lead healthier lives. Working with the private and public sectors, SFH adopts social marketing and behaviour change communication to improve access to essential health information, services, and products to motivate the adoption of healthy behaviours.



Nigeria Health Watch is a not-for-profit organisation offering communication and advocacy expertise in the health sector. Our dual strengths in health and communication enable us to provide perfect solutions for communications and advocacy in the health sector. Competence, integrity, social consciousness, passion for health, are some of our values.

# Strengthening Stakeholder Commitment to Quality Maternal Healthcare in Nigeria

Nigeria is the second highest contributor to maternal mortality after India, with an estimated 58,000 maternal deaths annually. About 9.2 million women and girls become pregnant every year. This population is faced with the risk of maternal deaths from preventable causes related to pregnancy and childbirth.

According to latest 2018 National Demographic and Health Survey (NDHS) data, 67% of pregnant women commenced antenatal visits, while only 56.8% completed four visits. The most common cause of maternal deaths in Nigeria has been attributed to heavy bleeding post-childbirth due to postpartum haemorrhage (PPH), which accounts for 23% of all maternal deaths, followed by infections, followed by childbirth (sepsis) at 17% and unsafe abortion at 11%. It is pertinent to note that some of the efficacious interventions to tackle these causes are still not reaching women, especially the poor, disadvantaged and most vulnerable. There is a significant gap in the numbers in the North-Eastern region of Nigeria, with maternal deaths at 1,547 per 100,000 live births, compared to the national average of 512 deaths per 100,000 live births.

Quality in maternal healthcare is not yielding the improvement in health indices as expected in Nigeria, so it is imperative to consider the standard of healthcare being received. Quality maternal healthcare should minimise risk and harm to women while providing effective services using evidence-based guidelines. Quality maternal healthcare should reduce the delays women face in receiving care and maximise resources to avoid wastage. Discussions explored the dimensions of quality maternal healthcare, in addition looking at service delivery and ways of integrating quality at all levels of maternal healthcare delivery in Nigeria.

Delivering quality maternal healthcare in Nigeria should involve collaboration between all stakeholders in the healthcare sector, both private and public healthcare providers, practitioners, public and private suppliers, health maintenance organisations (HMOs), pharmaceutical companies, and government. The goal of these collaborations should be to always put the patient first. This was the aim of the Stakeholders

Summit.

Why the focus on quality in maternal healthcare, and why now? In the drive to achieve the three arms of universal coverage - access, affordability and quality - a greater focus is needed on quality in healthcare in order to improve patient outcomes and experience, ensuring that all patients have access to quality healthcare. However, when increases in health access and coverage do not bring about corresponding improvements in health indices, this is an indication of gaping inadequacies in the quality of care provided in health facilities.

Currently, efforts to improve quality in healthcare are not consistent across all healthcare providers, leaving many gaps in the system. There needs to be a greater effort to improve quality in healthcare in order to increase confidence in the healthcare sector, with the use of quality measures to access service delivery.

How do we measure quality maternal healthcare?

Every effort to measure quality maternal healthcare should have these goals as the big picture:

- Alleviate the burden of the three delays and eliminate these gaps as significantly as possible so that women are able to get better care in the home, in the community and in the health facility.
- Improve the woman's experience of care.
- Reduce the per capita cost of maternal healthcare.
- Reduce clinician and staff burnout.

These goals will influence the development of nationalised outcome measures for quality of maternal health care. Outcome measures are 'changes in the health of an individual, group of people, or population that is attributable to an intervention or series of interventions.' Outcome measures (mortality, morbidity, re-admission, patient experience, etc.) are the quality and cost targets of healthcare.



**1,546**  
MATERNAL  
DEATHS PER  
100,000  
LIVE BIRTHS

IN THE NORTH-EASTERN  
REGION OF NIGERIA

representing a  
**302% increase over**  
the national average  
of 512 deaths  
per 100,000 live births



ANTENATAL  
CARE VISITS

**56.8%**  
of women  
completed four  
antenatal care  
(ANC) visits

(NDHS, 2018)



**23%**  
OF MATERNAL  
DEATHS IN  
NIGERIA  
ATTRIBUTED  
TO HEAVY BLEEDING  
POST-CHILDBIRTH DUE  
TO POSTPARTUM  
HAEMORRHAGE  
(PPH)





## REGISTRATION

## TEA BREAK

## WELCOME

**Vivianne Iheweazu**, Director of Programmes, Nigeria Health Watch

## KEYNOTE SPEECH

**Dr. Osagie Ehanire**, Honourable Minister of Health, FMOH

## OVERVIEW

## MSD for Mothers' Work in Nigeria

**Dr. Mary-Ann Etiebet**, Lead and Executive Director, MSD for Mothers

## PANEL DISCUSSION ONE

Moderator:

**Temitayo Erogbogbo** Director of Advocacy, MSD for Mothers

### The Role Of Consumers in Driving Quality Care: Elevating the Voice of the Woman and the Community in Maternal Healthcare

- Demonstrating the importance of listening to women to deliver high quality maternity care
- Highlighting successful approaches in integrating women's voices to support quality of healthcare efforts
- Drawing attention to the critical role of key stakeholders and the local community in women's child birth journeys
- Highlighting the importance of training health workers to improve the service delivery of care to pregnant women and how this can improve maternal health outcomes
- Demonstrating the importance of encouraging women to share their pregnancy experiences

Panelists:

**Ugonna Ofonagoro**, Head of Projects, EpiAFRIC

**Amy Oyekunle**, CEO, Wellbeing Foundation Africa

**Onyedikachi Nwizu**, Head of Operations, MOBicure

**Tariah Adams**, Senior Communication/Advocacy Officer, White Ribbon Alliance

**Hajiya Fatima Abdu**, Chairperson, Health Committee, Federation of Muslim Women's Associations in Nigeria (FOMWAN)

## QUESTIONS AND ANSWERS (Q&amp;A)

## OVERVIEW

### NPHCDA: Promoting Community Involvement and Strengthening Health Systems to Reduce Maternal And Child Mortality

**Dr. Nneka Onwu**, Director, Community Health Services, National Primary Health Care Development Agency (NPHCDA)

## QUESTIONS AND ANSWERS (Q&amp;A)



## PANEL DISCUSSION TWO

Moderator:

**Dr. Ifeanyi Nsofor**, CEO EpiAFRIC

### Integrating the Local Private Sector in Pushing for Improved Quality Maternal Healthcare

- Demonstrating how leveraging the local private sector has led to improved quality care
- Showing how innovative financing mechanisms by the private sector supported by government can improve access to maternal health services
- Demonstrating why it's a win-win for the private sector to invest in quality maternal healthcare
- Showing the importance of integrated/collaborative response by the private sector to avoid wasting resources and duplication of efforts or working in silos

Panelists:

**Dr. Charity Chenge**, Senior Program Officer, Health, Bill and Melinda Gates Foundation

**Abiola Nejo**, Segment Manager, Women & Young Professionals, Access Bank

**Dr. Ojo Olumuyiwa**, National Professional Officer, Maternal, Sexual & Reproductive Health, World Health Organization

**Ekenem Isichei**, West Africa Lead, Corporate Council on Africa

**Dr. Olamide Okulaja**, Director of Advocacy and Communications, PharmAccess Foundation

## QUESTIONS AND ANSWERS (Q&amp;A)

## CALL-TO-ACTION

**Bunmi Oyeboji**, Programme Manager Nigeria Health Watch

## CLOSE AND LUNCH







**Our administration** believes in inclusive governance that leaves no one behind and **is committed to extending health services to the poor and vulnerable irrespective of their status and where they live.**

DR. **OSAGIE ENAHIRE**, *Honourable Minister of Health, FMOH*



### POTENTIAL OUTCOMES

There is a need for urgency to improve the outcomes of maternal and child health, allow women's voices to be heard and bring together stakeholders involved in maternal and child care – from state institutions, to development partners, to civil society organisations and NGOs.

### HISTORICAL INEQUALITIES

There is also historical inequality in the health system of Nigeria exacerbated by the glaring rural urban divide that limits access to healthcare services for a large segment of the population.

### THE NEED TO REDUCE MATERNAL DEATHS

It is important to accelerate efforts to reduce maternal deaths in Nigeria due to the country accounting for up to 14 per cent of global maternal deaths.

### PILLARS OF REDUCING MORTALITY RATES

Access to reproductive maternal family planning commodities and childcare are some of the pillars in reducing mortality rates in this country.

### CRITICAL ITEMS TO RESTORE CONFIDENCE IN NIGERIA'S HEALTH AGENDA

- Strengthening PHC services towards the attainment of universal health coverage (UHC) as enshrined in Goal 3 of the Sustainable Development Goals (SDGs).
- Improvement in Reproductive, Maternal Newborn and Child Health (RMNCH) as a catalyst to improve access to free antenatal care at PHC levels.
- Delivering affordable, accessible and quality healthcare with a greater focus on quality healthcare and improved patient experience to achieve UHC.
- Successful implementation of interventions meant to address bottlenecks that hinder demand and supply for health services.

### WHAT NEEDS TO BE DONE - IN SPECIFIC TERMS

#### *Implementation of a 24/7 PHC operations regime*

A change in operational times of many PHCs across the country from 8-3p.m. and 8-4p.m. to a 24/7 regime - to provide services even at nighttime when it is believed that many births take place.

#### *Provision of PHC supporting infrastructure*

The addition of staff quarters to all PHCs, provision of power from the national grid or renewable energy sources, provision of access to portable water and

beefing up of security would improve the quality of PHC services.

In addition, plugging transport systems gaps will reverse percentages of needless deaths in healthcare to reverse the damning gaps identified by the WHO Report that states that up to 50 per cent of deaths in emergencies are due to not being able to get access to health. Promoting the creation of emergency medical systems and the addition of patient transport systems- as small as tricycle ambulances - to link PHCs to homes in rural communities and to secondary level care.

### TARGETING THE POOR AND VULNERABLE

The disbursement of the first phase of the Basic Health Care Provision Fund (BHC PF) in the 2018 Fiscal Year to states that have met the necessary criteria - to provide the much needed of health packages targeted at the poor and vulnerable particularly in rural areas.

### OPPORTUNITIES AND PROSPECTS

- Exploring models to upgrade the PHC system
- Expansion of limited services to around-the-clock services
- PPPs with private sector providers to operate public primary health care centres
- Stimulation of studies into identified challenges for possible inclusion in the healthcare delivery strategies for the PHC level

### WHAT IS BEING DONE?

Support for schools of midwifery and schools of health technology to boost the human resource on health Improving the scope of skills that rural health providers have –particularly community healthcare workers - to enable them:

- take delivery in emergency situations where there is no immediate access to higher skills.
- carry out essential services that are usually not available such as visual acuity, hearing test, routine medical checks, antenatal clinic etc.

Improving and restoring midwifery services scheme to leverage on the experience of retired midwives and those who are currently unemployed.

Interventions to ease work force challenges such as employing and training young people to:

- be the links between communities and health facilities.
- improve the health seeking behaviours of citizens generally

Up to 50 per cent of deaths in emergencies are due to not being able to get access to health. – WHO Report





When we pick **the right types of interventions**, work **with the right people** and really invest in human capital in our communities, **we can have an impact** at the primary healthcare centres...**with ripple effects.**

DR. **MARY-ANN ETIEBET**, *Executive Director, MSD for Mothers*

#### MOTIVATIONS FOR MSD FOR MOTHERS' WORK

Nigeria is a one of four focus countries for MSD for Mothers' work of helping preventable maternal deaths worldwide. It is really about all of the energy, all of the social entrepreneurship, the power of the private sector, the enabling environment for PPPs and the work being done to ensure that voices of women are not just heard but are actually integrated into solutions.

#### THE NECESSARY WORK

- Responding to the needs of women
- Making child birth a joyful experience, something worthy to be remembered, something that can be improved upon
- Making women to increase their trust in the health system, so that it is actually an opportunity to put them and their families on the pathway to a lifetime of healthy wellbeing

#### PROVIDING EDUCATION FOR YOUNG WOMEN

Girl Child Concerns – a partner working in the crisis-hit northern Nigeria where maternal mortality rates are highest – has provided education for young women who are resettling in some communities, to enable them become village health workers as well as midwives. The programme has seen up

to 400 per cent successes in utilisation of primary health services.

#### NECESSARY INTERVENTIONS

- Ensure that most girls and women from local private providers, PPMVs and community pharmacies receive a high quality of service.
- Make sure that local health service providers receive appropriate counsel, as they provide services to women and girls in the communities.
- Go to communities where women and girls reside, meet with them where they are and provide the right services to them in those places.

#### A SUCCESS STORY TO REPLICATE

USAID and Pathfinder - MSD for Mothers' partners - have worked to achieve a 66 per cent reduction in maternal mortality rates in Cross River State. It is the first success of its kind linked to a specific intervention at a population at a state level, globally. It is worthy of emulation, not just in Nigeria, but also outside the country. Spread around and adopt the driving points and motivations for the successes recorded.

66 per cent reduction in maternal mortality rates achieved by a USAID and Pathfinder intervention in Cross River

#### OVERVIEW

## NPHCDA: Promoting Community Involvement and Strengthening Health Systems to Reduce Maternal and Child Mortality

DR. **NNEKA ONWU**, *Director, Community Health Services, NPHCDA*

#### THE ISSUES AT STAKE

Establishing one functional PHC in every ward.  
Having the right minimum package of four midwives per PHC- to reverse current trends of only one midwife with a packed work schedule.

#### WHAT IS NEEDED?

A coordinating platform that sees to what happens at the national, states, local governments and even the community levels.

Stakeholders working together to ensure that one woman – that one customer – in the community, is served appropriately.

#### WHAT IS BEING DONE?

##### Setting up of the national emergency centre

The centre addresses concerns bordering on women not being keen on seeking care at PHCs and factors that cause delays and hinder women from seeking care – including decision-making and seeking permission before women can patronise PHCs.

##### Harmonised CHIPS programme

Community health influencers, promoters and services (CHIPS) agents are identified and selected by the community, to provide care for one community household in every ward.



At NPHCDA we want that **coordinating platform** that has everybody. It is everybody's **responsibility** to be there as stakeholders.

DR. **NNEKA ONWU**, Director, Community Health Services, NPHCDA

The programme will give rise to at least 10 CHIPS agents providing care per ward. CHIPS agents, under the supervision of community health extension workers (CHEWs) enumerate households, provide care, and engage pregnant women with malaria symptoms to provide minimal care as she links these women to the facilities.

#### Provision of needed data

CHIPS agents at the community level are providing the needed data that was not previously available. A household master register records all interventions at the household level and transmits the interventions data to the facility and ultimately to the national level.

#### Provision of transport vouchers

Pregnant women registered with CHIPS agents are allocated two vouchers that entitles them for transport referrals – where they can access community-based transport structures to take them to the health facility for care. The vouchers are reimbursable.

#### Advocacy for stakeholder involvement

With government revitalising about 4,000 – and targeting 10,000 functional PHCs – there is a need for everybody to be responsible and get involved. It behooves on all individuals to as a minimum, find out if there are functional PHCs in their communities. A step further will be to ensure that conversations around maternal health and childbirth get to homes, households and every doorstep. It is a call for all to take up responsibilities at national, state and local government levels.

Get involved by linking up with WDCs and VDCs through the NPHCDA app to see what kind of support individuals can render. Getting involved is critical to ensure that no woman dies from preventable causes.

#### Setting up accountability mechanisms

Functional Ward Development Committees (WDCs) that have Village Development Committees (VDCs) working together with CHIPS agents, on a monthly basis to look at data, are needed.

The critical data to be provided by these WDCs include the number of pregnant women, number of pregnant women who access facilities for care, the number of women who attend antenatal (after harmonisation with the facilities). In addition, the Committee needs

to find out who is missing and tracking same person with the help of CHIPS agents to find out why that person has not accessed the facility.

#### Expansion of midwife and basic midwife schemes

With schools of midwifery, churning out a fraction of the midwives required, an expanded midwife scheme and a basic midwife scheme was initiated.

The training requirements incorporate mentorship to ensure that the midwives are doing the right things for the customers – the women and girls – to keep them seeking care at the PHCs.

This scheme also bridges the experience gaps for fresh graduates from the schools of midwifery.

#### Using data for action

Data is important. NPHCDA is deploying data for action in order to meet strategic targets and plans.

#### EXPERIENCE SHARING

It is important for data experiences to be shared locally as they are also shared on global platforms and forums. Bringing up these experiences in community dialogues with women and girls will keep them in the loop on the issues around maternal health.

#### THE QUARTERLY BHC PF AID

The Basic Health Care Provision Fund (BHC PF) provides at least 45 per cent of funds through the NPHCDA to the facilities.

This quarterly provision – of about N300,000 – is used for commodities, hiring extra-hands, providing tools and undertaking outreaches.

#### CHALLENGES

- NPHCDA's strategic plans and targets are not implemented at state levels in the country.
- Non-release of approved funds.

#### CALL-TO-ACTION

- There is a need to strengthen the coordinating mechanism to ensure that funding goes down to the facility.
- Communities have to become critical stakeholders in their healthcare decisions.
- People have to be held accountable for their actions and inactions – and punished accordingly, if found culpable.

#### BRIEFLY



NPHCDA is working to have the right minimum package of **four midwives per PHC across the country.**



The community health influencers, promoters and services (CHIPS) programme designed to improve on the village health worker concept established by the NPHCDA, will give rise to at least **10 CHIPS agents providing care per ward.**



About **4,000 PHCs have been revitalised** by government. The target is **10,000 functional PHCs across the country.**



Quarterly, the Basic Health Care Provision Fund (BHC PF) provides **about N300,000 for PHCs through the NPHCDA.**



## The Role Of Consumers in Driving Quality Care: Elevating the Voice of the Woman and the Community in Maternal Healthcare



### ACCESS TO QUALITY CARE

**Temitayo Erogbogbo**, Director of Advocacy, MSD for Mothers, set the panel discussion rolling by emphasising that access to quality care should be the priority

"It is not so much about women having access but about them having access to quality care. So, there are more women dying from poor quality care than from access."



### RESPONSIVE HEALTHCARE

**Tariah Adams**, Senior Communication/Advocacy Officer, White Ribbon Alliance, revealed that listening to women and using the fallouts, reports and views to shape health interventions and investments creates trust and better healthcare results:

"When health care is responsive to the needs of women, it creates trust in the system, it creates increased demand for quality healthcare."

### RESPECT FOR THE FEMALE CHILD

**Ugonna Ofonagoro**, Head of Projects, EpiAFRIC, passionately called for a cultural shift where the girl-child should be given a fair share in society and listened to - if high quality maternal care is a goal.

"The problem for me is that our culture does a lot of things to the female child. It teaches them, it loves them but one thing it doesn't do is respect them, listen to them. We need to be listened to."



## IN PLACE...

## 'WHAT WOMEN WANT'

This is White Ribbon Alliance's global campaign aimed at reaching one million women to reveal their one priority health care need. The 74,000 women reached in Nigeria requested for basic things – things that were taken for granted that every facility should have. The number one request for Nigeria was water, sanitation and hygiene (WaSH). Respectful care popped up in second place while medicine supplies and information on procedures women were going through to make them feel comfortable – followed thereafter.



## USING TECHNOLOGY TO DRIVE QUALITY CARE

**Onyedikachi Nwizu**, Head of Operations, MoBicure disclosed that Omomi – a mobile app powered by MoBicure – provides digital platform for women to access basic life-saving maternal and child health information as well as linkage to medical professionals. Preceded by the personalised *Omomi* short message service, *Omomi* plans to include other key stakeholders in the maternal and child health journey.

"With technology, a woman does not necessarily need to go to the hospital for every single thing. We can leverage on technology to bring healthcare to the convenience of women."



## ENABLING WOMEN TO ACCESS CARE CENTRES

**Hajiya Fatima Abdu**, Chairperson, Health Committee, Federation of Muslim Women's Associations in Nigeria (FOMWAN) revealed sensitisation drives, collaborations and forums by FOMWAN ensure that women accessed care centres when necessary.

"We have weekly meetings with women of child bearing age to capture their experiences. We visit antenatal clinics to get women to share their experiences and the [type of] treatment they receive from health workers."



## ELEVATING WOMEN'S VOICES

**Amy Oyekunle**, CEO, Wellbeing Foundation Africa underlined the work undertaken by Wellbeing Foundation to drive home their key belief of respectful maternal care through the MamaCare Antenatal and Postnatal Education programme. The programme uses education to improve maternal and child health. Trained midwives provide solutions to mothers where they reside, listen to the mothers, and create a safe space where women can share experiences and concerns.

"We take the time to put healthcare workers through the reason why communication is critical in their service delivery. This has improved the service they deliver."

## Integrating the Local Private Sector in Pushing for Improved Quality Maternal Healthcare



### LEVERAGING ON AVAILABLE FUNDS

**Dr. Ifeanyi Nsofor, CEO EpiAFRIC**, reeled out the numbers behind out-of-pocket expenditure for health and called for creative ways to deploy the available money to provide better quality maternal and newborn care.

"We need to leverage on the money that is available, that people are already spending for substandard care, to fund quality healthcare."



### INCENTIVISING GOVERNMENTS

**Dr. Charity Chenge, Senior Program Officer, Health, Bill and Melinda Gates Foundation** revealed that BMGF has entered into MOUs that incentivised governments to spend money where needed. She believes that if donor funds are wrongly utilised continuously, progress would not be made – decades down the line.

"No matter how much money is made available, by which ever donor, the important thing is for us to look at what has worked. Let's drop what has not worked, pick up what has worked and scale up across the states."

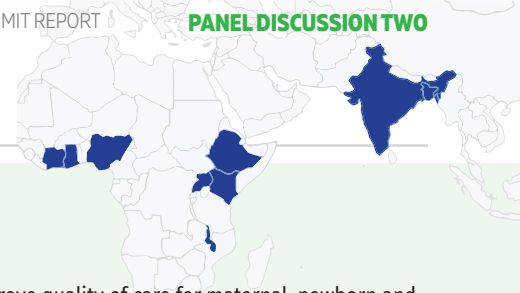


### SUSTAINABLE COLLABORATIVE FINANCING

**Abiola Nejo, Segment Manager, Women & Young Professionals, Access Bank**, spoke up on the need for women to save up for the pregnancy and child birth journey. She stated that Access Bank is keen on how communities can be impacted through ways that ensures that there is a balance between the financial aspects and prosperity of people - through collaborative financing for individuals and health facilities. This has given rise to the Maternal Health Support Scheme (MHSS) that provides financing for IVF treatments for up to three cycles – and other specialised procedures for women – with a repayment period of 2-3 years. In addition, the scheme makes provision for equipment financing for hospitals.

"Quality healthcare is expensive and it is even more expensive for women."





## IN PLACE...

## QUALITY, EQUITY, DIGNITY



The World Health Organisation (WHO) as part of its normative role, initiated a network to improve quality of care for maternal, newborn and child health about three years ago. The network brings on board the quality discourse, a key pillar of universal health coverage (UHC). Nigeria is one of the first 10 wave countries that make up the Network for Improving Quality of Care for Maternal, Newborn and Child Health, ('the QoC Network'). The QoC Network has agreed on a vision that every pregnant woman and newborn receives good-quality care throughout pregnancy, childbirth and the postnatal period. The vision is underpinned by the core values of quality, equity and dignity.



## SCALING-UP INNOVATORS

**Dr. Olamide Okulaja, Director of Advocacy and Communications, PharmAccess Foundation** reiterated the need for synergy in tackling issues of quality health. He highlighted the limited fiscal space for government to allocate more resources to health. Consequently, he made a case for the inclusion of the private sector due to its financial viability with the nearly N2.75trn out of pocket expenditure for health in 2018. According to him, PharmAccess is seeing to how innovators can scale up and ensuring that their innovations are sustainable at market rates.

"Even the poorest of the poor identify that the private sector is more veritable in delivering quality services than the public sector."



## DRIVING THE UHC INITIATIVE

**Ekenem Isichei, West Africa Lead, Corporate Council on Africa**, gave an overview of the focal work done by the Corporate Council on Africa around private sector engagement within Nigeria and the African continent. Through partnerships, the Council has made strategic alignments to drive the UHC initiative.

"The private sector has the capital, the private sector sees what is going; so they try to get involved to cover the gaps because we are all affected by it and we are all part of the system."



## POSITIONING FOR QUALITY

**Dr. Ojo Olumuyiwa, National Professional Officer, Maternal, Sexual & Reproductive Health, World Health Organization** brought to fore the work of WHO, through its partner, MSD for Mothers, in seeking to really understand what works in private facilities - their quality priorities, what can be done beyond and inspections, accreditations and how to bring them on board to improve quality in a way that makes business sense.

"There are so many opportunities in the private sector but government has not really harnessed that and that is what we should advocate for."



## Delivering quality health care in Nigeria is a conversation that everybody has to be part of.

**Tariah Adams**, Senior Communication/Advocacy Officer, White Ribbon Alliance

### Utilise proven interventions.

Bring together the isolated cases of stellar and exemplary projects and scale-up across board.

Deploy the interventions around quality of services: accreditation, continuous quality insurance or collaboratives, training and supportive supervision, use of checklists and performance-based financing.

Deal with delivery mechanisms and the 'how' of doing things.

Have a financial plan for maternal care and childbirth.

Structure health systems in a way that easily and readily embraces listening to women.

Develop a strategy to improve the primary health care system to develop public and private health care systems.

Give people an incentive to ensure that when their contributions to health insurance guarantee quality care in health facilities.

Implement and enforce a mandatory health insurance scheme.

Move funding, as a country for healthcare to the demand side - to facilitate people to access care for both public and private facilities so that there will be increased competition and better quality of healthcare.

Increase budgetary allocation for healthcare.

Financing of health care for women should be embraced by more private sector organisations.

Build capacity and teach financial literacy around catering for basic needs for childbirth.

Carry out quality health care interventions in a sustainable manner

Look at a holistic approach in providing solutions as opposed to looking at things in silos.

States should have good work plans that articulate clearly where money is needed for care - based on available data and other factors.

Regulate the private sector to facilitate, and enable them understand the mutual benefits when quality care is made available and given to patients.

Provide evidence-based services.

Draft and implement a very inclusive national quality policy and strategy for Nigeria that addresses what happens in the private sector - up to PPMVs.

Facilitate an Uber-styled ambulance service to address access and transportation bottlenecks.

Back up innovative ideas in the healthcare sector through the provision of resources by government to enable deployment on a large-scale basis.

Create more synergy between partners coming to the table - to lower associated costs that pertain to upscaling for quality.



When we address young people, we must first take out our moral and religious compass and flush them down the toilet and address them as humans, who we must address with respect

**UGONNA OFONAGORO**  
Head of Projects, EpiAFRIC



Our introduction to womanhood from our mothers is 'this is the end of your life. If a man touches you, your life is over.' We need to tell women that they are beautiful, that the biology of their bodies is not a curse. 'You are pure magic!'

**Ugonna Ofonagoro, Head of Projects, EpiAFRIC,**



Aggregate whatever that is being done to improve quality to some sort of economic growth – that can also free up more funds for other critical uses.

Deploy the facts and figures -instead of emotions – and make a case for why the proposed interventions will make more sense to policymakers and funders.

Play up the returns on investments (ROI) that come with health as a business

Bring about a change in perception that partners are 'donors' - that partners don't look out for changes when they make funds available.

Health workers need to make young girls feel safe and secure in approaching them to seek services around sexual intercourse, birth control and abortion - in order to deter them from resorting to 'crude and crazy' alternatives.

Make room for everybody including rural dwellers so they understand how they can become champions of the dream or change they are being urged to become.

Give people a reason to see why the quality being advocated is important.

Provide critical data to drive needed information - as data feeds back into the system.

Provide linkages and feedback to the government and states - so that appropriate actions can be taken.

Ensure that the voice of the mother is not lost in any consultative processes - to enable them clearly state and say what they need.

Actively advocate on feedback and responses received.

Never lose track of the fact that despite the critical nature of data, it is still the stories that drive and give life to data.

Understand that everybody is a stakeholder in quality healthcare - transport workers and unions, men, children, private sector, government.



If I tell you to pay for Dominos Pizza, that you can get 2 for the price of 1, you will go for it but if I tell you to buy health insurance, you will hesitate.

**AMY OYEKUNLE**  
CEO, Wellbeing  
Foundation Africa





### #GivingBirthInNigeria

**Bunmi Oyeboji**, Programme Manager Nigeria Health Watch made known the varying statistics of 145 -200 women that die every day from childbirth or pregnancy complications in Nigeria. Her message was clear: a woman should not lose her life while giving birth to another person.

She called out for every one to think about the PHCs, visit and find out what is happening there as regards health care delivery. Additionally, she advocated for all individuals to talk to pregnant women.

"In my opinion, the missing links are partnerships. We need to work together, there needs to be synergy between the public and private sector, the community and the women."









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