

Measuring Quality Improvement Measures for MNCH in Northern Nigeria



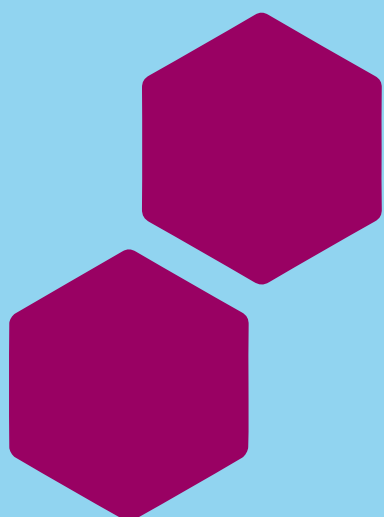
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ABSTRACT



Long wait time, among many other issues, is a barrier to ANC for pregnant women in Northern Nigeria. The State Accountability and Quality Improvement Project (SAQIP) in Gombe State used a Quality Improvement and Accountability model to identify and address challenges to quality MNH care. Quality Improvement Teams (QITs) identified barriers to quality care and tested and measured change ideas to validate effective solutions for MNH services. QITs reviewed data at bi-weekly meetings and adjusted their interventions based on evidence and findings. This session will present the Quality Improvement and Accountability model, describe adaptations made to QI to fit the Gombe context, discuss good practices from using data at a localized level to improve services, share results from the intervention, and highlight lessons learned from the QI experience in Gombe State.

Long waiting time at the Primary Health Centers (PHC) was a barrier to ANC service uptake in Gombe State, Nigeria. Women attending ANC spent average of about 172 minutes¹ to access care across 10 or more fragmented service delivery points. As a result, few women completed 4 ANC visits with trained providers during pregnancy. Between July 2014 - July 2015 only 36% of women who gave birth in Gombe PHCs had received 4 ANC visits during their last pregnancy², representing an opportunity lost for access to information and appropriate care during pregnancy and delivery.

BACKGROUND



PROJECT DESCRIPTION

Pact implemented an iterative model of improvement in 57 PHC under the State Accountability and Quality Improvement project in Gombe State, Nigeria from 2015 to 2020 with support from the Bill and Melinda Gates Foundation. The model focused on standards for health care delivery, client satisfaction, and measurement of achieved improvements. The project supported and trained Quality Improvement teams (QIT) in each PHC on approaches for identifying, analyzing, and responding to clinical and non-clinical challenges inhibiting provision of quality MNCH services in PHCs. QITs comprised 4 health workers, 4 members of the Ward Development Committees and a representative of the Village Head, and were coordinated, supervised and supported by the QI coaches and QI M&E officers from Gombe State Primary Health Care Development Agency (GSPHCDA). QITs identified non-clinical and clinical MNH problems in their PHCs and developed appropriate interventions to address challenges. They met bi-weekly to review data, identify key lessons and improve the QI strategy based on evidence from data.

To address long wait times, QITs integrated service delivery point, reducing from 10 to 4 points of care. Effectiveness was measured by tracking the average time spent by a random sample of pregnant women from entry to exit at ANC visit. Upon arrival, women received a card with current time at check-in, and at check-out, the card was retrieved, and the current time recorded. The data were analyzed and graphed to display trend in average time spent by women at ANC visits in the PHC from May 2016 to January 2018.

LESSONS LEARNED

By Integrating the ANC service points, average waiting during ANC visits by women reduced from (172 ± 50) minutes in May 2016 to (49 ± 10) minutes in January 2018³, demonstrating improved time management at PHCs. Additionally, the percentage of pregnant women accessing at least four (4) ANC visits in these PHCs also increased from 36% (CL: 30-43) in July 2015 to 64% (CL: 56-71) in August 2018⁴.

The iterative model of improvement fostered data driven learning and adaptive management in addressing clinical and no-clinical challenges in the PHCs. The QI approach is a proven sustainable, effective, and adaptable strategy for improving average waiting time for pregnant women accessing ANC in PHC in Gombe State, fostering uptake of ANC continuum of care.

¹SAQIP monitoring Data, May, 2016
²IDEAS Household, Frontline Health workers and facility surveys, July 2012
³SAQIP monitoring Data, January 2018
⁴IDEAS Household, Frontline Health workers and facility surveys, December 2018

