



IMPROVING THE AVAILABILITY AND QUALITY OF MATERNAL AND NEWBORN CARE IN KWARA STATE, NIGERIA

*The Emergency Obstetrics & Newborn Care (EmONC) Project Collaboration of
Johnson & Johnson (JnJ), the Liverpool School of Tropical Medicine (LSTM) and the
Wellbeing Foundation Africa (WBFA)*

Full Programme Report
(2015 - 2021)





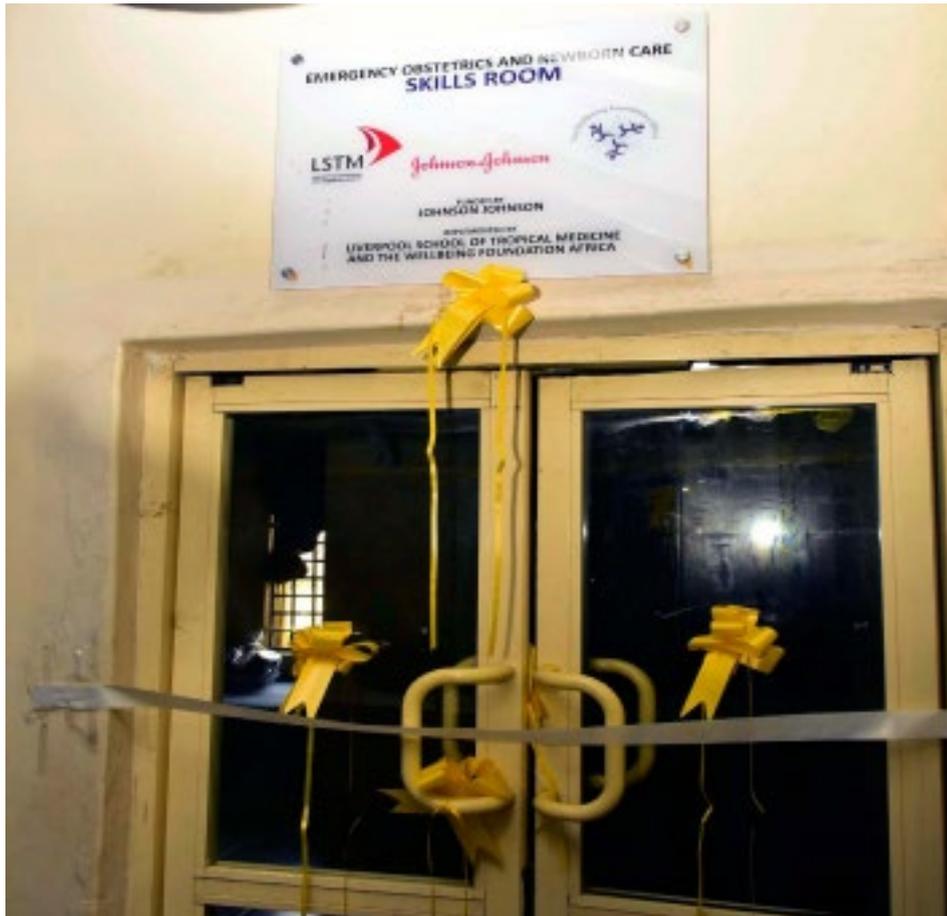
“80% of all maternal deaths result from five complications which can be readily treated by qualified and trained health professionals: haemorrhage, sepsis, eclampsia, complications of abortion and obstructed labour. Our EmONC training takes place in-house and equips doctors, nurses and midwives, as a collective team, with the skills needed to overcome these obstetric emergencies”

H.E. MRS TOYIN OJORA SARA
Founder-President, Wellbeing Foundation Africa

Inaugural Global Goodwill Ambassador to the International Confederation of Midwives. Special Adviser to the Independent Advisory Group of the WHO Regional Office for Africa. Concordia Leadership Council Member. Save the Children's Newborn Health Champion for Nigeria. Global Champion for the White Ribbon Alliance for Safe Motherhood. UNFPA Family Planning Champion and International Steering Committee member of the International Conference on Population and Development

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The skills laboratory opened in February 2018 at the General Hospital in Ilorin, Kwara State, by WBFA Founder-President, H.E. Mrs Toyin Ojora Saraki, Joy Marini, Global Director of Community Impact at Johnson & Johnson and Dr. Hauwa Mohammed, Nigeria Country Lead at Liverpool School of Tropical Medicine.



The Emir of Ilorin, HRH Alhaji Ibrahim Sulu, received WBFA Founder President, H.E. Mrs Toyin Ojora Saraki Joy Marini, Global Director of Community Impact at Johnson & Johnson during the EmONC assessment visit in February 2018

INTRODUCTION

“This training has saved so many lives here – it should be available across Nigeria.” -Dr. Oluwole Olusegun

In February 2018, as we gathered around the demonstration given by Dr. Oluwole Olusegun in the skills laboratory at the General Hospital in Ilorin, Kwara State, he proudly explained how the Emergency Obstetrics and Newborn Care (EmONC) training had transformed the capacity of doctors, nurses and midwives in Kwara to save the lives of women and newborn infants.

The laboratory had just been officially reopened by the WBFA alongside partners who had joined forces with us to make this training possible - Joy Marini, Global Director of Community Impact at Johnson & Johnson and Dr. Hauwa Mohammed, Nigeria Country Lead at Liverpool School of Tropical Medicine. Commissioning the lab was just one of the activities WBFA and partners conducted during the series of visits to assess the EmONC program, in order to hear first-hand why it has been so successful.

80% of all maternal deaths result from five complications which can be readily treated by qualified and trained health professionals: haemorrhage, sepsis, eclampsia, complications of abortion and obstructed labour. Our EmONC training takes place in-house and equips doctors, nurses and midwives, as a collective team, with the skills needed to overcome these obstetric emergencies. The demonstrations witnessed by the team in Kwara were wide-ranging and innovative – we were particularly impressed with the simple inexpensive and innovative use of a condom catheter balloon filled with saline to control postpartum haemorrhage, the excessive bleeding after birth which is the leading cause of maternal mortality and affects up to 5% of women.

Earlier in 2018, UNICEF released its “Every Child Alive” report which analyzed newborn deaths worldwide. Of the ten highest-risk countries for newborn deaths, eight are in sub-Saharan Africa, and Nigeria accounted for 9% of all global infant deaths in 2016. It is worth repeating that key fact: 80% of these deaths are preventable. At the WBFA, we reaffirm UNICEF’s conclusion that a key solution is the recruitment, training, retention and management of sufficient numbers of doctors, nurses and midwives with the competencies and skills needed to save newborn lives.

As we conclude the 5th year of this pioneering introduction in Kwara State, we now have convincing proof of a concept beyond suitable for whole nation deployment.

The results are clear, we’ve recorded a 38% reduction in facility stillbirth rate since 2015, and we know that the improvements and upskilling in Kwara can, must and will inspire change across the country.

We must continue on the quest to lift and leap over barriers, to deliver new life safely, and ultimately save millions more lives.

H.E. Mrs Toyin Ojora Saraki

ORIGINAL PROJECT OBJECTIVES

The project, jointly developed by the LSTM and by the Wellbeing Foundation, presents a plan to support the Kwara State Ministry of Health in enhancing the capacity of healthcare workers in emergency obstetric and newborn care (EmONC) in Kwara State. The overall objective is to increase the availability and quality of care for mothers and babies at selected Comprehensive Emergency Obstetrics and Newborn Care (CEmONC) and Basic Emergency Obstetrics and Newborn Care (BEmONC) healthcare facilities in Kwara State. The specific objectives of the intervention are:



- To improve the quality of emergency obstetric and newborn care (EmONC) in seven Local Government Areas (Ilorin-West, Ilorin-South and Ilorin-East LGAs, in the First Phase; and Irepodun, Kaiama, Edu and Offa LGAs, in the Second Phase and then Asa, Moro, Ifelodun, Patigin, Ogun, Ekiti, Isin, Oke – Ero, and Baruten in the third phase) of Kwara State.
- To support pre-service midwifery institutions to improve the competency-based EmONC training components of their curriculum.
- Improve the quality of Emergency Obstetric and Newborn Care (EmONC) in fifty-one (51) HCFs across 16 LGAs in Kwara State.
- Improve the capacity of hospitals in Kwara State to provide comprehensive emergency, obstetric and perioperative care.
- Strengthen the capacity of health care providers in the targeted HCFs in maternal and perinatal death reviews.
- Support UITH to strengthen the capacity of its faculty, to improve the quality of its EmONC teaching and to integrate the EmONC component into its curriculum.
- Promote the development of a framework to institute regular and mandatory training of maternity care providers in EmONC.
- Generate evidence through operational research on effective and sustainable approaches to enhance the capacity of health care workers to provide quality maternal and newborn care services.

WBFA and partners identified Kwara as a priority area of focus for this intervention. Located in north-central Nigeria, Kwara has a population of 2.8 million inhabitants and an estimated 120,000 births per year¹, and it is composed of 16 Local Government Areas (LGAs). Through the support

from Johnson and Johnson Corporate Citizenship Trust, we focused our intervention on the LGAs with the largest population of women of reproductive age within the state.

Over 700 healthcare providers benefited directly from the interventions and over the 30-month project, an estimated 62,900 women and their newborns also reaped the benefits of the interventions implemented.

Programme Phases

- Phase one: Three LGAs covered (Ilorin South, Ilorin East and Ilorin West).
- Phase two: Four LGAs covered (Offa, Edu, Kaiama and Ireopodun).
- Phase three: Nine LGAs covered (Asa, Moro, Ifelodun, Patigin, Oyun, Ekiti, Isin, Oke – Ero, Baruten).

Scope of WBFA’S Activities and Deliverables

WBFA’S role in the implementation of the programme was to provide ongoing communication and advocacy, including technical support through:

1. Public relations (attendance at meetings and international conferences).
2. Press
3. Online
4. Blogs
5. Social media.
6. Advertising.
7. Print (printing of campaign materials).
8. High Resolution photos.
9. Supporting LSTM in conducting baseline surveys.
10. Supporting LSTM to organize events throughout the period of the program including program launch and dissemination.
11. Providing safe and secure storage for training equipment accessible given sufficient notice.

ADVOCACY REPORT

From inception, advocacy has been a fundamental aspect of the EmONC programme.

As part of its deliverables on the implementation of the EmONC programme in Kwara State, WBFA led advocacy efforts to High-level Meetings and conferences during the course of the programme.

In her capacity as Founder-President of the Wellbeing Foundation Africa and Devex UHC global champion, H.E. Toyin Ojora-Sakari led WBFA's advocacy efforts during the course of the programme.



- As seen in the picture above, in 2018, the Wellbeing Foundation Africa and its partners in the EmONC programme visited the Emir of Ilorin to intimate him on how the programme could reduce the rate of maternal and neonatal mortality and morbidity in women and newborns within his reign.



- WBFA, LSTM and JNJ also visited the Kwara State House of Assembly to advocate for policy changes to advocate for improved health policy towards quality upskilling for health workers in a view to achieving improved maternal and child health in Kwara state.



- In May 2018, participating in the Forbes Africa Future Health Summit in Lagos, WBFA's Founder-President HE Toyin Saraki spoke on "The Role of Technology in Improving Mother and Childcare in Nigeria", highlighting how it can strengthen pre-service training in medical learning institutions, and improve quality in medical services delivery, using the EmONC programme as a befitting example.



- In 2018, as part of its national advocacy on the EmONC programme, WBFA supported the UNFPA-donated simulation skills laboratory at School of Nursing and Midwifery Gwagalada, Abuja, with donation of digital skills computer room and laboratory, and conducted training sessions in EmONC Skills for NANNMS and Council of Nursing and Midwifery. The Liverpool School of Tropical Medicine was present at the event.
- WBFA also led NNCM Nigeria and NANNMS and UNFPA on courtesy call to President of the Senate, presenting Midwifery Services Framework of ICM, and WHO AFRO Nursing and Midwifery Curriculum which recommended EMONC and simulation skills modules as pre-service training requirements.



- WBFA introduced the EmONC Programme at its ICPD25 event in October 2019, in Ogun State, it was a high-level event which was responsible for paving some in-roads for the successful implementation of the programme.

COMMUNICATIONS ACTIVITY REPORT

In accordance with the terms of the partnership for the EmONC programme, The Wellbeing Foundation Africa created awareness, drove engagement and monitored sentiments from its over 50, 000 audience on Twitter, Facebook, WBFA website and Instagram. to great effect using the hashtags #FrontlineFriday, #EmONC & #EmONCSkills.

	Twitter (@wellbeingafrica #FrontlineFriday, #EmONC & #EmONCSkills)	Facebook (The Wellbeing Foundation)	Instagram (@wellbeingafrica)	Newsletters
Audience Size	33, 987	11, 200	6, 797	1183
Accounts Reached	N/A	N/A	56,400	
Open Rate				12.6%
Total number of posts	11,334	436	436	

Total Impressions	12,648,400	32,580	390,000	
Total Engagement	198,476	4,680	4,680	
Likes	60,674	820	1,640	
Retweets	90,239	N/A	N/A	
Mentions	18,196	N/A	N/A	
Post Clicks	N/A	1,488	N/A	

KEY: N/A = Not Applicable to media channel

Press Releases and Blogs

The Wellbeing Foundation Africa in the course of the EmONC program had a number of thirteen (13) press releases and two (2) blog posts.

Newsletters

Newsletters were shared with 1183 subscribers and we delivered an open rate of 12.6% which is above the industry rate of 12%.

PROGRAMME IMPACT AND DATA

In total, the programme covered 51 HCFs in 16 LGAs in Kwara state. The table below shows the distribution of LGAs and facilities at different phases during the programme:

EXPECTED OUTPUT AND OUTCOMES

Outputs	Outcome
Number of Healthcare providers trained	% Of health care providers at designated facilities with improved knowledge and skills
Number of Master trainers and CME coordinators trained	% Reduction in Facility level stillbirth rate
Number of managers and Healthcare practitioners trained on improved collection and use of MNH data	% Reduction in maternal case fatality rate for direct obstetric complications
Number of hospitals with skills training rooms equipped	
Number of Midwifery tutors trained	
Number of Midwifery school skill Labs supported	

Number of Healthcare providers trained	723
Number of Master trainers and CME coordinators trained	72
Number of managers and Healthcare practitioners trained on improved collection and use of MNH data	70
Number of hospitals with skills training rooms equipped	10
Number of Midwifery tutors trained	12
Number of Midwifery school skill Labs supported	1

Short term Outcomes

% of health care providers at designated facilities with improved knowledge and skills	93%
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Project Facilities by Phases

The First Phase of the project ran from 1st February, 2015 till 15th July, 2016. The Second Phase of the project ran from 1st April 2016 till 5th February, 2018.

Phase One

The first phase of the project was implemented in 11 facilities across 3 Local Government Areas (LGAs), namely Ilorin-West, Ilorin-East and Ilorin-South.

The main facilities housed the EMoNC Skills Laboratory, where healthcare workers, including those from the referring facilities, were continuously trained. In addition, anatomical models and neonatal resuscitation tools, among other items, were donated to the School of Nursing, Ilorin.

The training package included trainings on life-saving skills; EmONC; 9 signal functions of Maternal and Newborn Care; preventing and managing the 5 major causes of maternal deaths, including Postpartum Haemorrhage, eclampsia, sepsis, obstructed labor and complicated abortion/Caesarean Sections. In addition to this, training on data quality was also carried out.

Phase Two

The Second Phase of the project spreads across 4 additional Local Government Areas (LGAs), namely Irepodon, Offa, Kaiama and Edu. There were 13 new healthcare facilities in this phase.



Phase Three

The partnership in August 2018, expanded the programme to cover all 16 LGAs and consolidate the work in the areas in which the training was already active. This followed the successful completion of the first two phases of the partnership, which were hailed as transforming the capacity of healthcare workers and their ability to save lives during labour. Between 2018-2021, EmONC training was delivered to an additional 27 healthcare facilities in the remaining 9 LGAs of Kwara state. Over 700 healthcare providers benefited directly from the interventions and over the 30-month project, an estimated 62,900 women and their newborns reaped the benefit through interventions implemented.

Also, throughout the programme, training on Monitoring and Evaluation (M&E), Data Management, and Quality Improvement (QI) were conducted in all facilities across the LGAs.

I. SUMMARY OF KEY ACTIVITIES

The EmONC project was implemented in three phases at different times with different coverage LGAs and facilities. Phase one was from January 2015 to June 2016 (18 months) with a coverage of 3 LGAs and 11 health care facilities, Phase two was from July, 2016 to February 2018 (19 months) with a coverage of 4 LGAs and 13 health care facilities while phase three was from March 2018 to August 2020 plus the no cost extension which ends January 2021 with a coverage of 9 LGAs and 27 health care facilities. The total LGAs and health care facilities covered during the three phases of implementation are 16 LGAs and 51 HCFs respectively. The tables below show the breakdown of LGAs and facilities at the different phases of implementation.

PHASE 1

Table 8: Names of LGAs and Facilities

LGA	FACILITY NAMES	CATEGORY
Ilorin south	Sobi Specialist hospital	Referring facility
	Ogidi Cottage hospital	Main facility
	Civil Service hospital	Referring facility
Ilorin East	Okelele primary Health care	Referring facility
	Mogaji-Are primary Health care	Referring facility
	University of Ilorin teaching hospital (UITH)	Main Facility
	Oja-Gboro primary Health care	Referring Facility
Ilorin West	Adewole Cottage Hospital	Main Facility
	Pakata Primary Health Care	Referring Facility
	College of Nursing and Midwifery	Main Facility
	Ajikobi Cottage Hospital	Main Facility

PHASE 2

Table 9: Names of LGAs and Facilities

LGA	FACILITY NAMES	CATEGORY
Offa	Essa ward primary Health care	Referring Facility
	Abogunugun Primary Health care	Referring Facility
	General Hospital Offa	Main Facility
Edu	Yikpata Primary Health care	Referring Facility
	General Hospital Lafiagi	Main Facility
	Gbale Primary Health care	Referring Facility
Ilorin west	General hospital Ilorin	Main Facility
Kaiama	General Hospital kaiama	Main Facility
	Kugiji Primary Health care	Referring Facility
	Gwaria Primary Health care	Referring Facility
Ireopudun	Rore Primary Health care	Referring Facility
	Cottage Hospital Ajase-Ipo	Main Facility
	General Hospital Omu-Aran	Main Facility

PHASE 3

Table 10: Names of LGAs and Facilities

LGA	FACILITY NAMES	CATEGORY
Asa	Primary Health care Ogele	Referring Facility
	Primary Health care Ogbondoroko	Referring Facility
	General Hospital Afon	Main Facility
Moro	Primary Health care Bode-Saadu	Referring Facility
	Primary Health care Shao	Referring Facility
	Specialist Hospital Jebba	Referring Facility
Ifelodun	Primary Health care share	Referring Facility
	Primary Health Care Idofian	Referring Facility
	General Hospital Share	Main Facility
Patigi	Infant welfare clinic Patigi	Referring Facility
	Primary Health care Rogun	Referring Facility
	General Hospital Patigi	Main Facility
Oyun	Primary Health care Ira	Referring Facility
	Basic Health clinic Ilemona	Referring Facility
	General Hospital Erin-ile	Main Facility
Ekiti	Primary Health care obbo	Referring Facility
	Primary Health care Osi	Referring Facility
	Cottage Hospital Eruku	Main Facility
Isin	Comprehensive Health care ijara isin	Referring Facility
	Primary Health care Oke Onigbin	Referring Facility

	General hospital Isalu Isin	Main Facility
Oke Ero	Primary Health care odo-owa	Referring Facility
	Primary Health care ilofa	Referring Facility
	Cottage Hospital ilofa	Main Facility
Baruten	Primary Health care Yashikira	Referring Facility
	Primary Health care Gure	Referring Facility
	General Hospital Okuta	Main Facility

The following activities took place in the three phases of implementation:

Health Facility Baseline Assessment:

A successful baseline assessment was conducted in partnership with WBFA and Ministry of Health officials (MOH) using the LSTM rapid assessment tool. LSTM undertook a rapid assessment which was tailored to local protocols to assess maternity services in each of the 51 HCFs in the 16 implementing LGAs within the project scope at the different phases of implementation.

Health Care Workers Workshop/Trainings:

The program activity involved capacity building workshops and training of HCWs (Nurses, midwives, Midwife educators, Doctors, CHEW, Anesthetists and Registrars), post training support provided by trained trainers in the supported facilities by LSTM technical staff and Kwara state Ministry of Health technical staff. Training took place throughout the life of the project (LOP) and the capacity to conduct fire drills is built into the curriculum. This helps to ensure that the new HCFs can train a newly deployed staff on EmONC and their practice is aligned with quality-of-care standards. Trained HCWs are provided with Job aids on EmONC which will contain relevant protocols and guidelines.

The capacity of medical doctors and perioperative staff to assess indications for caesarean section, provide quality caesarian section, use anesthesia safely, perform mid cavity and rotational vacuum vaginal deliveries and quality perioperative care is built. This program also included the use of modified early warning scores (MEOWS) to allow early recognition of any deterioration in the woman by monitoring their condition and trigger immediate action to reduce the risk of severe morbidity or death. All training sessions were also accompanied by practical sessions.

Picture 1:



HCWs Trainings

Picture 2:



HCWs during the ABC maternal resuscitation training

Picture 3:



Practical demonstration of CPR Skills to the participants

Picture 4:



One of the participants during practical session on maternal resuscitation

The Kwara State EmONC facilitators and LSTM technical staff in partnership with WBFA successfully trained 723 HCWs on EmONC across the 16 LGAs during the three phases of implementation.

EmONC Skill Lab Set Up:

Ten (10) emergency obstetric and newborn care skill rooms were set in the comprehensive health centers in the different implementing LGAs. It comprised seven (7) main skill labs and three (3) mini labs.

Below is the list of EMONC facilities/LGAs with skill lab:

Table 11: Facilities with full skill lab

LGA	FACILITIES
Ilorin East	University of Ilorin teaching hospital (UITH)
Ilorin West	Adewole Cottage hospital General hospital Ilorin kwara School of nursing Ilorin Kwara
Ilorin South	Sobi Specialist hospital Civil service hospital
Offa	Offa General hospital
Edu	Lafiagi General hospital
Irepodun	Omu-Aran General hospital
Kaima	General hospital Kaima

Table 12: Facilities with mini Skill Labs:

LGAs	FACILITIES
Oyun	General hospital Erin ile
Ekiti	Comprehensive Health centre Osin
Oke-Ero	Cottage hospital Ilofa

Quality Improvement Training:

Quality improvement (QI) training was done for 104 HCWs across the 16 implementation LGAs.

Picture 5:



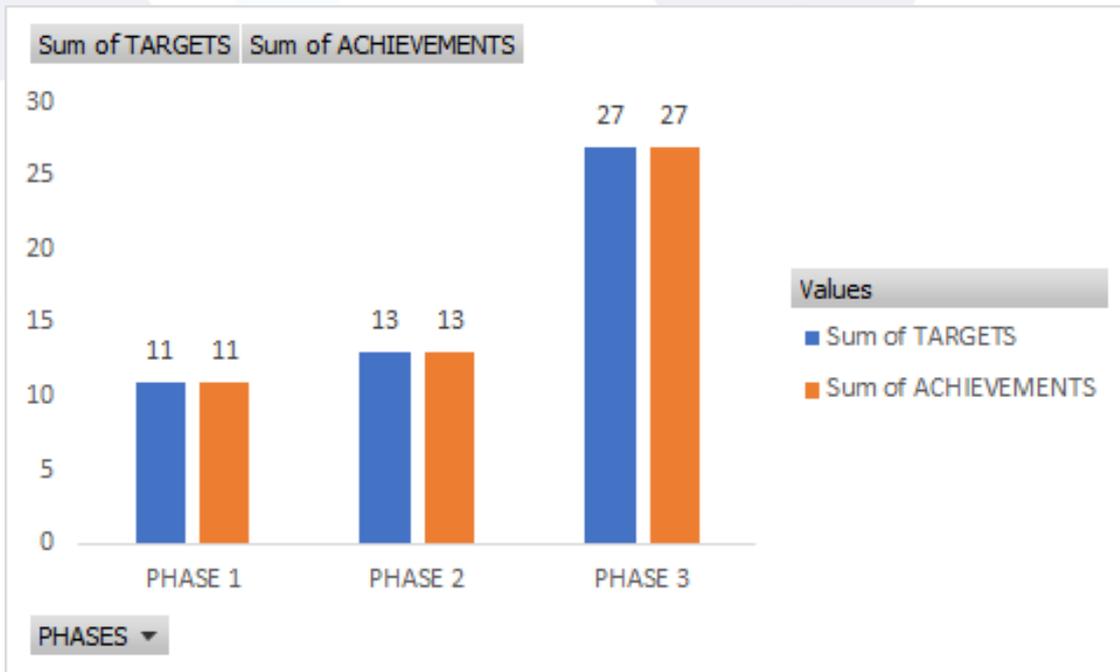
QI follow up training at Ekiti LGA.

II. MAIN ACHIEVEMENTS

The EmONC program was aimed at increasing the availability and quality of care for mothers and babies at selected HCFs in 16 LGAs in Kwara State by strengthening the capacity of health care providers in the targeted HCFs to provide quality care and also improving the capacity of hospitals in Kwara State to provide comprehensive emergency obstetric and perioperative care. Throughout the three phases of implementation, 51 health care facilities were targeted across 16 LGAs in Kwara State and by the end of the third phase of implementation, the 51 facilities targeted were reached according to the number of HCFs selected at each phase by LGA.

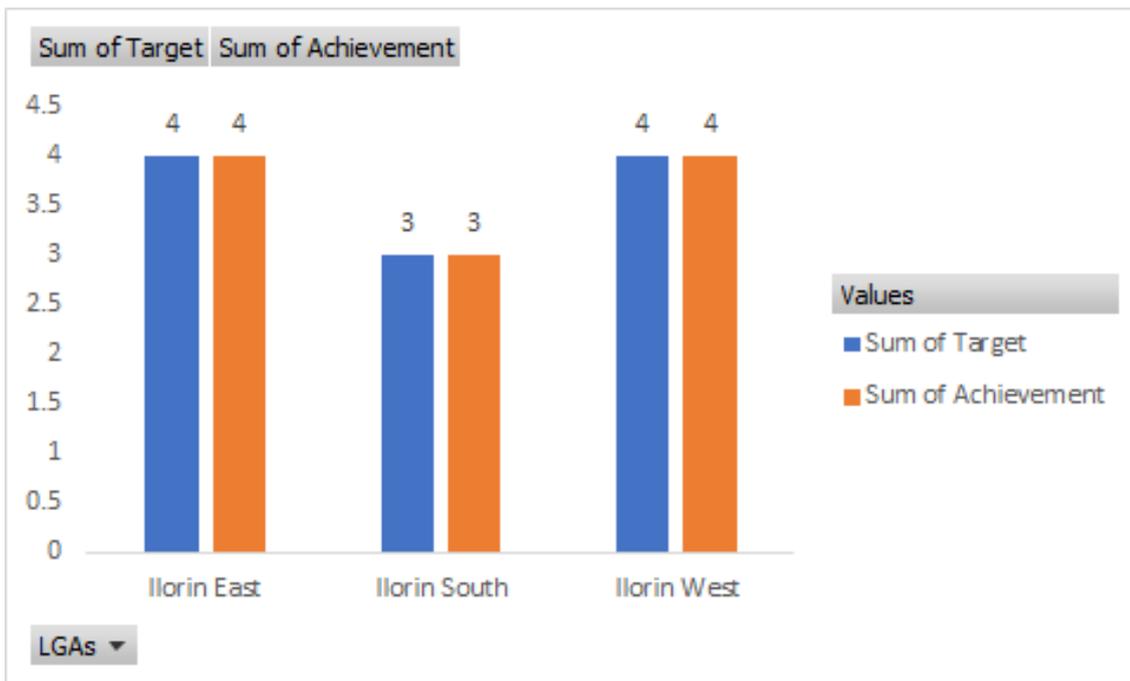
Comparing Targets and Achievements

Graph 1: Target vs Achievement by phases

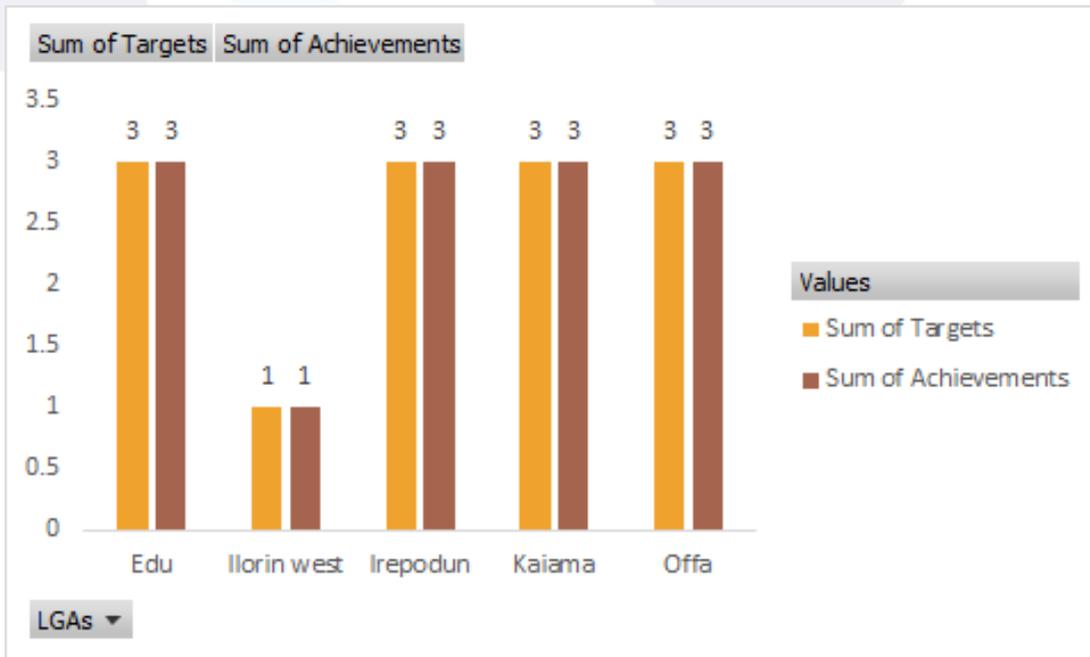


Graph 2: Target vs Achievement by facilities across LGAs

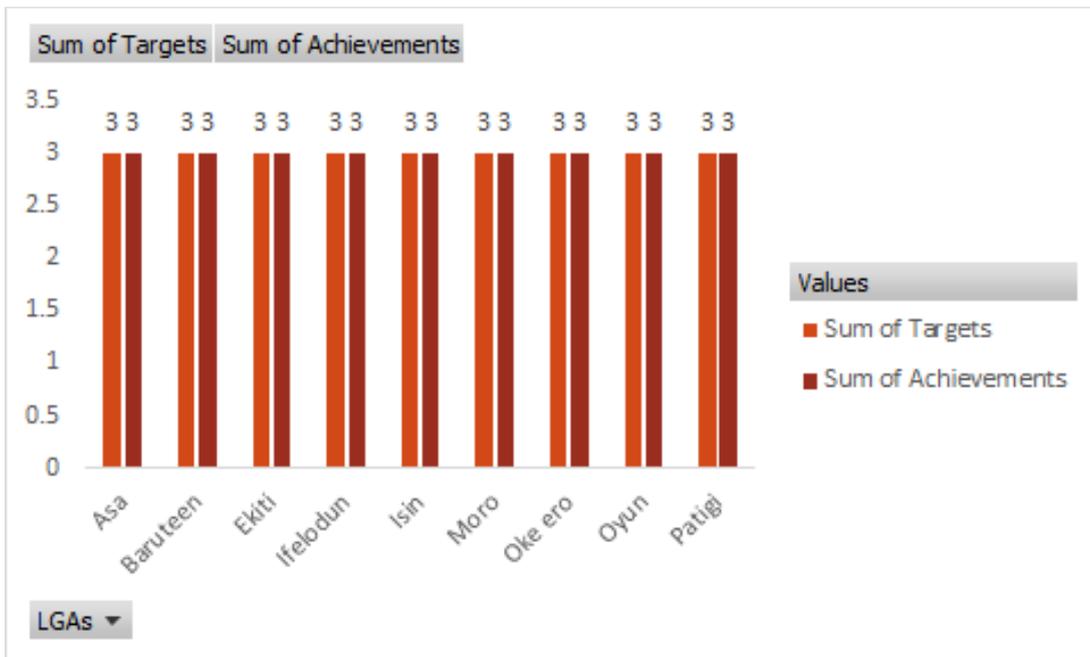
Phase 1



Graph 3: Phase 2 Target Vs Achievement by facilities across LGAs

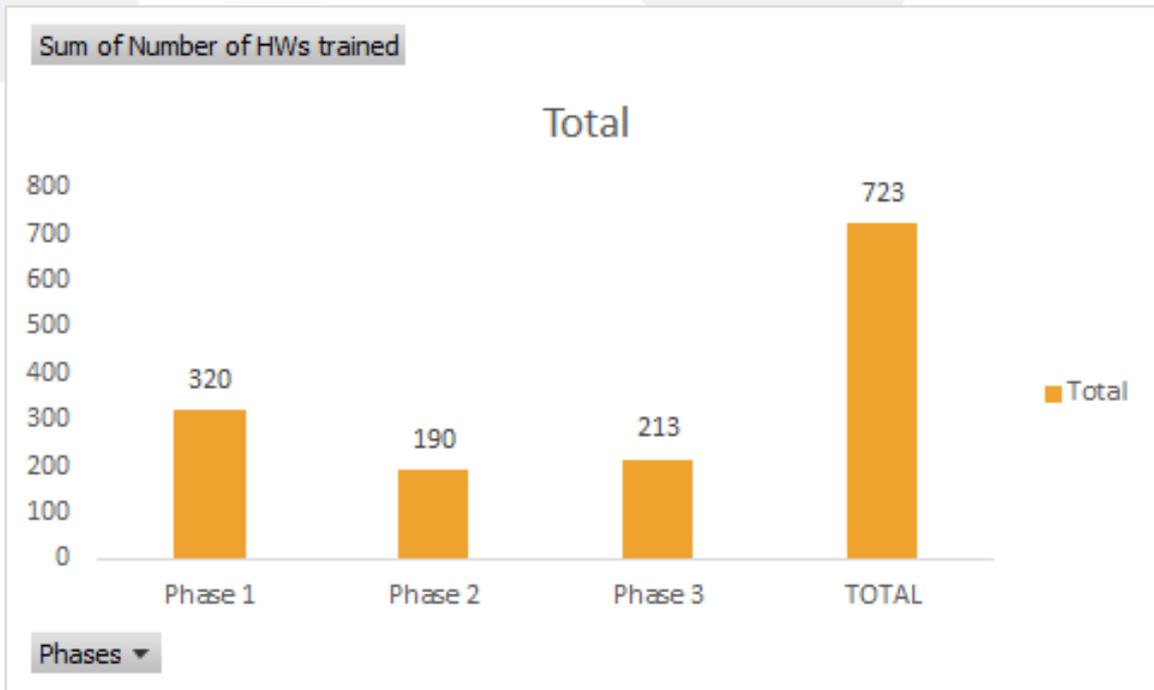


Graph 4: Phase 3 Target Vs Achievement by facilities across LGAs



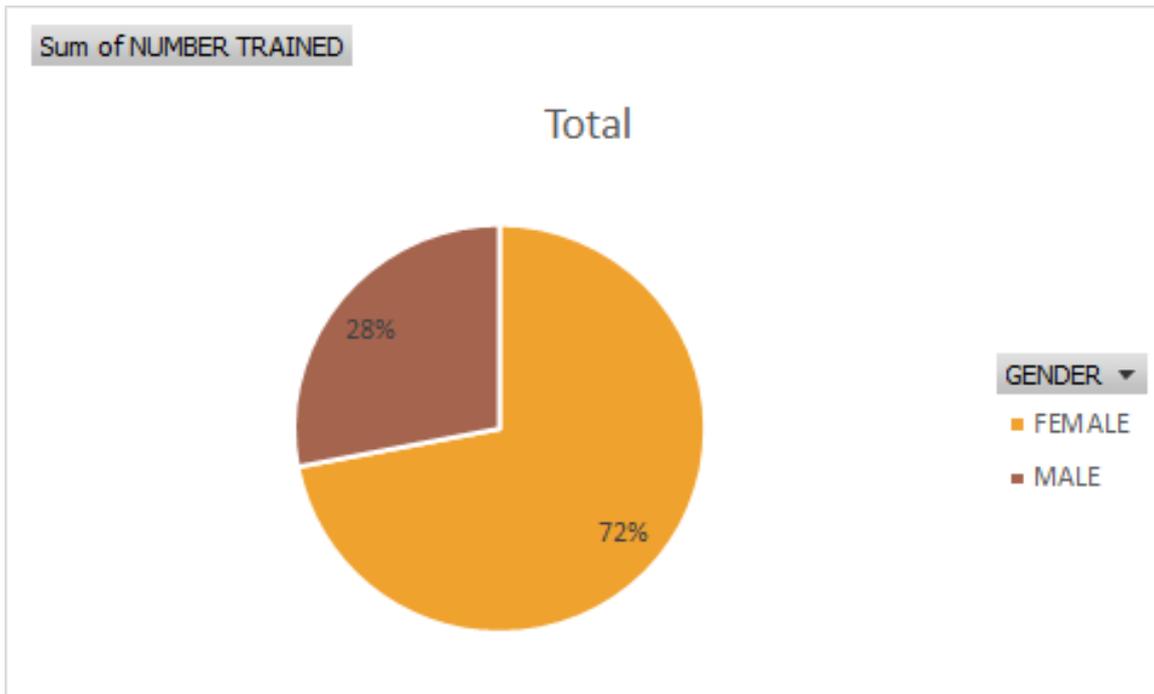
All the above graphs show that the number of LGAs targeted and the number of facilities targeted per LGA at the different phases of implementation were met.

Graph 5: Summary of Health care workers trained at different phases



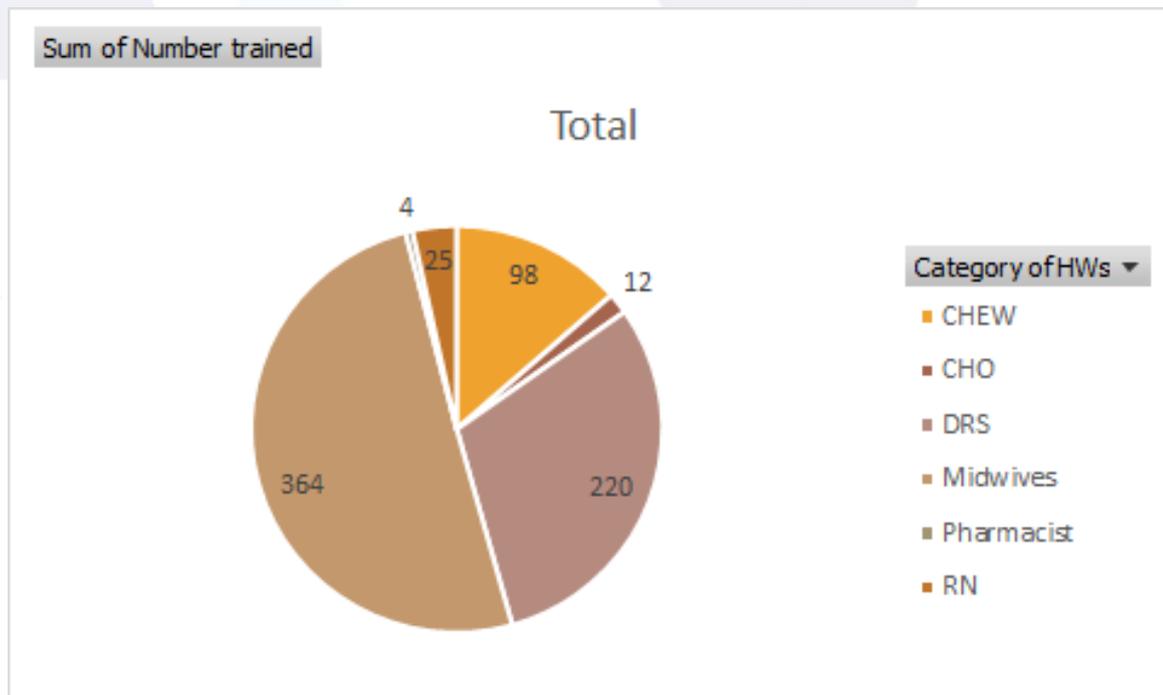
The above chart shows the number of HCWs trained at the different phases of the implementation.

Graph 6: Summary of HCWS trained by gender



72% of the total HCWs trained were female while 28% of them were male.

Graph 7: Summary of the different category of HCWs trained

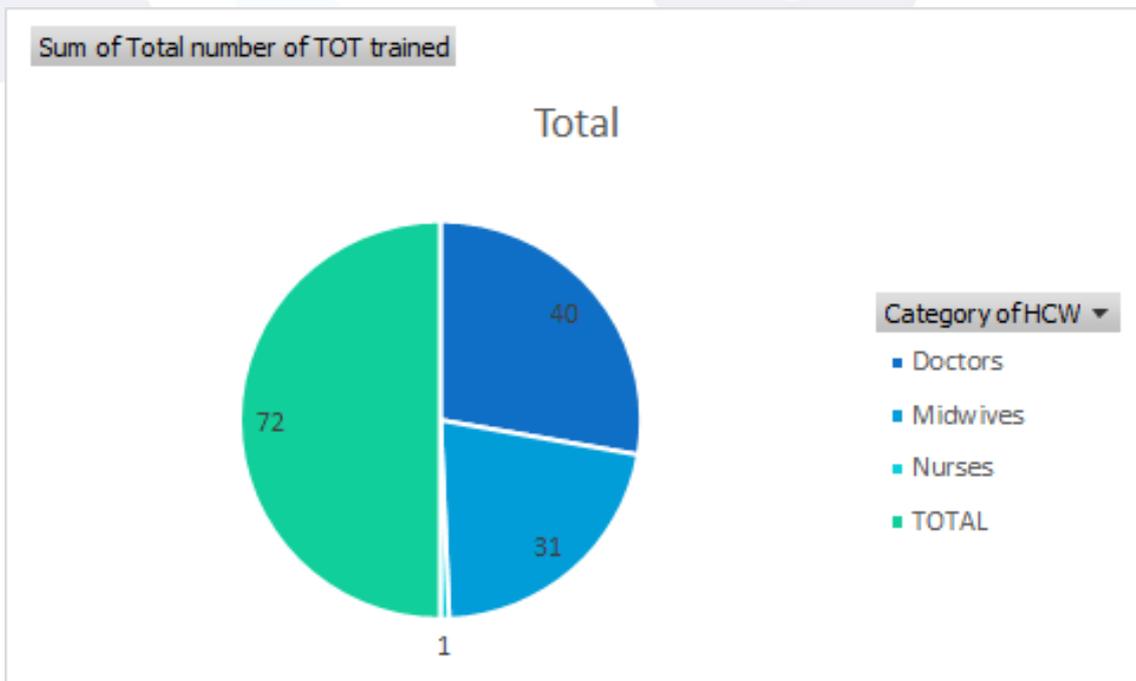


The chart above shows that a total of 364 midwives, 220 Medical doctors, 98 Community health extension workers, 25 registered Nurses, 12 community health officers and 4 pharmacists were trained throughout the life of the project across the 51 supported health facilities.

Also, during the program implementation at the different phases, training of trainers (TOT) and Quality improvement (QI) workshops were held. Different categories of health workers also participated in these workshops.

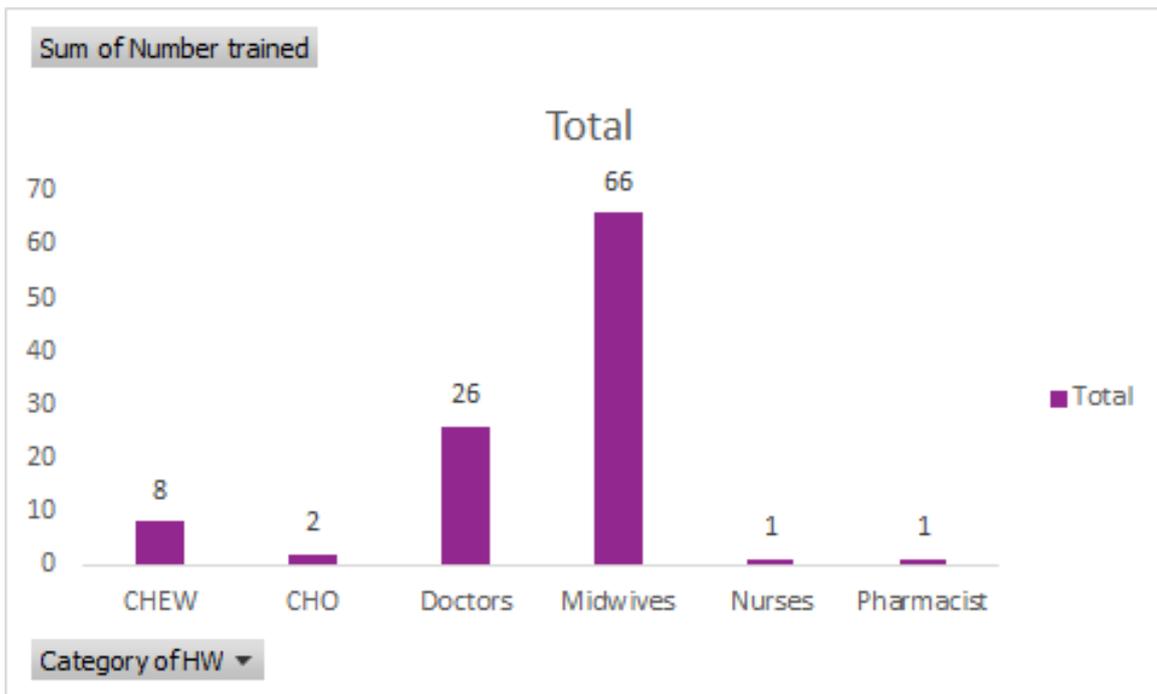
Below is the breakdown of the different categories of HCWS that participated in the two workshops.

Graph 8: Training of Trainers workshop



A total of 72 HCWs were trained to become trainers (master trainers). 31 midwives, 40 doctors and one registered nurse.

Graph 9: Quality improvement Workshop



104 HCWs participated in the quality improvement workshop. 66 midwives, 26 medical doctors, 8 community health extension workers, 2 community health officers, one registered nurse and one pharmacist.

Measuring Impact

Table 13: Phase 1 Outcome Indicators

Indicators	Target	Achievement
% Of HCWs with improved knowledge and skill	80%	92%
% Reduction in Facility level stillbirth rate	Not given	78%

Prior to the implementation of the program in phase one, it was expected that 80% of the HCWs participating in the knowledge and skills training will have an improvement in knowledge in skills, this target was however exceeded by 12% as 92% of HCWs improved in knowledge and Skills after the trainings as seen on the table above. There is also a 78% reduction of facility stillbirth rate in phase one.

Table 14: Phase 2 Outcome Indicators

Indicators	Target	Achievement
% Of HCWs with improved knowledge and skill	80%	98%
% Reduction in maternal case fatality rate for direct obstetric complications	15%	100%
% Reduction in facility stillbirth rate	30%	38%

The table above shows that the targets assigned to the different indicators were met and exceeded. The target for % of HCWs with improved knowledge and skill was exceeded by 18%, % reduction in maternal case fatality rate for direct obstetric complications was exceeded by 75% while for % reduction in facility stillbirth rate was exceeded by 8%.

Table 15: Phase 3 Outcome Indicators

Indicators	Target	Achievement
% of HCPs with improved knowledge and skills	80%	89%

The % of HCPs with improved knowledge and skills was exceeded by 9%.

Program Data Summary (phases 1-3)

Output	Numbers	Outcome	Numbers (%)
Number of Healthcare providers trained	723	% Of health care providers at designated facilities with improved knowledge and skills	93%
Number of Master trainers and CME coordinators trained	72	% Reduction in Facility level stillbirth rate	100%
Number of managers and Healthcare practitioners trained on improved collection and use of MNH data	70	% Reduction in maternal case fatality rate for direct obstetric complications	58%
Number of hospitals with skills training rooms equipped	10		
Number of Midwifery tutors trained	12		
Number of Midwifery school skill Labs supported	1		

Measuring Impact through Quality Improvement

Strengthening the capacity of health care workers in the targeted health facilities to be able to conduct maternal and perinatal death review and generate evidence through operational research on effective and sustainable approaches to enable the capacity of HCWs to provide quality maternal and newborn care is one of the core specific objectives of the EMONC program. Hence, QI workshop was conducted at different times to ensure the inclusion of the above services and strengthening were already in existence. Prior to the conduct of the QI workshop, 90% of the participating facilities did not conduct maternal death review/audit while only 10% conducted maternal death review/audit. The QI workshop strengthened the capacity of the HCWS in the few facilities already carrying out the review while equipping 100% of the facilities not carrying out maternal death review to be able to do so as part of quality improvement in ensuring a steady reduction in maternal death in their various facilities.

90% of the participating facilities did not conduct perinatal/stillbirth review/audit while only 10% did conduct. 100% of the participating facilities that did not conduct perinatal death review were equipped to conduct while strengthening the capacity of the 10% that already conducted the review.

81% of the participating facilities did not have a QI committee while 19% had a QI committee. All the facilities were equipped to set up a QI committee while also strengthening the already existing ones in some facilities.

81% of the facilities did not conduct a standard based audit while 19% did conduct a standard based audit. The QI workshop equipped all the participating facilities to conduct a standard based audit while also strengthening the ones that already conduct the audit.

100% of the participating facilities do not assess patient satisfaction of maternal and newborn care but were equipped to do so during the QI workshop.

III. TOTAL POPULATION SERVED (BENEFICIARIES)

According to census projection, the estimated population of Kwara State is 3.1 million including 747,000 women of reproductive age (15-49 years). According to the 2013 Nigeria Demographic Health Survey (NDHS), 7.2% of women in reproductive age were currently pregnant in Kwara State. Therefore, we can estimate that in 2015, around 53,784 women were pregnant, according to the 2013 NDHS, 41,951 (78%) will deliver in a health facility. Therefore, over the life of the project (LOP), we can expect that approximately 251,706 women and their new born will benefit from the intervention implemented during the 3 different phases of this project.

IV. SUSTAINABILITY PLANS

Ten (10) skill labs (7 main skill labs and 3 mini labs) were set up in the state throughout the LOP. This will help to ensure continuity in the improvement of quality of maternal and newborn care in the state as it serves as a training ground and opportunity for future training of new HCWs.

Master trainers

They are LGA and facility based, trained to ensure continuity of the project in their facility and LGA. They are to periodically conduct QI training, refresher training and fresh training for new HCWs.

V. CONCLUSIONS

The findings from the implementation of the EmONC project in Kwara state shows that to reduce maternal and perinatal death, HCWs need to be equipped with the right maternal and child care skills to ensure quality delivery of services in HCFs. This was clearly seen during the implementation as has been stated in this report on the percentage reduction and neonatal death in the State.

WBFA in collaboration with LSTM with great support from J&J ensured that HCPs across the 16 LGAs in the state are equipped with the necessary skills which included but not limited to ABC of maternal and neonatal resuscitation, labor monitoring with partograph, patient centered care etc. This has accounted for the results seen in this result.

VI. ANNEXES

See link below for google drive which contains the following documents:

- Communications report
- Facilities
- LGAs
- EmONC Contract

https://drive.google.com/drive/folders/1w2jCJ4GPpgoTqfUPFx1KboPSCwBOi1SF?usp=sharing_eip&ts=5e85f9dc



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