

## RESEARCH BRIEF

### CONTEXT

Although significant progress has been made to improve maternal and newborn health (MNH) outcomes, an estimated 6 in 10 neonatal conditions and half of all maternal deaths in low-income countries (LIC) are due to poor quality health care services.<sup>1</sup> The situation is often worse in fragile and conflict-affected settings where insecurity disrupts health systems making it difficult for health facilities to provide the emergency care needed to treat small and sick newborns and manage acute but easily treatable conditions, including maternal complications during delivery.

This is the case in Nigeria where the latest UN estimates note staggeringly high maternal and newborn mortality rates – 1047 maternal deaths per 100,000 live births (2020);<sup>2</sup> 34 newborn deaths per 1000 live births (2022);<sup>3</sup> and 22 stillbirths per 1000 births (2021).<sup>4</sup> The reality is likely worse in the conflict-affected areas of the North East. As a result, Nigeria is not on track to meet global MNH targets and urgent action is needed to improve the quality of MNH care across the country.

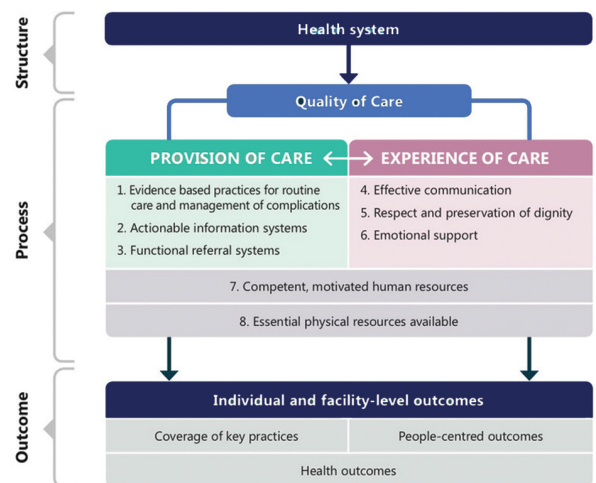
This brief outlines a quality of care (QoC) assessment in Yobe State led by EQUAL research consortium partners, Institute of Human Virology Nigeria and the Johns Hopkins Center for Humanitarian Health. As findings are available, recommendations will be made to help the government and partners advance the national QoC agenda.

### Improving Quality of MNH Care

WHO prioritizes QoC as a critical aspect of the unfinished MNH agenda, especially care during and around labor and delivery and in the immediate postnatal period. Research shows a high variation in the QoC available within and across LICs, including evidence that many women are mistreated during childbirth and that newborn babies are often neglected during the first hours of life.<sup>5</sup>

The WHO framework for improving quality of maternal and newborn care (Figure 1) covers both the provision and experience of care – each supported by a description of “what is expected to be provided to achieve high quality care around the time of childbirth” that serve as benchmarks for high-quality care at health facilities.<sup>6</sup> Ultimately, improving the QoC requires an intentional and sustained investment in providing effective, safe, people-centered care that is timely, equitable, integrated, and efficient.

**Figure 1: WHO QoC Framework, adopted by Government of Nigeria**



## QoC in Nigeria

In 2017, Nigeria became one of ten countries to join the WHO led [QoC Network](#) which aims to reduce maternal and newborn mortality by half and improve the experience of care by 2030.<sup>7</sup> To advance this agenda, the Federal Ministry of Health (FMOH) Nigeria established a national Maternal, Newborn and Child Health (MNCH) Quality Improvement Technical Working Group that initiated the development of numerous QoC policies and strategies. Implementation has varied across states.

EQUAL aims to advance this national QoC agenda by conducting a comprehensive assessment of MNH QoC in Yobe State and identifying areas for improvement. This evidence is critical for the MoH and partners to mount robust strategies tailored to health facilities' need and level of readiness to improve MNH.

### Box 1: Overview of Nigeria QoC Initiatives

#### National QoC policies and plans (not an exhaustive list)

- National Reproductive, Maternal, Newborn, Child, Adolescent, Elderly Health plus Nutrition (RMNCAEH+N) Quality of Care Strategy (2023-2027)
- Costed RMNCAEH+N QoC Operational Plan (2021-2022)
- National Implementation Guide for RMNCAEH+N QoC strategy
- RMNCAEH+N Quality of Care Monitoring, Evaluation, Accountability and Learning (MEAL) Plan (2022-2027)

#### Nigeria QoC coordination platforms

- RMNCAEH+N National technical working group
- RMNCAEH+N Multi-Stakeholder Partnership Coordination Platform
- National MNCH QoC Technical Working Group (TWG)

#### National MNH QoC targets

- Reduce maternal and newborn mortality, preventable deaths, stillbirths by 50% by 2027

## STUDY OVERVIEW

EQUAL aims to assess the quality of maternal and newborn care at select public health facilities in Yobe State. More specifically, this study evaluates facility readiness to provide routine and emergency obstetric and newborn care services; assesses the quality of routine intrapartum and immediate postnatal care at select facilities; and explores women's experience of care during childbirth at health facilities.

### Study location

EQUAL's research is being executed in Yobe State located in the North East Zone of Nigeria. Yobe – one of the 12 states selected as initial 'learning sites' for the QoC Network – has been acutely affected by the decade-long conflict around the Boko Haram insurgency, with the majority of people living in security compromised areas and experiencing high displacement, social and economic suffering, and severe food insecurity. Challenges hindering effective MNH service delivery include difficult terrain, health worker shortages, and poor training of providers. Within Yobe State, the assessment was conducted in all public health facilities with an average of at least five births per day, as well as select health facilities in local government areas (LGAs) most affected by insurgence.

## EQUAL PROJECT OVERVIEW

**Funder:** UK International Development from the UK government

**Length:** July 2021 – April 2026

**Locations:** DRC, Nigeria, Somalia, and South Sudan.

**Partners:** Institute of Human Virology Nigeria, International Rescue Committee, Johns Hopkins Center for Humanitarian Health, Somali Research and Development Institute, and Université Catholique de Bukavu.

## Design and methodology

This was a cross-sectional assessment using mixed methods (qualitative interviews, focus group discussion, quantitative surveys, and direct observation) to document the quality of services provided. Additional study design details are outlined in Table 1 below.

**Table 1: Design and site locations**

All health facilities with at least 5 births per day	Select conflict-affected LGAs
<b>Facility readiness</b> <ul style="list-style-type: none"> <li>• Facility checklist and record review</li> <li>• Interviews with maternity care providers</li> </ul>	<b>Facility readiness</b> <ul style="list-style-type: none"> <li>• Facility checklist and record review</li> <li>• Interviews with maternity care providers</li> </ul>
<b>Quality and experience of care</b> <ul style="list-style-type: none"> <li>• Labor and delivery observation checklist</li> <li>• Postpartum client exit interviews</li> </ul>	<b>Quality and experience of care</b> <ul style="list-style-type: none"> <li>• Focus group discussions with women who recently gave birth</li> <li>• In-depth interviews with women who experienced a negative birth outcome (eg a stillbirth)</li> </ul>

Each method utilized in this study helps to fulfill a different purpose as outlined in Table 2.

**Table 2: Methods and purpose**

Method	Purpose
Facility checklist and record review	To document services provided and health outcomes within the last 12 months. This also helps to verify availability and storage conditions of medications, supplies and equipment as well as available infrastructure and systems for routine and emergency MNH service delivery.
Interviews with maternity care providers	To collect information on provider knowledge, attitudes, practices, and constraints faced in service provision, including specific considerations related to conflict-affected contexts.
Labor and delivery observation checklist	To observe and document care during labor and childbirth and postpartum care before discharge.
Postpartum client exit interview	To document client experience of care on the day of birth including client-provider communication and respectful treatment.
Focus group discussions with recent mothers	To document client expectations and experiences of care among women who have had a live birth at select facilities in the last three months.
In-depth interviews	To document the experiences of women with negative outcome such as stillbirth or newborn death in a select hospitals within the last year.

## Findings

Findings from this study are anticipated in mid 2024.

For more information visit [www.EQUALresearch.org](http://www.EQUALresearch.org) and contact Dr. Emilia Iwu ([eiwu@ihvnigeria.org](mailto:eiwu@ihvnigeria.org)), Dr. Hannah Tappis ([hannah.tappis@jhu.edu](mailto:hannah.tappis@jhu.edu)), and/or [Equal@rescue.org](mailto:Equal@rescue.org)

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- <sup>3,4</sup> United Nations Inter-agency Group for Child Mortality Estimation (2024).
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