Gender Analysis of Quality of Care Study (QoC) in Kogi and Ebonyi States, Nigeria.
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MCSP Nigeria Geographic Scope

- National level coverage – (supports FMOH)
- State level: 2 out of 36 states (5.6%) Kogi and Ebonyi States
- LGAs: 34 (13 Ebonyi & 21 Kogi) Total LGA level coverage
- Health Facilities: Total available in the 2 states 1644 (567 Ebonyi & 1077 Kogi)
- 310 facilities currently supported by MCSP in both states:
  - Phase I: 120, (PY1 and PY2)
  - Phase II: + 120 (PY3, PY4 &5)+ 70 facilities supported by child health interventions

2016 National Population Est.: 185.7m
Kogi State: 2.3% (4.3 m) of National Pop.
Ebonyi: 1.5% (2.79m) of National Pop.
MCSP States: 3.8% (7.09m) of Nigeria’s Pop.
The overall goal of MCSP Nigeria is to improve the quality and utilization of maternal, newborn, child and adolescent health interventions including PPFP (in Ebonyi and Kogi States) in order to improve health outcomes for mothers and newborns.
**Background**

MCSP conducted a cross-sectional Quality of Care (QoC) assessment;
- To determine **readiness** of health care providers to provide quality EmONC services to mothers and their newborns in Kogi and Ebonyi States,
- Serve as baseline for MCSP’s quality improvement interventions

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<th>Study sites and selection</th>
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| • Purposively selected 40 health facilities from a list of 120, across all levels in Ebonyi and Kogi between April and June, 2016 | • Ethical approval and clients’ consent were obtained  
• Data was collected through provider interviews and clinical observation of forty six (46) actual Antenatal consultations (ANC), labour and delivery (L&D) and newborn resuscitation | • A Gender Analysis was done using the themes below;  
• provider’s practices, roles and participation  
• knowledge, beliefs and perceptions,  
• access to resources,  
• legal rights and status |
Gender Analysis of QoC Study

- Facility-level client-provider interactions on gender sensitive/respectful care were analyzed
- Gender-based constraints and opportunities were identified and gender transformative actions proposed
- Possible monitoring and evaluation (M&E) indicators to measure progress were identified

Age of providers assessed:
- Over 70% of providers: 40-59 yrs,
- While 10% providers between 20-29 years

Sex of Service Providers Assessed

- 26% Female
- 74% Male
Gender Analysis on QoC Findings: ANC Consultations

Gender-Based Constraints Identified

- Only 12% of providers introduced self and title to pregnant woman
- Only 10% of providers asked the woman if she wants her partner/husband to participate during ANC consultations
- 1.6% asked the woman if she has identified a birth companion of her choice
- Only 3% of pregnant women were asked about who the decision maker will be during their care
- Only 8% providers asked the woman where she will deliver and 21% discussed items to have at home for emergencies

Gender –Transformative Actions Proposed

- Build capacity of providers on gender-sensitive service provision using “Health Workers for Change” curriculum,
- Promote joint-decision making for couples in making a Birth Preparedness/Complications Readiness (BPCR) plan to;
  - increase women’s agency, self efficacy, decision making power and
  - serve as an entry point for male participation
- Develop couple’s counseling guide on male engagement to strengthen facilities’ institutional capacity
- Use IEC pamphlets and handbills on men’s roles in RMNCAH to promote men’s access to information and active involvement
Gender Analysis on QoC Findings: Labour & Delivery

Gender-Based Constraints Identified

- 57% of providers in Kogi and 63% in Ebonyi engaged in at least a harmful practice,

- Only 4.3% providers shouted, insulted or threatened a woman at any time

- NONE of the providers slapped, hit or pinched a woman during labor or after

- Only 45% of Providers encouraged women to have a birth companion during labor & childbirth

- Only 36% of facilities were equipped to allow birth companions and

- 11% equipped to allow women to deliver in a non-horizontal position

Gender –Transformative Actions Proposed

- Build service providers capacity to offer high quality, respectful, safe and gender sensitive services through;

- Incorporation of “Respectful Maternity Care” RMC charter (White Ribbon Alliance Nigeria, RMC Toolkit) into competency-based MNCH training activities

- Training on RMC supported by National Association of Nigerian Nurses and Midwives, (NANNM)

- Minor infrastructure improvements to enhance visual privacy (e.g. privacy curtains in delivery rooms where multiple women deliver)
Labour and Delivery Practices

Engaged in potentially harmful practice

- Engaged in at least one harmful practice
- Restrict food and fluids in labor
- Routine aspiration of newborn mouth and nose at birth
- Manual exploration of the uterus after delivery
- Stretching of the perineum
- Apply fundal pressure to hasten delivery of baby/placenta
- Use of episiotomy
- Routine intravenous line started without indication
- Lavage of uterus after delivery
- Use of enema

Kogi
Ebonyi
Gender Analysis on QoC Findings: Newborn Resuscitation and Postpartum care

Gender-Based Constraints

- None of the providers communicated to the woman or her companion on procedures being performed.
- None of the providers listened to the woman or provided emotional support or reassurance.
- 14.9% of newborns were slapped,
- 31.9% were held upside down.
- Only 8% providers positioned baby skin-to-skin on mother’s chest.
Newborn Resuscitation Practices

- Places the correct-sized mask on the newborn face so that it covers the chin, mouth, and nose (but not the eyes)
- Checks mouth, back of throat and nose for secretions and clears if necessary
- Listens to woman and provides support and reassurance
- Tells the woman (and her support person) what is going to be done
- Places the head in a slightly extended position to open the airway
- Places the newborn on his/her back on a clean, warm, and plain surface or towel
- Cuts cord with sterile surgical blade or sterile scissors
- Ties or clamps cord immediately

Kogi  Ebonyi
QoC findings: Providers’ point of view

Violence for Providers:
- 45% and 31% of providers have experienced or seen a colleague experience at least one incidence of violence in Kogi and Ebonyi states respectively.
- 38% of providers experienced/observed at least one incidence of violence against clients.
- Three most experienced violence were; being yelled at (37.7%), ignored by facility staff when they are needed (15.9%) and harassed (12.3%).

Sexual Violence for Providers:
- Providers did not report any incidence of sexual violence in Kogi, but 1.4% of providers in Ebonyi State reported being forced to have sexual intercourse or forced to perform other sexual acts.

Incidence of other forms of violence at workplace were higher among providers in Ebonyi State (9.7%) than Kogi State (7.9%).

Post-GBV Care
None of the Providers provided information on GBV or referred client’s to gender-based violence services.
Gender Analysis on QoC Findings

Transformative Actions on post-GBV care

- Develop **Referral Directory** for post-GBV services for health facilities
- Build capacity of providers on basic first-line support to GBV survivors.
- Develop **GBV Job Aid** to enhance providers ability to provide basic first –line support to GBV survivors
- Integrate gender into pre-service Education (PSE) interventions
- Promote a positive culture at the workplace to reduce the risk of violence

Proposed M &E Indicators

- % of women satisfied with respectful care provided (**MOV**: client exit interviews)
- # of women with a companion of choice for ANC, L&D (**MOV**: ANC, L&D register, client exit interviews)
- # of men accompanying their partners for ANC, L&D, FP (**MOV**: ANC, L&D, FP registers)
- # of women who reported not being heard or seen from outside while receiving care (**MOV**: client exit interviews)
- # of health facilities with updated GBV referral directory
- # of GBV related cases reported and treated
- IEC materials on men’s roles in RMNCAH available for male clients
QoC findings: Knowledge, beliefs and perceptions

- Over 98% of providers agree that it is appropriate and important for a man to participate in RMNCAH services.

- Only 10% of providers strongly think that a woman should be able to choose a family planning method on her own.

- About 23% of providers do not think unmarried clients should use family planning services.
QoC findings: Access to Resources

Training on Gender, Human Rights & GBV
- Only 30% of providers reported they received any training in the past 3yrs

- Over 58% of providers were unable to attend trainings they wanted to attend in the past 3yrs

- When asked why they were unable to attend such training in the past 3yrs, over 68% stated that they were not selected

- Out of 30% of providers who reported receiving training in the past 3yrs, 78% received no training on gender, human rights, or gender-based violence

Working Conditions in the Health Facility
- 20% of providers were never supervised or received technical support

- 24% were supervised over 3 months while 55% reported having been supervised within the past 3 months
  - Sex of provider: Male 26%, Female 74%
  - Sex of supervisor: Male 40%, Female 57%

- 70% of providers reported having equal treatment and opportunities as colleagues of opposite sex in terms of training, professional advancement, preferred locations, time off and work schedule
QoC findings: Legal Rights and Status

- Even though there is a national gender policy for the country, there is no clear strategy to address gender for the health sector.

- Providers had no knowledge of the Nigeria Respectful Maternity Care (RMC) Charter being operationalized by WRA.

- Providers were unaware of the “Violence Against Person’s Prohibition (VAPP) Act” (2015).

- Providers were unaware of the national guidelines and referral standards for GBV.

- Providers were completely unaware of any policies around gender issues existing at any level.
Gender integration achievements till date

- 491 Service Providers trained on gender sensitivity using “Health workers for change” (HWFC) curriculum in Kogi and Ebonyi states

- 120 Pre-service education (PSE) Tutors and Preceptors trained on gender, human rights and GBV including HWFC

- GBV rapid assessment conducted in Kogi and Ebonyi states and findings are being used to initiate post-GBV services at health facilities

- GBV Services mapping was conducted and GBV referral directory for post-GBV services developed

- Data on Male participation in ANC, L&D and FP being captured in the HMIS registers for MCSP supported facilities

- Male engagement job aids developed for service providers

- IEC messages on men’s roles in RMNCAH developed
Way Forward

- Sustain provider’s participatory engagement to change negative attitudes and improve provider-client relations

- Scale-up implementation of HWFC/RMC/male engagement initiatives to reach all MCSP supported facilities for improved quality of care for clients

- Lead the establishment of routine GBV care in health facilities/PSE practicum sites with emphasis on providing basic first-line support to GBV survivors at facility levels

- Advocate and support FMoH to establish policies, or strategic plans that promote gender equitable access to high-quality health services