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

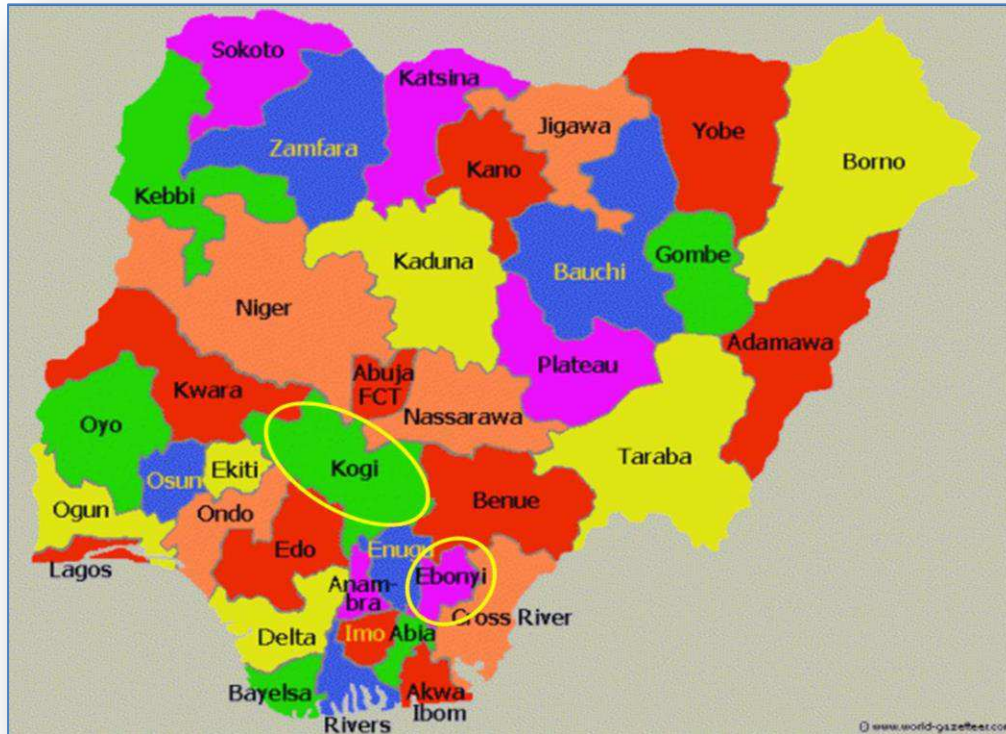
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Presenter:

Chioma Oduenyi,
Gender Technical Advisor,
MCSP Nigeria.

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.

Overall goal of MCSP Nigeria



- The overall goal of MCSP Nigeria is to **improve the quality and utilization of maternal, newborn, child and adolescent health interventions** including PFPF **(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

Study sites and selection

- Purposively selected 40 health facilities from a list of 120, across all levels in Ebonyi and Kogi between April and June, 2016
- 2 tertiary, 20 secondary and 18 primary/private/mission based on high client load were selected from Kogi and Ebonyi states

Data Collection

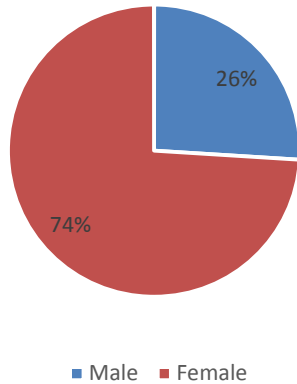
- Ethical approval and clients' consent were obtained
- Data was collected through provider interviews and clinical observation of forty six (46) actual Antenatal consultations (ANC), labour and delivery (L&D) and newborn resuscitation

USAID Gender Analysis Framework

- 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

Sex of Service Providers Assessed



- ❑ Facility-level client-provider interactions on gender sensitive/respectful care were analyzed
- ❑ Gender-based constraints and opportunities were identified and gender transformative actions proposed

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



- ❑ Possible monitoring and evaluation (M&E) indicators to measure progress were identified

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

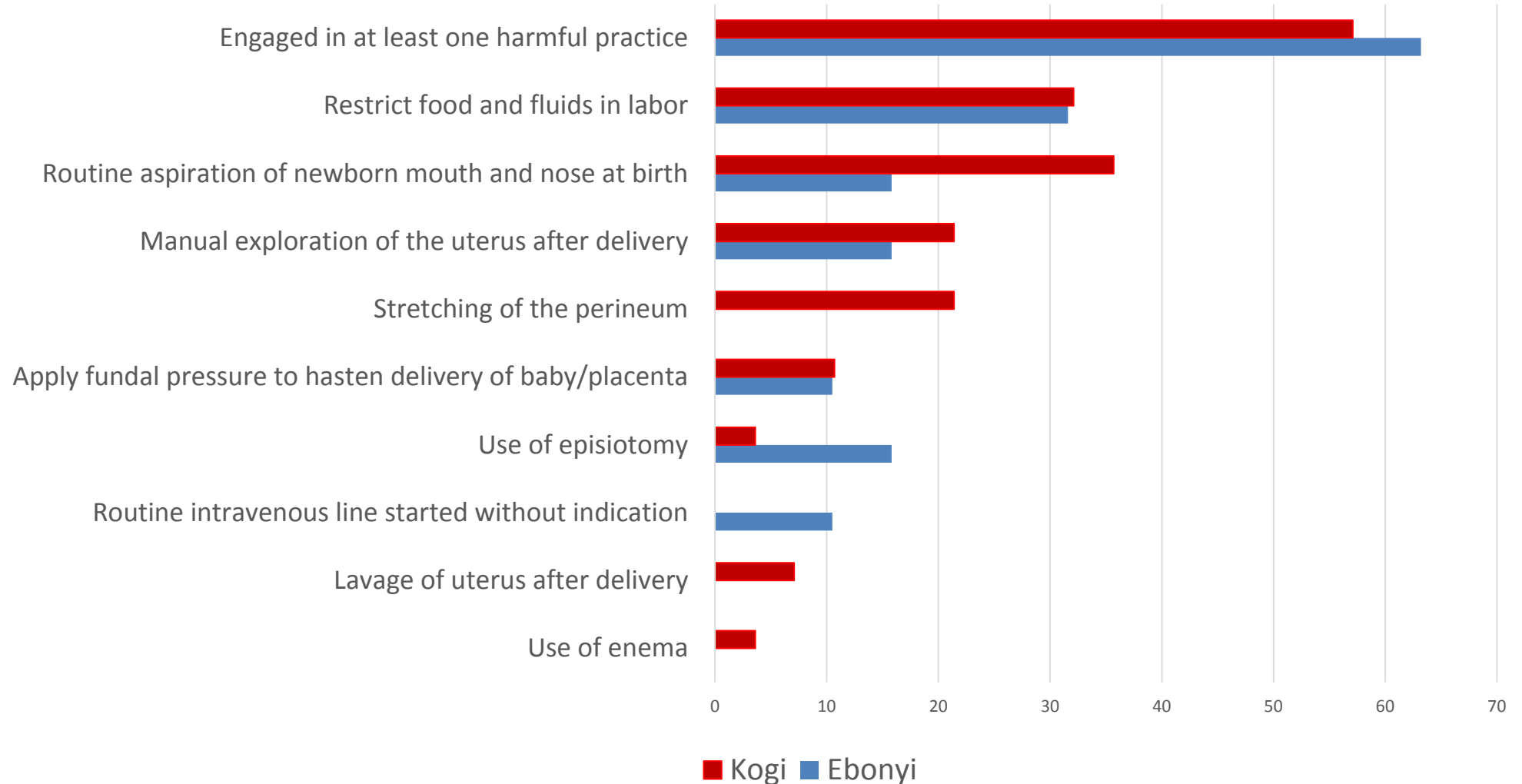
- ❑ **57%** of providers in Kogi and **63%** in Ebonyi engaged in at least a harmful practice,
- ❑ Only **4.3%** providers shouted, insulted or threatened a woman at any time
- ❑ **NONE** of the providers slapped, hit or pinched a woman during labor or after
- ❑ Only **45%** of Providers encouraged women 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



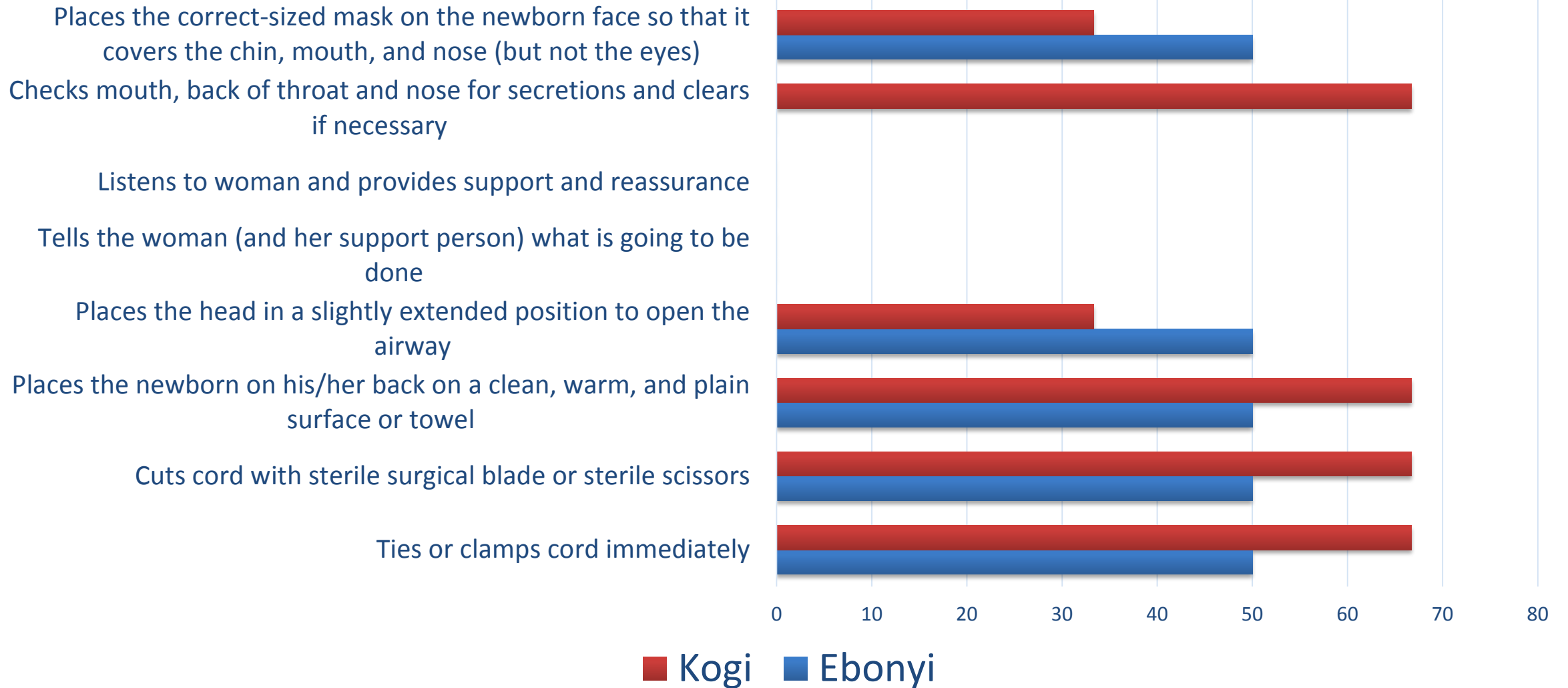
Gender Analysis on QoC Findings: Newborn Resuscitation and Postpartum care

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



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 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%**).



post-GBV Care

None of the Providers provided information on GBV or referred client's to gender-based violence services

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

Gender Analysis on QoC Findings

Proposed M &E Indicators

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

- % 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

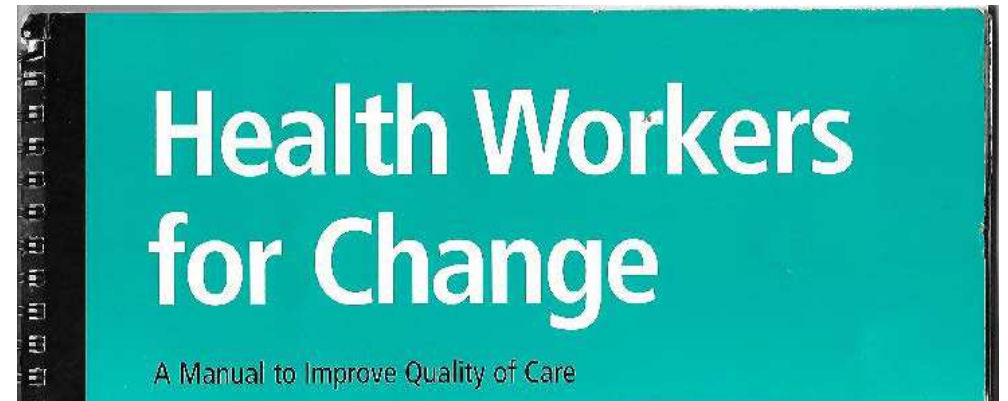
QoC findings: Legal Rights and Status

- 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

For more information, please visit
www.mcspprogram.org

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