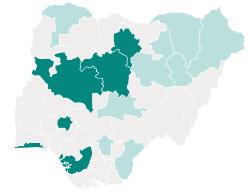


MSD for Mothers in Nigeria Portfolio Brief

When a mother is healthy and has a safe, high-quality delivery, we set the foundation for children, families, communities and societies to thrive for generations to come. Newborns are more likely to survive, children are more likely to stay in school, women can make valuable contributions to their communities and health systems are made stronger. We call this the "Mom Effect."



MfM program implementation states: Kano; Kaduna; Niger; Ekiti; Lagos; Delta

Additional states scaling programs: Sokoto; Yobe; Borno; Bauchi; Gombe; Nasarawa; Enugu; Cross River

About MSD for Mothers

<u>MSD for Mothers</u> is MSD's global initiative to help create a world where no woman has to die while giving life. Our grantees and collaborators have reached more than 20 million women in over 60 sites around the world with programs to support healthier pregnancies and safer childbirths, contributing to the global effort to help end maternal mortality and morbidity. Applying MSD's business and scientific resources, we are working across sectors to improve the health and well-being of women during pregnancy, childbirth and the months after.



Our Approach in Nigeria

Nigeria has the largest number of maternal deaths globally, accounting for over a quarter **(28.5%)** of all maternal deaths annually. **In 2020 alone, 82,000 Nigerian women died from complications related to pregnancy and childbirth, devastating families and communities**.¹ Evidence shows that maternal deaths in Nigeria can be linked to shortage of medical professionals and medical products, limited access to a broad range of quality family planning methods, delays in receiving adequate care and poor socio-economic conditions limiting women's access to quality maternal care.²



In 2020 alone, 82,000 Nigerian women died

from complications related to pregnancy and childbirth

Since 2015, MSD for Mothers has taken a comprehensive approach to help tackle the large burden of maternal deaths in Nigeria by supporting programs to provide women access to two of the most powerful ways to prevent these tragedies: quality maternity care services and modern contraception.

Our efforts incorporate core principles that are true to our values: integrating women's voices, integrating private providers into mixed health systems, and strengthening surveillance and maternal death reviews. Importantly, we cannot do this important work alone. MSD for Mothers believes that strong, multisector partnerships can help achieve the Government of Nigeria's maternal health goals.

Our Focus Areas



Supporting quality accreditation of local health providers

The care that people receive around pregnancy and childbirth should be safe, high-quality, equitable and respectful. We envision a world where every prenatal visit, every labor and delivery and every postpartum encounter for the year after childbirth should help people have the healthiest outcomes possible. In support of this, we are working across both public and private sectors to strengthen health systems so that care teams are better equipped with the knowledge, skills and feedback needed to foster a culture of quality.



Developing and deploying private sector innovations

Innovations hold the promise of helping the world reach its maternal health goals faster. We are supporting innovations across digital, finance, products and policy with an eye towards reducing inequities and addressing the leading cause of maternal deaths in Nigeria-postpartum hemorrhage.



Incorporating local and community-led solutions

A person's health is not only determined by how they access care but also by where they live and work and play otherwise known as the social determinants of health. Better maternal health outcomes are possible when community stakeholders are engaged in designing, implementing and evaluating solutions. We prioritize working with partners who put patients' lived experiences first, including how they experience health due to their gender, abilities, class and other social determinants.

Grantees & Collaborators

Increasing Access to Quality Family Planning Services in Communities MSD for Mothers is supporting the IntegratE project to expand access to a range of quality family planning services to address the low modern contraceptive rate in Nigeria. In partnership with Bill & Melinda Gates Foundation, this effort is helping to implement the Pharmacists Council of Nigeria's tiered accreditation system for local private drug shops, working with over 1,400 proprietary patent medicine vendors and community pharmacies across 11 states.³ IntegratE is increasing the capabilities of these providers to offer a broader range of quality family planning products and services, and to improve reporting, regulatory oversight and referral practices.

COLLABORATORS: SOCIETY FOR FAMILY HEALTH, SOLINA CENTRE FOR INTERNATIONAL DEVELOPMENT AND RESEARCH, NIVI, POPULATION COUNCIL, BILL & MELINDA GATES FOUNDATION

Supporting Women's Pregnancy Journey Through Improved Financing and High-Quality Care | MSD for Mothers is supporting the development and scale of MomCare, a digital platform that helps a woman track and complete her maternal health journey, provide feedback on the care she receives and pay for quality care offered by accredited providers. Providers also use the platform to track their patients' care, improve the quality of care they offer and increase the speed of receiving payments. To drive value-based care, payers use the platform to access real-time insights on the costs, utilization and outcomes of the maternal health journey.

COLLABORATORS: PHARMACCESS FOUNDATION

Linking Public and Private Maternity Care for Seamless Quality Care

Nigeria has a mixed health system, with more than 40% of the population receiving care from the private sector; yet private health providers are often not included in quality improvement efforts. In Cross River state, MSD for Mothers supported an effort to expand access to high quality, comprehensive maternity care and strengthened linkages between more than 100 local public and private facilities. The result was a 66% reduction in maternal mortality in three years⁴, due in part to close collaboration among communities, providers and state health officials.

Drawing on lessons learned, we are supporting our collaborators to adapt this project for Kaduna state where the rate of facility delivery remains low at 17%. The key components include a lean quality improvement model using <u>SafeCare</u> standards to help private providers enhance their quality of care; digitally enabled education and engagement with women and communities to improve health-seeking behaviors and increase facility delivery. By the end of the second year of implementation, the result was a 63% improvement in the active management of the third stage of labor to prevent postpartum hemorrhage (PPH).⁵ This project is made possible through collaboration with the state ministry of health to enable long-term sustainability for quality maternity care.



COLLABORATORS: PATHFINDER INTERNATIONAL, PHARMACCESS FOUNDATION, NIVI

Integrated approaches to sustain quality maternal care | To improve the quality of care in Lagos and Ekiti states, mDoc is building on previous MSD for Mothers investments in quality improvement and assurance learnings to implement a whole-system quality approach for maternal care by capacitating health workers and health system leaders with knowledge and skills to help provide comprehensive and effective maternal care, and use digital technology (CompleteHealth[™] Platform) to empower women to manage and track health needs during pregnancy, birth and postpartum. mDoc will establish a virtual learning network for improving maternal health systems' quality. mDoc will also implement a woman-centric digital review system that allows women provide feedback on care received and encourages delivery of high quality, respectful care by facility staff.

COLLABORATORS: MDOC

Reducing the Burden of Postpartum Hemorrhage MSD for Mothers is supporting Nigeria's response to postpartum hemorrhage (PPH)- a leading cause of maternal mortality in the country - as part of multi-country initiative called Smiles for Mothers: Making Deliveries Safer. The Smiles for Mothers consortium aims to embed health systems interventions and introduce innovations that strengthen the capacity of Kano, Lagos, and Niger states to prevent and manage PPH, and to scale the learnings to other states across Nigeria.

COLLABORATORS: SOLINA CENTRE FOR INTERNATIONAL DEVELOPMENT AND RESEARCH, CLINTON HEALTH ACCESS INITIATIVE, CO-CREATION HUB NIGERIA



Leveraging Women's Voices to Tackle Barriers to Safe Childbirth | MSD for Mothers is supporting the Project AISHA consortium through the Strengthening Systems for Safer Childbirth initiative in an effort to reduce maternal deaths through an integrated approach targeting the individual, community and health system in Lagos and Kaduna. Over the three years, the project will work with both public and private providers with a goal of reducing maternal deaths and obstetric complications by 20% by improving women's acceptance and accessibility to quality maternal health services using innovation and technology, integrating respectful and women-centered maternal health services into existing systems in the community, and empowering health workers through learning collaboratives, coaching and mentoring.

COLLABORATORS: HEALTH STRATEGY AND DELIVERY FOUNDATION, MDOC, INGRESS HEALTH PARTNERS, INSTITUTE FOR HEALTHCARE IMPROVEMENT

Reducing Maternal Mortality through Strengthened Health Systems | Through the Strengthening Systems for Safer Childbirth initiative, MSD for Mothers is supporting the FOR M(oM) consortium to address the delays in receiving adequate care by improving the quality of maternal care in public and private facilities, in Lagos, Kano and Delta states. These interventions include: strengthening the capacity of health facility administrators to improve their operational management to support better quality of care; supporting maternal care providers to improve the quality of their maternal services; digitizing the operations and patient health records of health facilities to improve the efficiency and quality of service delivery; and engaging communities to ensure that women's voices are factored in the provision of services delivered at the health facilities and that these services meet the women's needs.

COLLABORATORS: HELIUM HEALTH, SOLINA CENTRE FOR INTERNATIONAL DEVELOPMENT AND RESEARCH, AFRIDA

Expanding Access to Safe Blood for Mothers MSD for Mothers through the <u>MOMs (Maternal Outcomes</u> <u>Matter) Initiative</u> is supporting Lifebank to ensure there is access to blood to treat postpartum hemorrhage through an innovative mobile application that allows health workers to order lifesaving blood and blood products from medical centers across Nigeria and connects the potential donors to their local blood banks. To address health inequalities between urban and rural areas, Lifebank has developed a drone delivery program to better serve the rural population which faces challenges in accessing critical medical supplies such as blood in a timely manner. MSD for Mothers is also supporting LifeBank toward the same broad goal of reducing maternal mortality by expanding access to lifesaving medical products for mothers via the SmartAccess initiative. SmartAccess aims to scale access to new and lesser used medicines used for PPH prevention and treatment across faith based medical institutions and government hospitals and health centers in key regions of Nigeria.

COLLABORATORS: LIFEBANK, USAID (CENTER FOR INNOVATION AND IMPACT AND OFFICE OF MATERNAL CHILD HEALTH AND NUTRITION), US INTERNATIONAL DEVELOPMENT FINANCE CORPORATION (DFC), CREDIT SUISSE

1 WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division. (2023). Trends in maternal mortality 2000 to 2020. UNICEF DATA

- 3 Bauchi, Borno, Enugu, Gombe, Kaduna, Kano, Lagos, Nasarawa, Niger, Sokoto, Yobe
- 4 Pathfinder International (2019). A whole-system approach to saving mothers in Cross River State, Nigeria.
- 5 Internal semi-annual progress report: SMGL 2.0 (October 2022 March 2023)

² Thaddeus, S., & Maine, D. (1994). Too far to walk: Maternal mortality in context. Social Science & Medicine, 38, 1091-1110.

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