

Strategic Planning in Health Facilities: An Approach for Building Commitments for Improving Quality of Emergency Obstetric Care in Low Income Countries

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Abstract

Background: The poor quality of emergency obstetric care (EMOC) has been identified as one of the major bottlenecks predisposing to high rates of maternal mortality in Nigeria. While health managers have recognized that there are challenges in providing high quality maternal health care, there has been limited efforts to address the associated problems. We investigated the impact of the development and implementation of a high-level multi-stakeholders' strategic plan in improving the indicators of quality of care in two referral health facilities in Nigeria.

Methods: This was a stepwise mixed formative and interventional study in eight referral hospitals in Nigeria. We first conducted Key Informants Interviews with senior health managers in eight Nigerian secondary and tertiary referral hospitals in four geo-political zones to explore perceptions relating to the delivery of EMOC to prevent maternal deaths in the hospitals. Based on the results, we carried out a multi-stakeholders' SWOT analysis (that included policymakers and senior managers of the health system) in two secondary health care facilities (Central Hospital, Benin and General Hospital, Minna) to identify challenges in providing EMOC. The SWOT analysis was followed by the development and implementation of strategic plans in the two hospitals aimed at addressing the identified challenges.

Results: The challenges identified in providing quality emergency obstetric care in the two hospitals were: poor and inadequate funding; inadequate number of health personnel; poor attitude of staff to patients' care; inadequate equipment, blood, facilities and consumables; delays in service provision; limited staff knowledge on new methods of provision of EMOC; and poor hospital sanitation. These were addressed through multi-faceted approach including high level advocacy, establishment of maternal death reviews and surveillance, monthly health meetings between staff and patients, establishment of blood donation drives, rewards for high performing staff, establishment of a computerised appointment system and staff re-training programs. In 4 months of implementation, outcome results have included less delay in management of patients, increased availability of blood for transfusion and reduced number of preventable maternal deaths.

Conclusion: We conclude that strategic planning designed to address self-identified bottlenecks and challenges in providing EMOC can improve the quality of maternal health care and reduce maternal mortality in health facilities in resource-poor countries.