

LEARNING BRIEF

Maternal Health · Quality Improvement · Nigeria

Beyond Clinical Care: How Financial Management Strengthens Private Maternal Health Services in Lagos, Nigeria

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June 2026

Executive summary

Despite investments in clinical training, maternal health outcomes in private health facilities are frequently undermined by fragile, business-driven models and weak financial oversight. In many low- and middle-income settings, private health facilities suffer from informal financial management and high out-of-pocket dependency, leading to erratic procurement of life-saving commodities and high staff turnover. When financial systems fail, the ‘clinical gain’ evaporates, leaving private health facilities unable to maintain 24/7 emergency readiness, including the blood bank supplies essential for managing obstetric emergencies.

Project Aisha, a maternal health initiative, demonstrated that financial management is an effective and underutilized approach to improving the quality of maternal health services, especially in the private sector. Implemented in Ifako-Ijaiye LGA, Lagos, the initiative targeted single-doctor-led private hospitals that serve as first-contact providers for most pregnant women.

Using an adapted Financial Management Assessment Tool (FinMAT), Project Aisha identified critical gaps in financial record-keeping, governance and staffing, internal controls, budgeting and planning, and reporting among private maternal care providers. Facilities were stratified by financial risk, enabling tailored mentorship intensity. Through structured training, continuous mentorship, supportive supervision, and integration of quality improvement principles, providers strengthened financial systems directly linked to maternal health service delivery.

Results were substantial. Average financial management scores increased from 38% at baseline to 66% at endline, with the greatest improvements observed in financial documentation, governance, and internal controls—foundational systems essential for service continuity. Strengthened financial practices were associated with fewer service disruptions, improved availability of essential maternal health commodities, better staff retention, and enhanced readiness for obstetric emergencies.

Project Aisha demonstrated that strengthened financial management is a frontline quality-of-care intervention. When private providers gain control over their finances, they are better positioned to safeguard the quality of care. Integrating financial management mentorship into maternal health quality improvement approaches offers a scalable, high-impact strategy to sustain safe motherhood gains, reduce preventable maternal deaths, and build resilient private health systems across Nigeria and sub-Saharan Africa.

Financial Management: A Core Enabler of Quality Maternal Care

Quality maternal healthcare is not sustained by clinical expertise alone; it is built on strong financial management systems [1,2,3]. In private maternal care settings, financial decisions directly influence the retention of skilled staff, availability of essential medicines, access to medical equipment, and responsiveness of emergency services [4,5,6]. Effective financial management therefore serves as a critical enabler of safe, reliable, and continuous maternal health service delivery [1,3,7].

Financial management functions as the structural backbone of quality maternal healthcare, translating clinical intent into sustainable service delivery [8,9,10]. By strengthening core financial management domains, health facilities can move from fragmented and unpredictable care toward resilient and dependable maternal health services. A robust system ensures that resources are accurately tracked and safeguarded, creating a stable operational environment in which clinical interventions and digital health innovations can be implemented without undue risk of resource leakage or systemic failure [8,9,10]. The synergy between transparent financial reporting and rigorous internal controls fosters accountability from administrative offices to the labor ward. By maintaining accurate and reliable financial systems, facilities strengthen trust with stakeholders and donors, supporting sustained investment in maternal healthcare services [8,9, 10, 11]. This approach positions financial management not as a peripheral function, but as a core pillar of clinical excellence that directly contributes to improved maternal health outcomes and the reduction of obstetric complications.



Ongoing discussions at the Financial Management Workshop. Photo Credits: HSDF

The Private Health Landscape in Lagos: Quality of Maternal Care Services

Private healthcare providers play a dominant yet heterogeneous role in maternal care delivery in Lagos, Nigeria. Although private facilities account for more than 80% of all health establishments in the state, coordinated efforts to improve maternal health services have only recently emerged [12,13,14].

In 2015, the Health Strategy and Delivery Foundation (HSDF), through the Private Sector Network initiative, launched a coordinated effort involving 65 private providers in Lagos State. The initiative aimed to strengthen healthcare business operations and service delivery by building geographically based provider networks around shared interests. In April 2024, the FOR M(om) programme trained 61 hospital staff across 19 private maternity facilities, enhancing emergency obstetric care skills, supporting the digitization of patient records, and improving operational capacity, including financial management [6,15]. Despite these investments, the quality of care among these providers remains uneven. This has been attributed to chronic challenges related to inadequate financing, poor infrastructure, and shortages of skilled personnel.

Limited formal training in business and facility management among medical directors further constrains their ability to sustain and scale affordable models that support quality maternal health services [12,14,15,16].

Project Aisha, implemented by HSDF and three other partners since 2022, addresses these gaps through an integrated model combining quality improvement (QI) and financial management interventions. The project was designed to strengthen clinical quality, healthcare business sustainability and data-driven decision-making among private maternal care providers in Lagos [17].

The Case for Strengthening Financial Management Systems for Private Maternal Care Providers

Private health service providers are a major and growing source of maternal healthcare across sub-Saharan Africa, including Nigeria [1,18]. In cities such as Lagos, Kaduna, and Port Harcourt, private facilities provide more than 50% of first-contact antenatal and delivery services [19]. In Lagos State, 80% of health facilities are privately owned, comprising for-profit clinics, faith-based and mission hospitals, maternity homes, and informal providers that collectively form a fragmented maternal healthcare ecosystem [12,13]. These facilities help fill the service gaps left by under-resourced public facilities and provide convenient access for many families.

Evidence shows that the quality of care delivered by private providers is variable [20,21]. While some offer high-quality, client-centered services, others lack standardized clinical protocols, adequate infrastructure, and sound business practices necessary to sustain safe maternal care.

Benova et al. [20] reported that across 57 low- and middle-income countries, one in five births occurred in private facilities, highlighting the critical role of this sector. Despite this, knowledge remains limited on how to sustain quality care delivery among private providers in low- and middle-income settings [19,20,22]. Engaging these providers to strengthen and sustain their healthcare businesses is therefore essential for improving maternal health outcomes.

Poor financial management is a key driver of gaps in maternal care among private providers. Weak bookkeeping, unpredictable cash flow, poor procurement practices, and limited budgeting for essential items reduce providers' ability to maintain critical stocks (e.g., oxytocin, magnesium sulfate, safe delivery kits), invest in infection prevention, retain skilled staff, and cover emergency referrals and transport [23,24,25]. Tailored mentorship in bookkeeping, planning and budgeting, costing, pricing, procurement, and financial reporting can strengthen providers' financial systems, improving their ability to deliver consistent, evidence-based maternal health services [19,21,26]. This link between financial capacity and clinical quality has been increasingly recognized in global guidance on engaging the private sector in maternal healthcare delivery [7].

Financial Management Intervention

Project Aisha established a collaborative learning cohort comprising 11 high-volume private hospitals in Ifako-Ijaiye local government area (LGA) of Lagos State. The cohort was designed to build competencies, provide mentorship and iterative feedback, and promote peer-to-peer learning among participating providers to strengthen service delivery.

The intervention employed a structured capacity-building pathway designed to improve financial organization, transparency, and operational efficiency among medical directors, clinical staff, and administrative and accounting personnel. Implementation began with a baseline assessment to identify gaps across key financial management domains. The project team adapted the Financial Management Assessment Tool (FinMAT), developed by Management Sciences for Health, and applied it to assess five domains relevant to small and medium-sized private health facilities: basic financial record systems, governance and staffing, internal controls, budgeting and planning, and financial reporting.

Findings from the baseline assessment informed the development of a tailored Financial Management Improvement Plan (FMIP) for each participating hospital. The FMIP outlined specific actions required to strengthen financial systems, reduce exposure to financial risk, and improve accountability. Implementation of the FMIP was supported through a combination of targeted financial management training, on-site supportive supervision, and continuous mentorship over 18 months. These activities focused on strengthening routine financial practices and reinforcing consistent financial management processes. Reassessment using the same FinMAT was conducted at mid-point and endline to monitor progress, identify remaining gaps, and guide additional support.

Strengthening Service Quality Through Better Financial Management Systems

The intervention focused on five critical domains to strengthen financial management systems among private maternal health providers:

Basic Financial Record System:

This is foundational to effective financial governance. Baseline assessment revealed that several private providers struggled with incomplete record-keeping, poor document retention, and inconsistent bookkeeping, which undermined their ability to provide evidence for statutory audits, track profitability, detect fraud, and make informed financial decisions. Strengthening this domain focused on establishing simple, reliable systems for recording income, expenses, and transactions to support transparency.

Governance and Staffing

Addressed the need for adequate oversight of facility finances. Weak governance structures and limited financial skills often exposed facilities to conflicts of interest, inaccurate financial reporting, and non-compliance with regulatory requirements. By introducing clear policies, accountability structures, and capacity building for key personnel, the approach enhanced providers' ability to manage financial resources responsibly and prevent misuse.

Internal Control Systems

Private health settings lacked mechanisms to safeguard assets, detect fraud, and ensure compliance with laws, exposing them to financial losses, litigation, and regulatory sanctions. Internal controls were strengthened by introducing checks and balances, segregation of duties, and routine review processes to enhance accountability and risk mitigation.

Budget and Planning

Focused on empowering private providers to develop and adhere to both short- and long-term financial plans. Without a budgeting culture, private health settings struggled to evaluate performance or allocate resources efficiently, leading to poor financial outcomes and poor-quality maternal health service delivery (Fig. 1). This approach supported providers in creating actionable budgets, monitoring financial performance, and adjusting operations based on variances.

Financial Reporting

This ensured that private providers were able to produce timely, accurate financial statements and management accounts needed for decision-making and statutory compliance. Weak reporting practices limited visibility into the organization's financial health and hindered strategic planning. Through training, mentorship, and supportive supervision, private health providers learned how to generate, interpret, and use financial reports to strengthen business sustainability and responsiveness (Fig. 1).



Fig. 1. Critical Financial Management Domains for Quality Healthcare Delivery

Collectively, these efforts moved participating hospitals away from fragmented, vulnerable financial practices toward more robust, transparent, and sustainable financial management systems.

Emerging Results and Impact

Financial management assessments demonstrated a measurable improvement trajectory across participating hospitals. At baseline, these hospitals operated with severely underdeveloped financial systems, averaging a score of 38%. Weaknesses included inconsistent financial record-keeping, poorly defined governance structures, weak internal controls, limited budgeting practices, and irregular financial reporting. These gaps signaled high operational risk and underscored the need for structured QI support.

Following targeted interventions—including training, on-site supportive supervision, peer learning, and the introduction of simplified financial management tools—endline assessments showed an increase to an average score of 66%. This represents a 28-percentage-point improvement and a 74% increase from baseline (Fig. 2). Although performance remained below optimal levels, the results demonstrate that facilities starting from a very low baseline can establish functional financial systems when QI strategies are applied consistently.

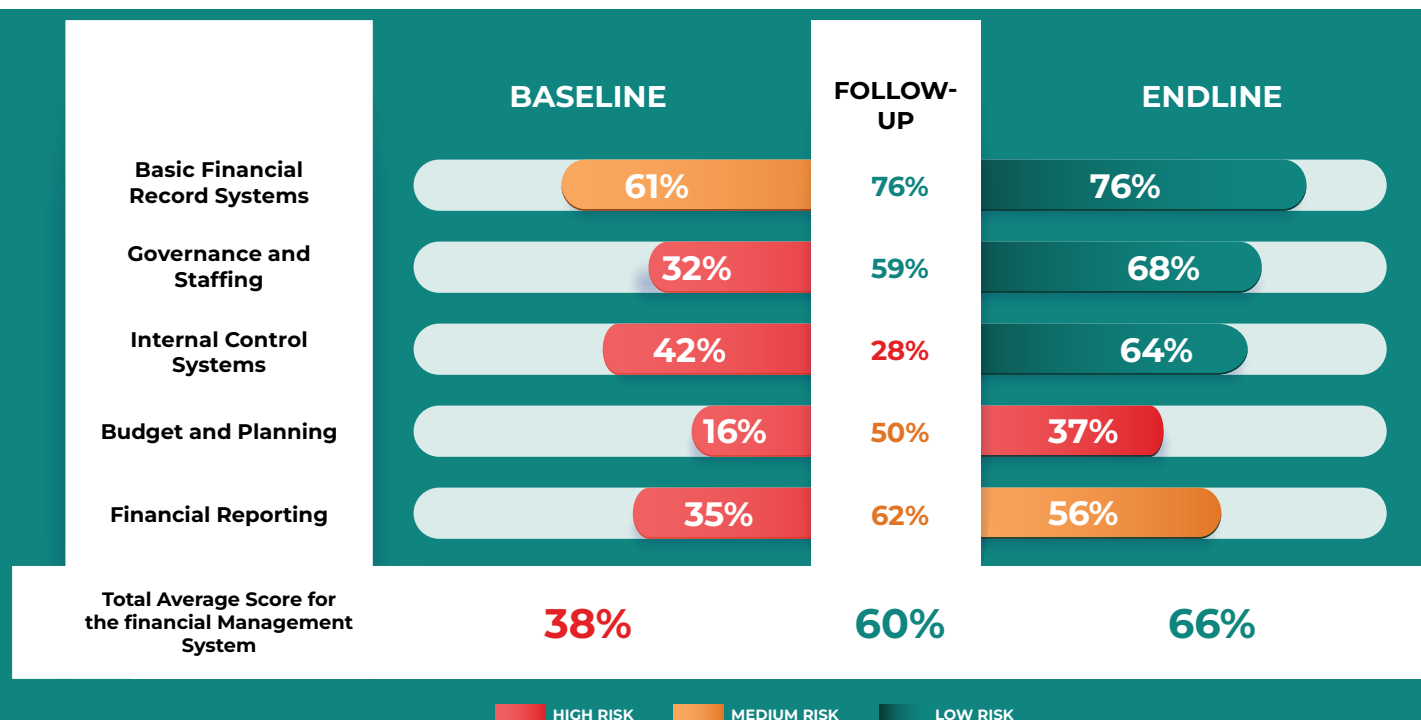


Fig. 2. Outcome of Financial Management Assessment

Participating hospital staff reflected on these changes:



“Before, I could not tell you exactly how much money was going into maternal services. Now, with the simple tracking tools, I know where the money goes and I can prioritize what mothers need most.”

— **Private Facility Manager, Lagos**



Financial discipline is not just about keeping the business afloat; it is about ensuring that maternal care services are uninterrupted. Proper budgeting helped us avoid stockouts of essential medicines for months.

— **Private Facility Accountant, Lagos**

Improvements were most evident in routine financial record systems, driven by the introduction of standardized templates and coaching on documentation practices. Governance and internal control processes also strengthened, supported by clearer task delegation, designation of facility finance focal persons, and routine supervisory checklists. In contrast, budgeting and financial reporting showed slower progress, largely because these practices required higher-level approval and behavioral change among facility leadership. Future interventions should intensively engage facility leadership to address this remaining gap.

Driving Sustainability

Building on the findings of the end-line financial management assessment, the project team implemented targeted post-intervention activities to strengthen and sustain improvements across participating hospitals. These efforts focused on addressing persistent gaps while institutionalizing effective financial practices.

Feedback to Drive Learning and Improvement

Facility-specific feedback reports were developed and shared, outlining assessment findings and practical recommendations. These reports served as learning tools to guide corrective actions and continuous improvement in financial management practices.

Procurement and Installation of Accounting Software

The project procured and installed standardized accounting and inventory management software—Business, Management, Assurance and Collaboration (BMAC)—across nine hospitals, with seven systems fully functional by the end of the reporting period.

This intervention introduced a structured, automated platform for managing financial transactions, budgeting, reporting, and inventory control. It directly addressed critical challenges such as reliance on manual record-keeping, delays in financial reporting, weak internal controls, and limited visibility of financial data.

By automating key processes, the system improved the accuracy, timeliness, and consistency of financial information, thereby strengthening decision-making, accountability, and compliance with financial policies.

Intensive Training for Accountants

Facility accountants received hands-on training on the newly installed system, enabling effective use of the system for financial reporting, bookkeeping, reconciliation, and internal control management. This ensured that the software was not only installed but also effectively utilized.

Continuous Capacity Support and Supervision

Ongoing technical assistance and supportive supervision were provided to reinforce correct usage and promote consistency in applying standardized financial procedures. This continuous engagement was critical to sustaining improvements and embedding good practices.

Targeted Workshops to Strengthen Governance and Financial Processes

Post-intervention workshops focused on budget development and implementation, financial policy formulation, and inventory management.

To institutionalize these gains, the project instituted monthly check-ins and periodic refresher workshops. These structured mechanisms were designed to drive full adoption of the accounting system, strengthen financial management practices, and ensure long-term sustainability. Emerging evidence indicates that 75% of participating hospitals have reported improved financial system efficiency, particularly in the tracking of payables and receivables, resulting in more accurate and timely financial reporting. As one hospital accountant noted, “I can boldly state that the accounting system has significantly improved the efficiency of work, particularly in tracking payables and receivables at all levels.”

Operational Pathway: From Intervention to a Stronger Financial Management System

Project Aisha's financial management intervention followed a deliberate pathway to strengthen service delivery by identifying and addressing underlying financial risks. The process began with a structured assessment of financial practices focusing on key operational areas essential for both business sustainability and quality health service delivery. These included financial record-keeping, governance and staffing arrangements, internal financial controls, budgeting and planning, and financial reporting processes.

The assessment measured how consistently providers applied essential financial practices. Performance varied across facilities, reflecting differences in operational capacity and governance risk. Based on these findings, providers were categorized along a continuum of financial risk: high-risk facilities with weak or inconsistent systems, medium-risk facilities with partially established practices, and low-risk facilities with strong and functional financial management systems.

Facilities identified as high risk were characterized by weak financial systems, exposing them to operational instability and governance challenges. These limitations affected their ability to plan for routine maternal health services, respond to emergencies, maintain essential supplies, and retain qualified staff.

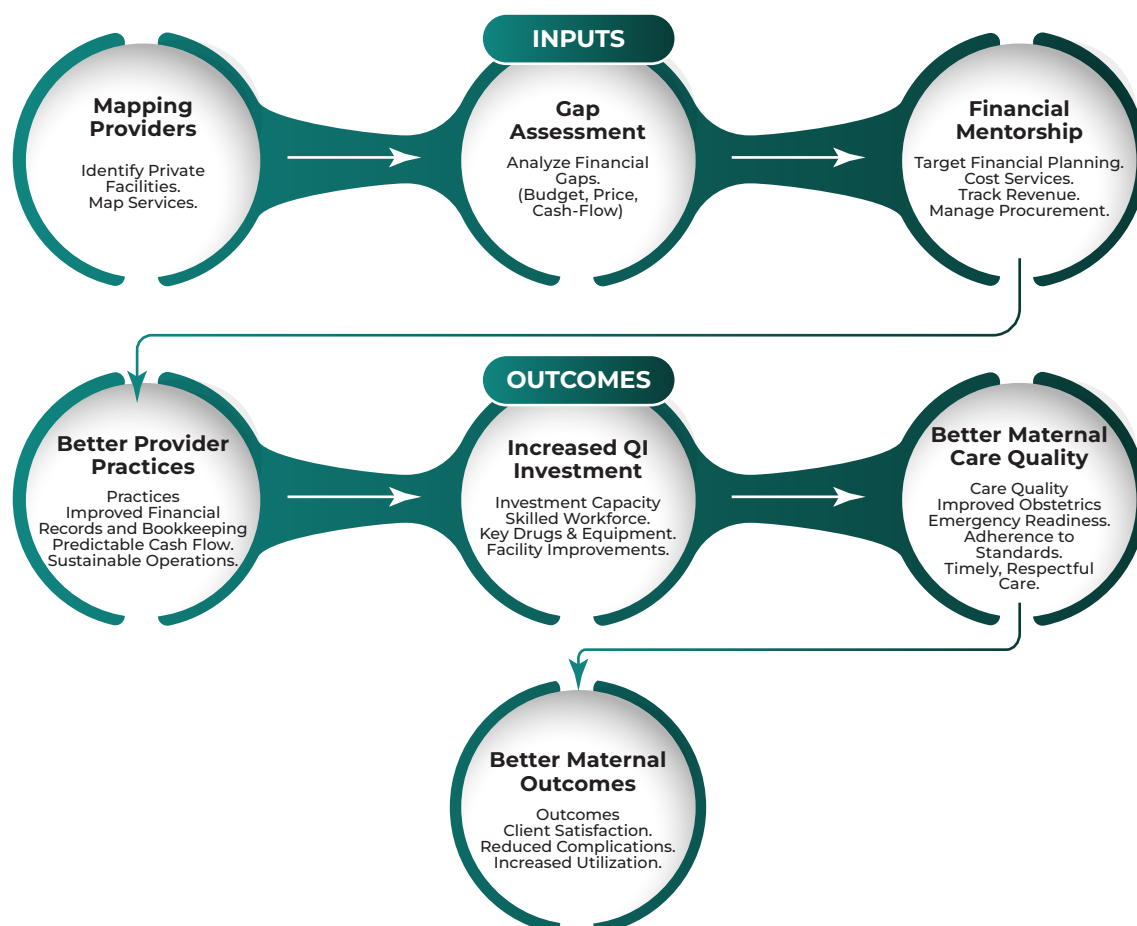


Fig. 3. Pathway from Financial Management Mentorship to Improved Maternal Quality Care

Medium-risk facilities demonstrated some financial structure but lacked consistency and completeness, resulting in inefficiencies that affected service delivery. In contrast, low-risk facilities exhibited strong financial practices, accountability, and operational discipline, providing a stable foundation for quality maternal care. This categorization served as a critical entry point for intervention. Rather than applying a one-size-fits-all approach, the project tailored the intensity and focus of financial management mentorship based on each facility's risk level.

Following categorization, targeted mentorship was delivered with emphasis on addressing identified gaps. Support focused on strengthening financial record-keeping, reinforcing governance and staffing accountability, improving internal controls, enhancing budgeting and planning, and strengthening financial reporting practices (Fig. 3).

As facilities adopted these practices more consistently, they demonstrated improved operational capacity and reduced financial risk. Enhanced budgeting and planning enabled more efficient resource allocation for maternal health services, while stronger internal controls and reporting mechanisms improved accountability and transparency.

As financial systems strengthened, facilities gained greater control over resources and operations — ensuring the availability of essential commodities, maintaining functional equipment, and retaining skilled personnel. Reduced financial risk enabled proactive planning, better responsiveness to service demands, and targeted investment in quality improvement. Facilities with stronger financial systems were ultimately better positioned to deliver timely, safe, and reliable maternal health services, enhancing both service readiness and client experience.

From Evidence to Action: Lessons and the Path Forward

Three years of implementation across the cohort of 11 high-volume private hospitals in Lagos State generated important insights for policymakers, private providers, and funders seeking to integrate financial management and quality improvement at the facility level.

Lessons Learnt

Financial records and QI integration strengthen service planning. Providers who adopted standardized financial tools were better positioned to reinvest in staff training, equipment, and facility upgrades — directly improving maternal care quality.

Financial literacy builds provider confidence. Strengthened financial skills gave facility managers and accountants greater confidence to control costs, maintain service affordability, and make informed operational decisions.

Continuous mentorship outperforms one-off training. Monthly on-site mentorship visits, combined with peer learning sessions, were more effective than standalone training in embedding financial practices. Facilities that received consistent follow-up showed faster and more durable improvements than those that did not.

Sustainability requires policy linkages. Linking financial management interventions with broader health financing reforms and regulatory frameworks can enhance scale-up and long-term impact beyond project-supported facilities.

Context-appropriate tools drive adoption. Tailoring financial management tools to the operational realities of small private health providers — including simplified templates and accessible software — significantly increased adoption and sustained use.

Peer learning fosters accountability. Structured peer-to-peer learning within the collaborative created a culture of shared accountability, where facilities benchmarked progress against each other and collectively problem-solved financial and operational challenges.

Connecting financial training to maternal health goals increases relevance. Aligning financial management capacity building with quality improvement objectives helped providers understand the direct link between sound financial practice and better maternal care outcomes, increasing motivation and engagement.

Road Ahead

The evidence generated by Project Aisha makes a strong case for scaling integrated financial management and quality improvement interventions across private maternal health facilities in Lagos and beyond. The 28-percentage-point improvement in financial management scores, combined with a 50% reduction in facility-based maternal mortality, demonstrates that strengthening the business foundations of private facilities is a practical and high-impact strategy for improving maternal health outcomes.

Looking ahead, three priorities will be critical. First, sustaining gains in the current cohort through continued mentorship, software support, and refresher training.

Second, expanding the model to additional local government areas and facility types, using the Change Package and FinMAT as replication tools. Third, engaging state and national policymakers to embed financial management standards within private sector regulatory frameworks, ensuring that improvements outlast project support and become a permanent feature of private maternal care in Nigeria.

The experience of Project Aisha demonstrated that financial resilience and clinical quality are not separate goals — they are mutually reinforcing. Investing in both is essential to building a private maternal health sector that is sustainable, accountable, and capable of delivering safe care to every woman who needs it.

Recommendations for Scale-Up

- Improve financial documentation and record systems: Ensure complete, well-filed transaction documentation. Where capacity allows, progressively digitize financial records to enhance accuracy, traceability, and decision-making.
- Institutionalize budgeting and performance monitoring: Adopt annual budgets covering operations, clinical volumes, and capital needs, with routine budget-vs-actual reviews and maintenance plans to support cost control and sustainability.
- Strengthen internal controls and asset management: Enforce financial policies, segregation of duties, secure cash handling, regular internal audits, and maintain a labelled, up-to-date inventory of all facility assets.

- Standardized financial reporting and audit accountability: Produce monthly management accounts and budget monitoring reports, and ensure annual statutory audits yield formal reports reviewed by management.
- Build resilient finance governance and staff capacity: Formalize finance roles, staff handbooks, and onboarding processes, and sustain continuous training and cross-training to ensure continuity and compliance.
- Sustain mentorship and peer learning structures: Maintain regular on-site mentorship visits and structured peer learning sessions among facility cohorts to reinforce financial practices and prevent regression after project support ends.

Conclusion

Project Aisha demonstrated that financial resilience and clinical quality are inseparable. By equipping 11 private maternal health facilities in Lagos with structured financial management systems, targeted mentorship, and peer learning, the project achieved a 50% reduction in facility-based maternal mortality — evidence that strengthening the business foundations of private facilities is a high-impact strategy for saving lives. For Nigerian states and other low- and middle-income settings grappling with fragmented private health sectors, this model offers a replicable, evidence-based pathway. The question is not whether private providers can deliver quality maternal care — it is whether health systems are willing to invest in the financial and operational foundations that make it possible.

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Further Reading

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