

Increasing Skilled Birth Attendance in Nigeria: National Primary Health Care Development Agency-Midwives Service Scheme and PRRINN-MNCH collaboration

Background

Northern Nigeria has some of the highest rates of maternal, neonatal and child mortality in the world. In order to support Nigeria in the achievement of the Millennium Development Goals (MDGs) related to maternal and child health in Northern Nigeria, a 4 year Maternal Newborn and Child Health (MNCH) programme was linked to the existing Partnership for Reviving Routine Immunisation in Northern Nigeria (PRRINN). **The PRRINN-MNCH Programme** was launched in September 2008. The MNCH programme is managed by Health Partners International (HPI), Save the Children UK and GRID Consulting, with Technical Support from a range of partners including John Hopkins Bloomberg School of Public Health and Liverpool Associates in Tropical Health/Liverpool School of Tropical Medicine (LATH/LSTM).

An increase in the proportion of deliveries with **Skilled Birth Attendance** has been identified as key strategy to reduce maternal and newborn mortality and morbidity in developing countries.

The term 'Skilled Birth Attendance' has been defined as the process by which a woman is provided with adequate care during labour, delivery and the early postpartum period. This requires **skilled personnel** to attend the delivery and an **enabling environment**, including adequate supplies, equipment, drugs as well as effective communication and referral systems. A **Skilled Birth Attendant** is an accredited health professional - such as a midwife, doctor or nurse - who has been educated and trained to proficiency in the skills needed to manage normal pregnancy, childbirth and the immediate postnatal period, and in the identification, management and referral of complications in women and newborns".

Improving the health of Nigerian mothers and their newborns requires an increase in coverage of Skilled Birth Attendants. It is against this backdrop that the National Primary Health Care Development Agency (NPHCDA) with funding support from the MDGs - Debt Relief Grant (DRG) established the national Midwives Service Scheme (MSS).

This scheme is a significant step towards national efforts for increasing attendance at delivery and indeed accelerating progress for the attainment of MDGs 4 and 5.



The MSS Concept

This initiative seeks to:

- Provide an emergency stop gap to the human resource shortage of skilled attendance at the level of Primary Health Care (PHC) system in Nigeria.
- Mobilize and deploy unemployed and retired but able midwives to health facilities in rural communities.
- Offer emergency obstetric and neonatal care training to midwives at the various PHC facilities where they will be posted.
- Identify a clear referral network with each Primary Health Care (PHC) facility assigned a General Hospital for referral of emergency cases.

The MSS approach

A total of 2,500 midwives will be mobilized and deployed to 625 PHC facilities and 156 General Hospitals (GH). Four midwives will be deployed to each of the selected PHC facilities to ensure provision of maternal and child health care services are possible 24/7. A selection of four PHCs is clustered around the referral GH with the creation of 156 clusters nationwide. Six of these clusters are in the PRRINN-MNCH target states (Katsina, Yobe and Zamfara).

Areas of collaboration of MSS with PRRINN-MNCH

NPHCDA is collaborating closely with PRRINN-MNCH by co-opting Technical Advisors from PRRINN-MNCH to join members of the national MSS Technical Committee and to provide technical support on an on-going basis. Specific areas/activities of collaboration so far have been:

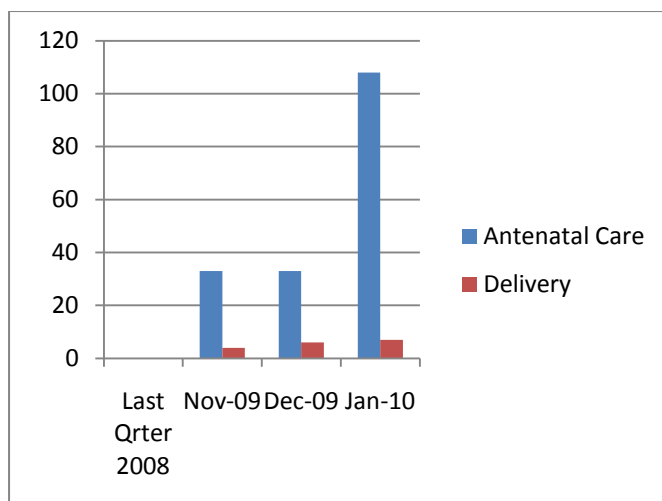
- Participated in the recruitment of midwives for N-W zone in Kano in June 09.
- Shared relevant tools and reports including those for health facility baseline assessment, WHO IMPACT manuals and tools, assessment of training institutions.
- Shared experience on planning and conducting baseline assessments, development of M&E framework, and CEOC cluster model used under PRRINN-MNCH.
- Participated in the planning of refresher training of midwives countrywide by NPHCDA-MSS.



Some Initial outcomes

- Increased availability of midwives: State wide, 96 midwives were posted to 6 clusters in each of the target states. With regard to PRRINN-MNCH target facilities, as of January 2010, 7 out of 8 of the midwives posted to Katsina; out of 12 posted to Yobe; and 7 of the 16 posted to Zamfara state had reported.
- There is preliminary evidence to suggest increase in utilisation of services in some of the health facilities where the midwives are working. For example Furfuri PHC in Zamfara state has recorded an increase of antenatal attendance from 33 in the month of November 2009 when the midwives started work to 108 in Jan 2010. Deliveries went up from 0 (baseline) to at least 7 in January 2010.

Utilisation of MNCH services in Furfuri PHC, Zamfara State



Challenges

There are a number of challenges:

- The majority of the midwives posted had not yet reported in February 2010 (see above). This needs follow up.
- Incentives for retention of the midwives: the midwives, who have reported, are accommodated in the community by LGAs which are also responsible for their transport. Some midwives have reported poor housing conditions and a number of midwives have not been paid their salary supplement promised by the States.
- The enabling environment at the PHC facilities needs to be improved. Renovation of infra structure, purchase of medical supplies and drugs commenced by PRRINN-MNCH.



Next steps

PRRINN-MNCH, with support from the Liverpool School of Tropical Medicine (LSTM) will:

- Provide an orientation workshop in early March 2010 to MSS midwives working in target facilities in PRRINN-MNCH states.
- Assist in mapping out the training needs of these midwives and develop a training plan.
- Provide in-service training to update their knowledge and skills in relevant MNCH areas.
- Work with stakeholders (states and LGAs) to design and implement appropriate incentives to retain the midwives posted to target facilities.
- Follow up with relevant bodies, issues related to the working and upkeep of the midwives working in PRRINN-MNCH facilities
- Provide technical support and oversight during the planned national training of the midwives by the NPHCDA-MSS
- Prepare for a visit to PRRINN-MNCH programme by NPHCDA-MSS as part of collaboration activities
- Provide continued collaboration and mutual support to ensure more midwives posted to PRRINN-MNCH do take up their posts
- Engage states and LGAs where PRRINN-MNCH working to ensure sustainability of the MSS.
- Document lessons learnt.