

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

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 before deployment to the various PHC facilities.
- 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. 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 hours of the day and seven days a week. In December 2010, the MSS scheme was expanded to include Community Health

Extension Workers (CHEW). 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 and LATH/LSTM 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 included:

- Participation in the recruitment of midwives for N-W zone in Kano in June 2009.
- Sharing of relevant tools and reports including those for health facility baseline assessment, WHO IMPAC manuals and tools, assessment of training institutions.
- Sharing of experience on planning and conducting baseline assessments, development of M&E framework, and CEOC cluster model used under PRRINN-MNCH.
- Participation in the planning and delivery of refresher training of midwives countrywide by NPHCDA-MSS.



LSS EOC & NC competency-based training for MSS midwives

- In total, 96 MSS midwives were posted to 6 clusters in each of the PRRINN-MNCH target states, with 36 posted to cluster 1 health facilities. As of January 2010, 7 out of 8 of the midwives posted to Katsina; 7 out of 12 posted to Yobe; and 7 of the 16 posted to Zamfara state had reported.
- In December 2010, another batch of MWs and CHEWs were posted to the states and the tables below show number of those who have reported to PRRINN-MNCH supported states of Katsina, Yobe and Zamfara

Table 1: Number MSS Midwives and CHEWs state wide as of December 2010

Posting	Cadre	Katsina	Yobe	Zamfara	Total posting	Total drop out	Total in post
Nov-Dec 2009	MWs	86 (15)	96 (27)	96 (23)	278	65	209
Nov -Dec 2010	CHEWs	72	67	69	208	-	208
	MWs	23	37	39	99	-	99
	Total	177	200	204	581	65	516

(#) in brackets are MWs who have left the MSS as of Dec 2010

In-service training for MSS midwives

- Of the MSS midwives posted (state-wide) to the target states (Katsina 86, Yobe 96, and Zamfara 96) all underwent in-service training in IMCI and LSS by NPHCDA before/soon after embarking on duty in Dec 09-Jan 2010.

- All the MSS midwives deployed to PRRINN-MNCH facilities were inducted in March 2010 and their training needs were mapped. PRRINN-MNCH has provided a series of in-service training for MSS midwives based on the training needs¹ earlier identified during induction workshop.
- NPHCDA also participated in 2010 in the induction as well as in the on-going LSS EOC & NC training of health care providers and tutors from health training schools being conducted by PRRINN-MNCH in the supported states.

Table 3: Distribution of MSS midwives posted Dec 2009-Jan 2010 who attended in-service training by type of course (PRRINN-MNCH clusters 1 and 2)

In-service training attended	National (Kano)	Katsina	Yobe	Zamfara	Total
LSS EOC & NC (CBLSS)	27	-	-	-	27
QI	2	-	-	-	2
TOT ENC	2	-	-	-	2
ENC	-	3	0	2	5
KMC	-	8	12	3	23
FANC	-	5	-	4	9
FP*	-	-	-	4	4
RI	-	2	-	-	2
IPPC	-	-	12	-	12
Use of MgSO ₄ and Anti-shock Garment	-	-	-	3	3
Total	31	18	24	16	89**

Source – training records/reports. Note: *with FANC; **One person may have attended multiple courses (one or more courses)



Technical support was provided to NPHCDA and partners for the development of national integrated supportive supervision (ISS) tools and institutional framework for MSS in the interim and PHC in the long term. The usage of ISS tools has been instituted and the ISS teams oriented nation-wide. PRRINN-MNCH was part of the orientation in the programme supported states of Katsina, Yobe and Zamfara.

Objectives of Mentoring and Supportive Supervision of MSS midwives

- To evaluate knowledge/skills acquired by midwives from the LSS/IMCI training
- To improve on the job capacity of the midwives to provide quality services.
- To ensure that the midwives are in their duty post.
- To confirm availability /utilization of supplies to designated MSS PHC facilities

¹ Induction/orientation of Midwifery Service Scheme (MSS) Midwives deployed to PRINNMNCH cluster facilities by A Adegoke, J Raven and N van den Broek LSTM/LATH (March 2010)

- To identify and solve problems affecting quality performance of the midwives.

The supervision of MSS midwives and now CHEWs under this scheme has been integrated into the existing ISS supported by PRRINN-MNCH in the 4 states (to avoid duplication). To supplement this PRRINN-MNCH has developed supervisory tool for Programme Officer Supply-side that include supportive supervision of MSS midwives. This also includes technical follow up and supportive supervision of MSS midwives from cluster 1 target health facilities who attended induction workshop by PRRINN-MNCH in early 2010.

Impact of MSS midwives in target health facilities (PRRINN-MNCH Cluster 1)

Findings from follow up of MSS midwives show some positive effects (early impact) including:

1. Significant increase in the utilisation of MNH services in all the PRRINN-MNCH facilities where MSS midwives are deployed as compared with baseline data collected between August and October 2008. Overall, more significant increases were noted in ANC attendance when compared with intra partum care (delivery). The following are some of the examples:
 - ✓ From 0 ANC and delivery as noted from baseline data to 455 and 28 for ANC and delivery respectively between April- June 2010 in Furfuri PHC, Zamfara (table 4);
 - ✓ from 44 ANC and 18 deliveries as noted from baseline data to 504 and 46 for ANC and deliveries respectively between May and July 2010 in Yunusari CHC, Yobe;
 - ✓ from 450 ANC and 54 deliveries as noted from baseline data to 581 and 40 for ANC and deliveries respectively in Nahuche PHC, Zamfara;
 - ✓ and although a decrease in the ANC attendance was observed, there was however significant increase in the number deliveries and PNC since the arrival of midwives, Rogogo MCH, Katsina (table 4).
2. Significant improvement in documentation including keeping of registers and summary graphs, bar charts and statistics in all facilities.
3. Provision of 24 hours intra-partum care by MSS midwives running shift in all PRRINN-MNCH supported HF's where there are MSS midwives (there being 3-4 MSS MWs per HF). For instance night shift was introduced by MSS midwives on arrival at the facility (Baimari MPH, Yobe)
4. MSS midwives initiated community mobilisation activities to increase utilisation of MNH services especially skilled care at delivery.

Table 4: MNCH service statistics in Furfuri PHC, Rogogo MCH, Yunusari CHC (May- July 2010) as compared with baseline (August – October 2008)

Name of facility	Selected MNCH Activity		Total number
Furfuri PHC, Zamfara state			
	ANC	May-July 2010	455
		Baseline	0
	Total deliveries	May-July 2010	28
		Baseline	0
	PNC	May-July 2010	Service not available
		Baseline	Service not available
Rogogo MCH, Katsina state			
	ANC	May-July 2010	321
		Baseline	728
	Total deliveries	May-July 2010	73

		Baseline	4
	PNC	May-July 2010	122
		Baseline	Service not available
Yunusari CHC, Yobe			
	ANC	May-July 2010	504
		Baseline	44
	Total deliveries	May-July 2010	46
		Baseline	18
	PNC	May-July 2010	-
		Baseline	-

Challenges

There are a number of challenges:

- 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 either not been paid or irregularly paid their salary supplement promised by the States and LGAs.
- The enabling environment at the PHC facilities needs to be improved. Renovation of infra structure completed, distribution of procured medical supplies and drugs commenced by PRRINN-MNCH, but no essential medical equipment yet.
- Effective supportive supervision to MSS midwives yet to be well established.

Next steps

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

- PRRINN-MNCH to provide technical support to LGAs and states for development of strategy for retaining of MSS midwives now and after end of contract with MSS
- New MSS midwives in PRRINN-MNCH clusters 2 and 3 inducted and supported through trainings and workshops to upskill them.
- PRRINN-MNCH staff at state level (POs supply side) to support monthly supportive supervision to MSS midwives. This can be aligned with the NPHCDA ISS process.
- PRRINN-MNCH staff (POs supply side) in collaboration with the LGA MCH coordinators and MSS Focal Persons to follow up and provide technical support to MSS midwives. Where necessary technical support could also be provided by the Kano-based PRRINN-MNCH Midwifery Advisor.
- Follow up with relevant bodies, issues related to the working and upkeep of the midwives working in PRRINN-MNCH supported health facilities
- PRRINN-MNCH to provide technical support to NPHCDA to develop guidelines, checklist and in-service training manuals on MNCH for recruited CHEWs and evaluation of the MSS programme
- Document programme experiences with MSS and lessons learned for use by NPHCDA and other stakeholders