

FEDERAL REPUBLIC OF NIGERIA

Using Strategic Information and Investment to Improve Availability of Skilled Providers in Underserved Areas in Nigeria

THE NIGERIA MIDWIVES SERVICE SCHEME

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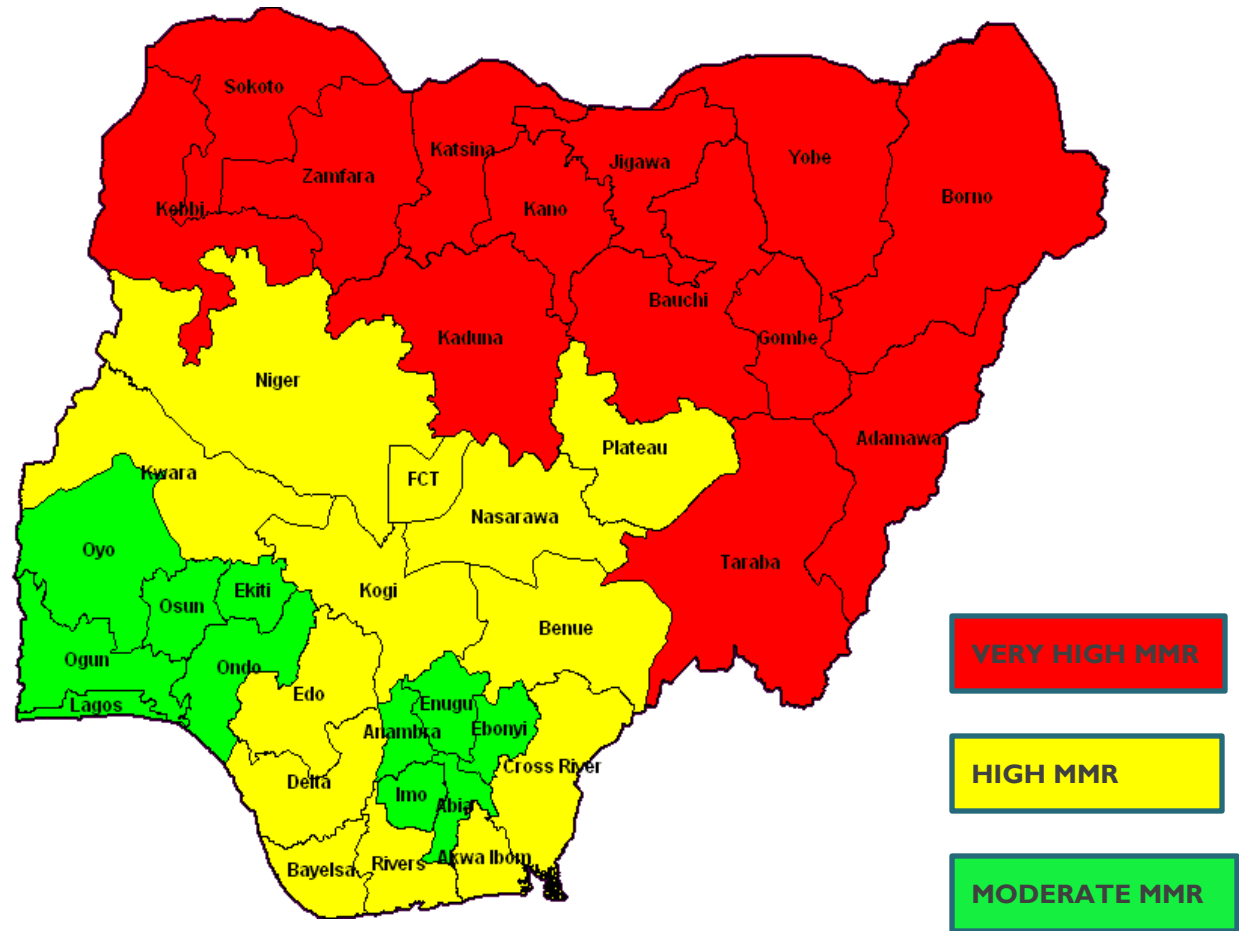
OUTLINE OF PRESENTATION

- Background
- The Concept/Scope & Components
- Process & Progress/Achievements
- Challenges
- Next Steps
- Gaps & opportunities for donor assistance
- Conclusions

BACKGROUND

1. Maternal and Child Mortality has continued to be one of the most serious development challenges in Nigeria despite several efforts (policies, initiatives and instruments) aimed at reducing the incidences, and generally improve Maternal and Child Health
2. While precise figures are not available, the Maternal, Neonatal, Infant, Child and U5 mortality trend based on the NDHS (2008) are uninspiring: MMR:545/100,000 live births, NMR:40/1,000 births, IMR:75/1,000 births, CMR:88/1,000 births, U5MR:157/1,000 births with wide variation across the geopolitical zones
3. The North East zone has the highest maternal mortality ratio - 1549/100,000 live births compared to 165/100,000 live births in the South West zone

VARIATION IN MMR ACROSS THE 6 GEOPOLITICAL ZONES



BACKGROUND CONT..

1. Analysis of the trends shows that the indices have shown only marginal reductions in the last five years, making the MDGs targets by 2015 clearly unachievable using current strategies
2. The slow progress has been attributed to gaps ranging from infrastructure, access to services and human resource needs
3. However, the greatest challenge is in the area of Human Resource particularly the midwives. In many health facilities in rural area, Skilled Birth Attendants are reported to be in shortage
4. Coverage of Skilled Care, an important strategy to reduce maternal mortality is less than 40 percent while immunization coverage ranges between 32.8 – 60% (NDHS 2008) & the low coverage contribute to Maternal & child morbidity & mortality
5. Rising to the challenges, FGN approved the allocation of MDGs-DRG funds to the Agency under the 2009 Appropriation Act to establish the Midwives Service Scheme (MSS) as a public sector initiative based on wide consultation, networking and consensus building among stakeholders

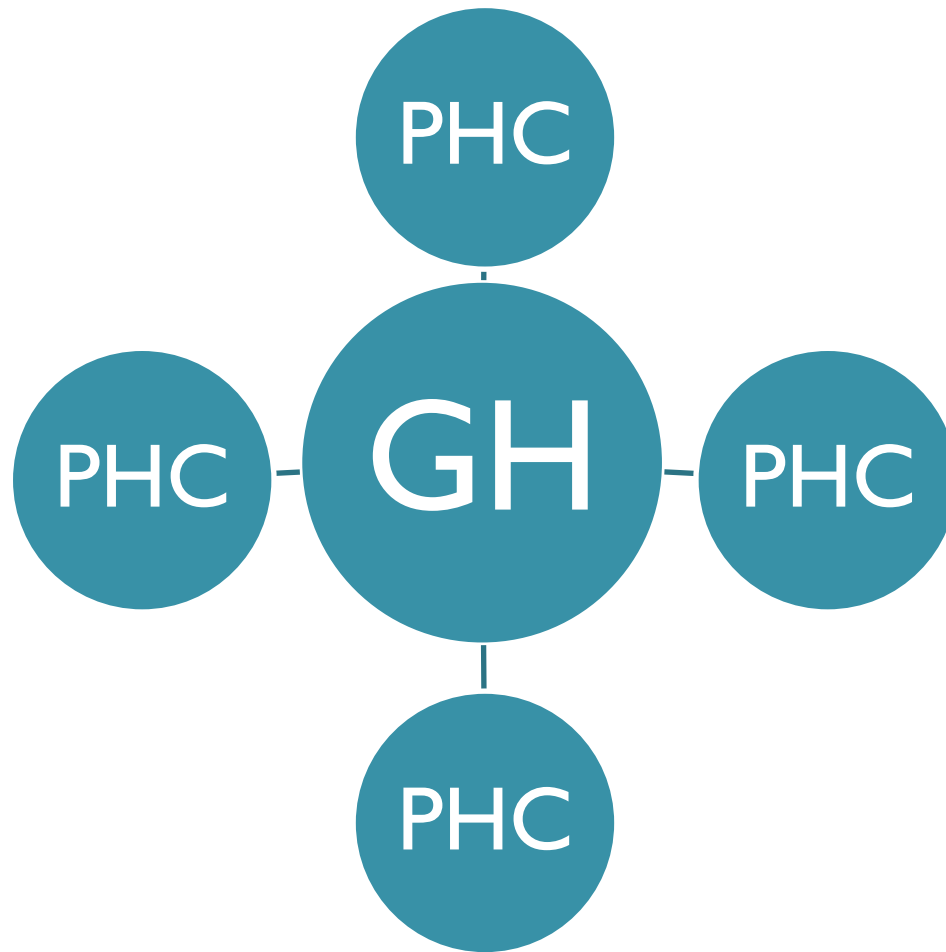
SCOPE

1. The project serve an estimated 10,711,532 population in the 36 States and the Federal Capital Territory (based on data collected during the baseline survey).
2. The 163 clusters are distributed according to maternal mortality burden across the country.
3. The North East and North West zones have 6 clusters in each of the states,
4. The North Central and South South zones have 4 clusters in each of the states
5. The South East and South West zones have 3 clusters in each of the states.

CONCEPT & CONTENTS

1. Based on shared Roles and Responsibilities consummated by signing a Memorandum of Understanding (MOU) between the Federal, State and Local Governments; supported by strategic partners
2. The scheme adopted the cluster model or hub and spoke arrangement in which 4 PHC facilities with capacity to provide BEOC are clustered around a General Hospital with capacity to provide CEOC serving as a referral facility
3. A total of 815 health facilities in the 36 states / FCT, selected based on agreed eligibility criteria comprising of 652 PHC facilities in underserved areas and 163 designated referral General Hospitals a total of 163 clusters
4. A comprehensive survey of all the 815 facilities was undertaken in a study conducted in January 2010.
5. The aim of the baseline survey was to establish a comprehensive baseline data necessary for the implementation of the scheme.

THE CLUSTER MODEL



THE 8 STRATEGIC COMPONENTS

The scheme is based on 8 strategic and complementary components conceived to build an effective and result oriented programme.

1. Management and Coordination
2. Building Partnership and Consensus among key stakeholders
3. Strengthening/ Institutionalizing Community Participation,
4. Deployment of Human Resource to frontline health facilities in rural communities so as to improve the coverage by Skilled Birth Attendants,
5. PHC Support with basic equipments/commodities and supplies,
6. Capacity Building/Training of Midwives to improve Quality of Care, and
7. Monitoring and Evaluation and ICT Support component.
8. Programme Communication.

CORE INDICATORS OF THE SCHEME

1. The proportion of health facilities with midwives offering 24 hours services under the Midwives Service Scheme.
2. The proportion of pregnant women receiving antenatal care 4x and above under the MSS programme.
3. The proportion of deliveries attended by skilled birth attendants in the areas covered by the MSS programme.
4. Reduction of Maternal Mortality Rate.
5. Reduction of Neonatal Mortality Rate.
6. The proportion of women using family planning services in the areas covered by the MSS programme.
7. The proportion of children fully immunized at one year in the areas covered by the MSS programme.



Process & Progress

MANAGEMENT & COORDINATION

1. A high level Technical Working Group (TWG) was constituted and chaired by the Honourable Minister of Health
2. The committee comprises of key players involved in Maternal Mortality Reduction efforts in Nigeria, meets periodically to receive update, review progress and advice accordingly
3. A broader Stakeholders Forum is in the process of being institutionalized to facilitate regular consultation with key stakeholders and engender wider public support for maternal mortality reduction efforts
4. The secretariat of the scheme is birthed at the National Primary Health Care Development Agency
5. The scheme also enjoys the services of a Project Advisor and 6 Zonal consultants charged with providing technical support to all aspects of the scheme, in addition State Focal Persons identified from among the Agency's Zonal Technical Officers at state level

PARTNERSHIP & CONSENSUS BUILDING

1. The Midwives Service Scheme is a public sector initiative based on wide consultation, networking and consensus building among stakeholders
2. The hallmark of the scheme is that it is conceived as a collaborative effort between the three tiers of government based on clearly defined shared roles and responsibilities
3. Formalized by Memorandum of Understanding (MOU) signed between the Federal, State and Local Governments; supported by strategic partners such WHO, UNICEF, UNFPA, PRRINN-MCH, Pathfinder International, ACCESS/JEPHIGO and PPFN etc.
4. MOU has been signed by all the 36 states/FCT

STRENGTHENING THE PHC SYSTEM

1. The Agency recognized that only a functional PHC system could guarantee effective service delivery and identified strengthening of the PHC system as a key component of the scheme
2. In line with this, basic equipment, such as BP apparatus, stethoscopes, weighing scales, midwifery kits; mama kits and essential drugs/ consumables, facility/community registers, service guidelines, job aids & protocols were procured
3. The items have been distributed to the 652 facilities was through the Agency's Vaccine Logistics System

STRENGTHENING COMMUNITY PARTICIPATION

1. The scheme recognizes that Primary Health Care requires a Social Development Strategy to ensure community participation & ownership in its implementation
2. To ensure establishment of a good managerial process, formation & reactivation of Community Development Committees was undertaken using the Participatory Learning and Action (PLA) approach
3. PLA tools are used to ensure that representative committees are formed at each level to oversee the implementation of primary health care activities
4. Establishment/Reactivation of Ward Development Committees around all the 652 primary health care facilities according to established guidelines using PLA approach has been accomplished
5. Data base (Directory) containing information on the PHCC, members of the WDCs & Officers in Charge of the designated facilities has been produced

ENLISTMENT & DEPLOYMENT OF MIDWIVES

1. Eligible midwives went through a process of expression of interest in response to adverts placed in the national dailies
2. Screening exercise was carried out at selected centres by 6 technical committees comprising key stakeholders
3. After the screening exercise, 2488 successful midwives were deployed to 652 designated primary health care facilities
4. an orientation exercise conducted in the six zones to acquaint them with the concept of the scheme, their roles/responsibilities
5. The midwives also went through a call up exercise during which the Agency officially handed them over to the states of deployment
6. So far about 2,323 midwives are currently retained in 628 frontline facilities in rural areas, over 232 sought redeployment for various reasons & about 300 dropped out
7. Disbursement of Thirty Thousand (30,000.00) Naira (**\$200**) monthly federal allowances to eligible midwives is up to date

CAPACITY BUILDING FOR QUALITY CARE

1. Capacity building to enhance quality of services to be provided by the midwives was built into the project
2. A training framework focusing on Life Saving Skills and Integrated Management of Childhood Illnesses was developed & Implemented as a competency based training with technical input by all relevant stakeholders
3. The training was institution based & the selected school provided classroom and accommodation
4. The Agency provided training aids/equipment such as Laptops, multimedia projectors, flip chart stands, anti-shock garments & other training materials in support of identified training/clinical sites
5. The training was coordinated by the SMOH through the heads of the School of Midwifery in close collaboration with the Nurses and Midwifery Council

APPLIED ICT SUPPORT

1. The Agency identified ICT connectivity and application of GSM technology as a potential strategy that could enhance the effective implementation and management of the scheme
2. Under the scheme, an ICT company, Galaxy Backbone was commissioned to lead e-health development in Nigeria
3. The Galaxy initiative involved connecting the national headquarters, the zonal offices, the National Strategic Central Store and 40 clusters comprising of 160 primary health care facilities and 40 General Hospitals with ICT facilities
4. The ICT connectivity has facilitated provision of dedicated Voice Communication System to connect the midwives and other health workers to support centres at the headquarters and data transmission
5. Facilitated the hosting of web-based HMIS on the Agency's website, dissemination of technical checklists, guidance/protocols, and Job Aides
6. The second aspect of the ICT strategy is the Mobile – Application Data Exchange System (MADEX) which involves the use of mobile phones by to transmit key MNCH indicators by text messaging

MONITORING & EVALUATION

1. An M/E framework providing key indicators, milestones, roles & responsibilities for monitoring & evaluation developed, based on the National Health Management Information System tools
2. A Baseline Survey at establishing a baseline of key MCH indicators as well as infrastructure, equipment, human resources & utilization of services at the interventions sites conducted
3. Four questionnaires were used for the baseline survey; the PHC services questionnaire, the GH services questionnaire, the Exit Interview questionnaires for PHC users and the house hold questionnaire targeted at women of reproductive age (15-49 yrs) with an experience of pregnancy
4. Facility providers & supervisors trained on the M&E system

PROGRAMME COMMUNICATION

1. A strategic communication plan with a 2 prong approach targeting clients to improve utilization of service & targeting the political leaders/decision makers as a tool for advocacy tool & strong visibility amongst the funding partners
2. The strategies include:
 - **Radio/TV** - : preparing strong jingles on key radio/TV stations
 - **Billboards:** located at strategic high traffic and high visibility areas
 - **Community Outreach:** Supporting the Ward Development Committees on community sensitization/outreaches
 - **Health centre branding:** branding the PHCs with external signage
 - **Posters:** covering the following issues; Birth Preparedness, Key Household Practices and Danger Signs of Pregnancy etc.



CHALLENGES

CHALLENGES

- **Implementation of the memorandum of understanding**
 - Gaps in the fulfilment of the state & local authority's contribution
- **Availability of qualified midwives**
 - Shortfall in 2009, may not meet 2010 additional 2000 midwives target
- **Retention of midwives**
 - Current enrolees mostly young & are part of the compulsory posting program of community midwives
- **Capacity building of midwives**
 - Gaps exist for training in other service delivery areas (FP, PMTCT, & basic ICT)
- **Sustainability of the Scheme**
 - Commitment by states & local governments beyond the initial 2 years
 - Community participation may be hindered by culture of financial incentives
- **Programme communication**
 - Current efforts geared towards mass media, more one-on-one, and one-on-group for behavior change to shore up utilization of services



Next Steps

NEXT STEPS

- **Mentoring, monitoring and supportive supervision**
 - Quarterly joint mentoring & technical/clinical supervision is being planned using the checklist for monitoring of services already developed
- **Provision for 2010**
 - Drive for enlisting additional 2000 midwives & 1000 community health extension workers has commenced
- **Impact evaluation**
 - In collaboration with the World Bank is planning to carry out an impact evaluation (IE) to answers some research questions focusing on MSS impact on mid term and long term average outcomes

GAPS & OPPORTUNITIES FOR DONOR ASSISTANCE:

- Areas that require assistance in this regard include the following:
 - Supplies and Commodities such as midwifery kits, delivery packs, essentials drugs & FP commodities
 - Training/Re-training & supply of training materials and Job Aids
 - Strengthening logistics for Supervision, Mentoring and Monitoring
 - Expansion & scale up

CONCLUSIONS

- Over the years, several initiatives and instruments have been introduced to reduce mortality among mothers and children in Nigeria
- Despite the efforts, poor maternal and child health indices has continued to be one of the most serious development challenges facing the country.
- The slow progress has been attributed to inadequacies in infrastructure, access to services and human resource needs
- Midwives Service Scheme was conceived as a collaborative effort between the three tiers of government based on shared roles and responsibilities to improve coverage of Skilled Birth Attendance
- Remarkable progress has been accomplished in the implementation of the initiative
- The scheme has so far proved to be a catalyst for maternal mortality reduction efforts in Nigeria, and indeed a positive platform for primary health care revitalization

THANK YOU.

Countdown to 2015 
Maternal, Newborn & Child Survival