

The midwives service scheme

The challenge: ongoing shortage of SBAs

In 2010, an estimated 40,000 Nigerian women died from complications in pregnancy and childbirth. Although this represents a decline in maternal deaths compared with the situation in 1990, many of these deaths could be prevented if women were seen during antenatal care (ANC) and assisted by a skilled birth attendant (SBA) during delivery. However, in 2008 61% of births in Nigeria occurred without an SBA and in 2013 this was still 62%. Moreover, critical shortages of SBAs especially in remote rural areas and in the northern states remain an issue.

The shortage of SBAs in Northern Nigeria is caused by: inadequate training sites; varying standards in pre-service education; poor absorption into the workforce (eg intermittent embargoes on health worker recruitment are common in some northern states); ineffective deployment; poor monitoring, supervision and regulation.

Key messages: The midwives service scheme helps to address the critical shortage of skilled birth attendants in Northern Nigeria.

- 1 Key federal level health policy initiatives need support from development partners.
- 2 This support needs to be early and sustained.
- 3 The MSS has played an important role in increasing the numbers of SBAs in Northern Nigeria and improving access to MNCH care.

The response: the midwives service scheme

The national midwives service scheme (MSS) was introduced by the government of Nigeria to address the SBA shortage in rural areas. Since 2009, unemployed, retired and newly graduated midwives have been deployed largely to PHC facilities in rural areas of Nigeria.

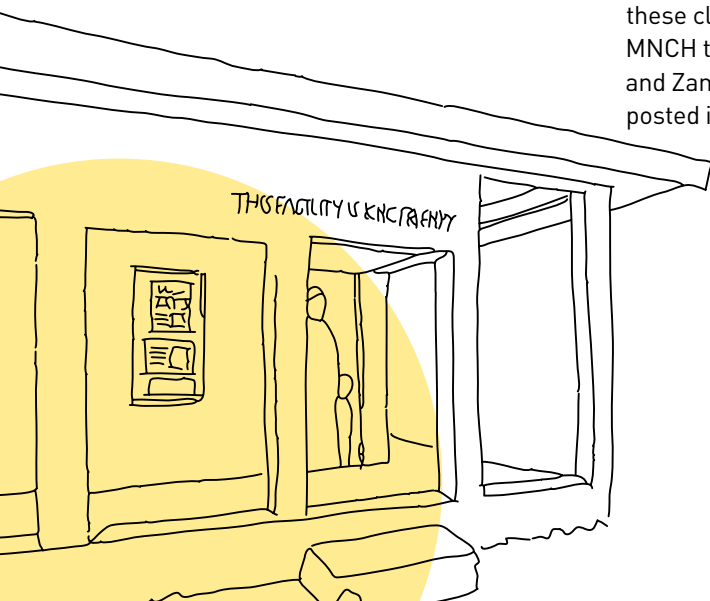
The National PHC Development Agency (NPHCDA) initiated the MSS using resources from the Millennium Development Goal (MDG) fund. In each state four midwives were deployed to each of the selected PHC facilities to provide maternal and child health care services on a 24/7 basis.

A selection of four PHC facilities is clustered around the general hospital with 156 clusters nationwide. Six of these clusters are in the PRRINN-MNCH target states (Katsina, Yobe and Zamfara). The first midwives were posted in late 2009/early 2010. This

was followed by a second wave of both midwives and community health extension workers (CHEWs) in late 2010.

PRRINN-MNCH has supported the MSS by:

- Providing technical support to the NPHCDA and FMOH (Federal Ministry of Health) in the design, implementation and evaluation of the MSS programme
- Inducting and orientating MSS midwives in PRRINN-MNCH-supported states
- Building the capacity of MSS midwives and other midwives in emergency obstetric care, focused antenatal care, postnatal care, family planning, integrated management of newborn and childhood illnesses, essential newborn care, kangaroo mother care, quality improvement and supportive supervision



THIS DOCUMENT IS ONE OF A SERIES OF KNOWLEDGE SUMMARIES THAT DRAW ON THE ACTIVITIES, RESULTS AND LESSONS LEARNED FROM THE PRRINN-MNCH PROGRAMME

Increase in the number of SBAs in PRRINN-targeted facilities

INDICATOR	BASELINE	TARGET 2013	PROGRESS 2013
BEmOC offering 24/7 delivery by trained staff	N/a	72	77
CEmOC facilities with at least 6 (nurse) midwives	1	18	22
BEmOC facilities with at least 2 (nurse) midwives	3	65	63
PHC facilities with at least 1 midwife	0	72	49

Increased SBA access in Katsina, Yobe and Zamfara.

INDICATOR	BASELINE 2009	CUMULATIVE TARGET 2013	CUMULATIVE PROGRESS 2013
1st ANC visits	14,524	510,169	709,928
Deliveries attended by skilled birth attendants	8,172	382,629	297,349
Postnatal visits in targeted PHC facilities	2,488	81,101	103,736

The results: more SBAs in targeted health facilities

The MSS has been key to increasing the number of SBAs in targeted facilities. There are now more midwives in health facilities though PHC facilities show slightly less progress.

This has increased access to SBAs in the three PRRINN-MNCH-supported states (Katsina, Yobe and Zamfara).

Policy implications

PRRINN-MNCH has shown that value can be added to key federal-level policy initiatives. It is important to offer broad-based support to ensure that these policy initiatives are supported and strengthened. Such support needs to be offered from an early stage and throughout the life of the initiative.

Conclusions

Multiple mechanisms are necessary to address the shortage of SBAs in Northern Nigeria and the MSS is a creative response to the challenge. PRRINN-MNCH through its support has ensured that much of the proposed value in the MSS initiative has been realised.



Partnership for Reviving Routine
Immunisation in Northern Nigeria;
Maternal Newborn and Child Health Initiative

The PRRINN-MNCH programme works with federal, state and local governments and local communities to improve the quality and availability of maternal, newborn and child health services.

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