Poor maternal and child health continue to be one of the most serious development challenges facing Nigeria. With better health care the deaths of over 50,000 mothers and 250,000 babies a year could be prevented. Targeting this challenge, in 2009 the Government launched a new Midwives Service Scheme with funds from debt relief gains. This initiative recruits unemployed and retired midwives for deployment to primary health centres in rural communities. Midwives are crucial in bringing down maternal, newborn and child mortality rates.

The National Primary Health Care Development Agency (NPHCDA) leads the initiative. Although progress to date has been remarkable, challenges need to be addressed to revitalise primary health care centres, increase the number of skilled midwives, and speed progress towards MDG health goals 4 and 5.

Cluster model for obstetric services

The scheme is organised on a cluster model. A group of four primary health care centres and a general hospital form a cluster. The primary health care centres provide basic obstetric care and, if necessary, refer patients to the general hospital for comprehensive emergency obstetric care.

To date, the midwives scheme operates in 163 clusters covering 652 primary health care centres nationwide. The scheme gives maternal and newborn child health a much-needed impetus by offering babies a good start in life and improving the well being of mothers.

Training

Midwives recruited to the scheme undergo refresher training at midwifery schools and clinics. Training focuses on life-saving skills and managing childhood illnesses.

Collaborative effort

Importantly, the initiative involves the three tiers of government and brings in strategic partners. The Federal Government and states have formalised their collaboration in a memorandum of understanding. In addition the Federal Ministry of Women’s Affairs has provided ambulances to serve the clusters. This was a clear commitment by government to better interagency coordination. The National Primary Health Care Development Agency takes the lead and pays the salary of each midwife as well as providing complete midwifery kits.

For their part, state and local governments provide accommodation for the midwives in the local community and a monthly allowance.


A connected system

The thrust to connect midwives, other health workers and administrative units to a national support system through a dedicated communications system is an important part of the initiative. The system will host a dedicated website, transmit data, and provide voice communication and video conferencing. It also takes advantage of the potential for technologies such as GSM to improve management and reporting of maternal and child health care nationwide.
The current initiative connects the NPHCDA headquarters, six regional offices, the central health supplies store and 40 clusters. The dedicated voice communication system is already up and running, allowing midwives to consult with other health workers. The website and system for uploading reports and data are also operational.

**Ward development committees**

Another significant aspect of the scheme is encouraging community support. Reactivated or newly established ward development committees play an important role in advocacy and communication. They also help track the improvements midwives are making to maternal and child health.

**Overcoming challenges**

Despite remarkable progress, there are still challenges to be overcome. Advocacy and communication campaigns will play an important role in helping state and local governments play their part effectively, and in making sure they continue to support the scheme.

For example, some states have not yet fulfilled their promise to provide accommodation and allowances. Young, single or newly married midwives are particularly mobile and states need to pay incentives promptly to retain them.

Another challenge is that the target of recruiting four midwives for each primary health care centre hasn’t yet been met.

The shortfall particularly affects the northwest and northeast of the country. Recruiting the 1,000 midwives needed in 2010 is a significant hurdle that is currently receiving attention.

To provide more comprehensive maternal and child health care it will also be important to build on the training midwives have already received in life saving skills and child health care. This means professional development in, for example, preventing mother-to-child transmission of HIV/AIDS, care of newborn babies and family planning, as well as basic computer and internet skills.

**Scaling up**

In a recent boost to the scheme, the Nursing and Midwifery Council put forward an additional 486 recently graduated midwives for deployment. The launch of a drive to recruit additional midwives is also boosting recruitment.

The NPHCDA is also examining the proposal for an extensive outreach programme. This will complement the facility-based midwives with community health extension workers.

In addition, a checklist for monitoring maternal and child health care is being developed. This, along with an impact evaluation by the World Bank, will keep the programme on track and ensure lessons continue to be learnt from experiences in the field.