**[Can Pay-For-Performance (P4P) Improve The Quality Of Maternal And Child Health Services In Nigeria? The Potentials And Preliminary Results](http://ispub.com/IJPH/3/1/25449)**

Nigeria was unable to meet the 2015 targets of MDGs 4 and 5 (2/3 reduction in child deaths and 3/4 reduction in maternal deaths) since its adoption in 2000. Various health policies have been adopted in Nigeria to improve quality and utilization of maternal and child health services to provide access to cost-effective interventions to prevent or treat a majority of the causes of these deaths. However, improvements have been very slow. With these MDGs now incorporated to the newly adopted sustainable development goals (SDGs), it is necessary to reflect on why some of these reforms have been unsuccessful, and pilot strategies to overcome the challenges identified in order to accelerate the process of meeting the MDG/SDG targets. Performance based financing (PBF) as a health financing policy option is increasingly being experimented with in African countries (including Nigeria) as a way to improve quality and utilization of health services, despite mixed results and sparse evidence base in developing countries. This paper discusses the introduction of a PBF pilot to improve quality and utilization of maternal and child health services in 3 out of 36 states in Nigeria, its potential to address the challenges in the Nigerian health system (e.g. lack of transparency and poor governance), and its early results. The promising early results of the P4P scheme in Nigeria and evidence of effectiveness of similar PBF schemes in other low and middle income countries (such as Rwanda and Tanzania), suggest that PBF might be a revolutionary health reform in Nigeria to improve the quality and utilization of maternal and child health services and accelerate the progress of meeting the newly adopted SDG targets.