An Evaluation of the Maternal and Child Health Project of the Subsidy Reinvestment and Empowerment Programme (SURE P)

Ifeanyi Nsofor, Ike Anya, Chikwe Ihekweazu : ABUJA EpiAFRIC

Background

Access and utilization of quality health care services by women and children in Nigeria remains poor. The Government of Nigeria partially removed petroleum subsidies in 2013 and used savings to set up an intervention programme between to address this. Funds were directed to increasing and improving infrastructure and human resources in primary care as well as improving demand through the use of incentives, primarily “Conditional Cash Transfer (CCT)” at 1000 health facilities across Nigeria.

Aims and Objectives

The aim of the evaluation was to assess the extent to which the SURE P MCH Project was meeting objectives, provide recommendations to guide the remaining implementation period of the project and proffer recommendations for the post-2015 period.

Methods

This evaluation was carried out using both quantitative and qualitative methods. Trend analysis was carried out to evaluate the impact of the intervention on relevant trends in utilization measures. Qualitative methods consisted of key informants’ interviews and focus groups discussions with stakeholders.

Results

The post implementation period showed improvement in most variables of interest, including a 36.3% increase in number of pregnant women’s antenatal care visits. We found that facilities with CCT component only performed better with respect to two of the six variables evaluated: newborns provided with OPV at birth and newborns provided with BCG at birth. Qualitative analysis showed improved perception of quality of care in intervention facilities and a lack of confidence in activities involving the transfer of cash incentives.

Main Conclusions

The programme led to an improvement in the utilization indicators and confidence of the users in the system. It would possibly have achieved greater success if it had been more independent. The project raised the question on whether a vertical intervention addressing a specific indicator is appropriate or whether a broader strengthening of the primary health care system is a better approach.