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**Rolling out the Midwives Service Scheme to increase access to essential maternal care in Nigeria’s decentralized health system: Design matters**

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Background

Nigeria has among the worst maternal and child health indicators in low and middle income countries (545/100,000 live births & 213 per 1000 live births) and faces multiple health systems constraints to expanding access to essential services. The flagship Midwives Services Scheme, implemented in all 36 states, was thus introduced in 2009 to improve rural staff retention by providing financial incentives and accommodation to rural midwives, and upgraded facilities. The study examines the design of the scheme and how it has reflected the health systems context, resources, needs and population preferences.

Methods

An extensive exploratory qualitative study included 87 in-depth interviews and 8 focus group discussions with policy makers, implementers, midwives and community members at federal level and in two states. Analysis was informed by a new framework examining the fit of the newly designed intervention considering: i) leadership and commitment ii) policy and financing context iii) human resource management capacity and iv) stakeholder participation. Themes were identified and synthesized iteratively.

Results

The broad principle of the scheme was widely supported by program managers and policy makers across the three health systems levels. However, its design was based on federal level program managers’ knowledge of maternal health and worker issues, and limited recognition of the decentralized nature of the health system. The design of a uniform financial package irrespective of pay structure in different states damaged equity. Implementation was hampered by inadequate management and logistical capacity to deal with the complex design, poor absorptive capacity of states for the posted midwives, failure to provide supervision, and welfare issues that affected the midwives. Additionally, the insufficient consideration of the nature of the health system, economic and cultural factors, resulted in poor local ownership and commitment.

Discussion/Conclusion

The midwives’ services scheme was an ambitious national scheme involving a bundled package of interventions to improve access to skilled workers in rural communities. In designing effective human resource retention schemes, the analysis here underscores the importance of designing such schemes to reflect overall health systems structures and processes, decentralized decision and participation in national level programmes, sub-national level factors including local health workers’ preferences and culture. Since decentralisation critically modifies the decision making space, an inclusive process where sub-national actors participate in choosing design options should be a pre-requisite.