Retaining skilled birth attendants in Northern Nigeria

The challenge: a shortage of skilled birth attendants

In 2010, an estimated 40,000 Nigerian women died from complications in pregnancy and childbirth[1]. Although this represents a decline in maternal deaths compared to the 1990 figures, many could have been prevented by the presence of a skilled birth attendant[2] – 61% of childbirths in Nigeria occur without one.

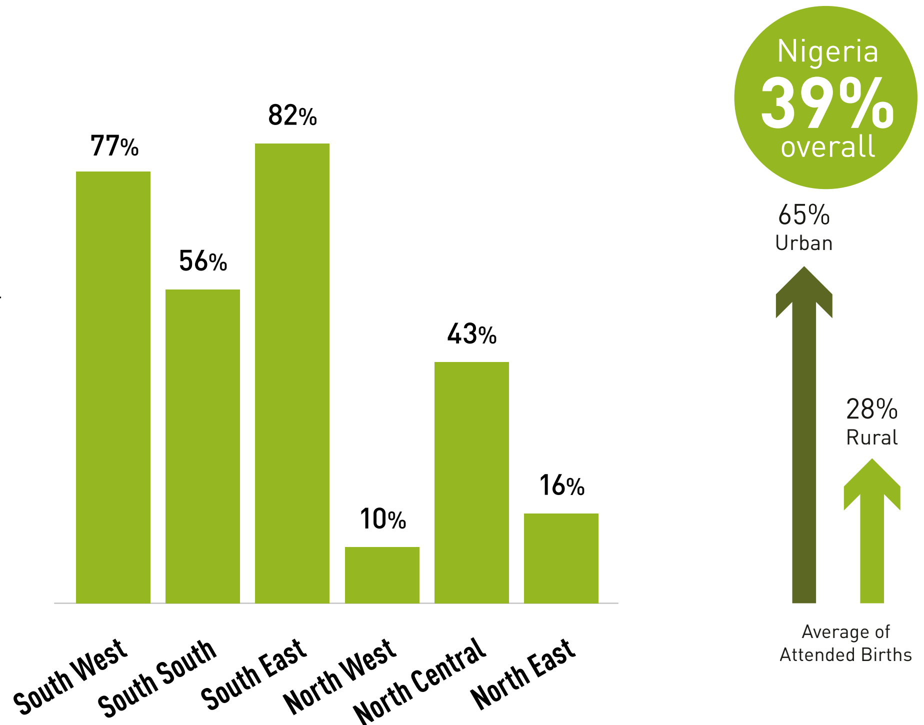
A skilled birth attendant (SBA) has been defined by the World Health Organisation (WHO) as an 'accredited health professional, a midwife, nurse or doctor, with midwifery skills'[3].The proportion of births attended by an SBA is one of the indicators used to assess the achievement of the fifth Millennium Development Goal (MDG 5) to 'improve maternal health'.

The international community set targets of 80% by 2005, 85% by 2010 and 90% coverage of births by an SBA by 2015. However, in 2008 only 65.7% of all women globally were attended to by an SBA during pregnancy, childbirth and immediately postpartum – with only 39% coverage in Nigeria[2&3]. The national coverage underscores the even lower SBA coverage in the northern part of Nigeria[2].

Key messages: **New initiatives are helping to combat the shortage of skilled birth attendants in the region.**

1. The critical shortage of skilled birth attendants (SBAs) in the northern states is a significant factor in maternal fatalities – 40,000 Nigerian woman died in pregnancy and childbirth in 2010.
2. Recruitment and retention of SBAs have been hampered by inadequate training and supervision of staff as well as some cultural norms in the area.
3. Significant progress has been made in increasing coverage and availability of midwives in rural health facilities resulting in more than double the number of deliveries conducted by SBAs.
4. PRRINN-MNCH conducted surveys to identify issues and highlighted measures to attract and retain SBAs including improved education and career structure, as well as motivational incentives.

Fig 1: Proportion of Nigerian births attended by skilled birth attendants

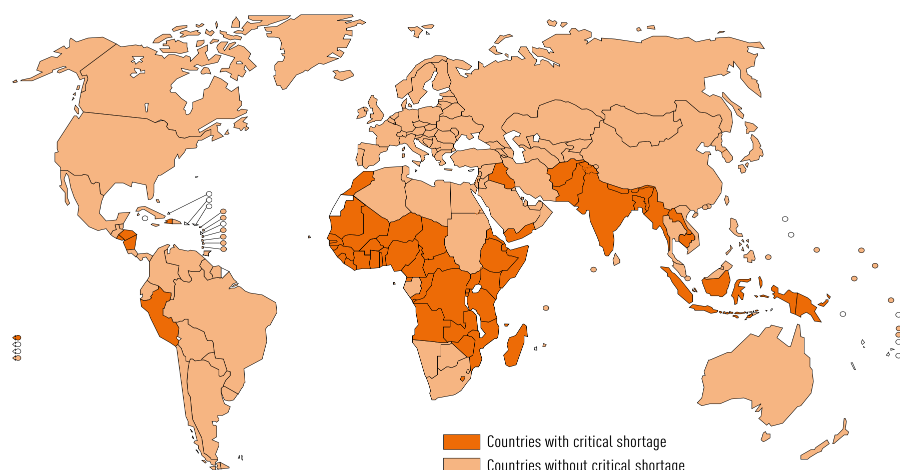


Nigeria is one of the 57 countries experiencing a critical shortage of SBAs, especially in remote rural areas and in the northern states[4].

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

Fig 2: Countries with a critical shortage of health workers

Source: Global Atlas of the Health Workforce (http://www.who.int/globalatlas/default.asp), World Health Organization.



In most primary health care (PHC) facilities in the northern states, deliveries are conducted by male community health extension workers. They generally lack midwifery skills and it is not culturally acceptable for them to attend to mothers during childbirth. Indeed, most women prefer to give birth at home. Without significant action to address this human resources crisis, the Nigerian health system will not be able to deliver the care required to meet the Millennium Development Goals by the year 2015.

The shortage of SBAs in Nigeria has been attributed to inadequate training, low recruitment, unequal and inefficient distribution and poor retention of SBAs. Although most people in Nigeria live in rural areas, most of the Nigerian health workers are in urban areas.

Northern Nigeria

Shortages of SBAs are caused by a number of factors. These include:

- An inadequate number of institutional and practical training sites
- Varying standards in pre-service education
- Poor absorption into the workforce (eg there is a health worker recruitment embargo in some northern states)
- Ineffective deployment of health staff
- Poor monitoring, supervision and regulation

These factors are exacerbated by the social and cultural norms in Northern Nigeria. Women need permission from their husbands to seek medical attention and visit a healthcare facility. Permission must also be sought from fathers if a girl-child wishes to complete her education and qualify as a health worker.

Cultural preference is given to marriage and family life and many female health workers may refuse rural postings due to a perceived fear that their marriages may be threatened or they may lose family ties. It is also not culturally acceptable for young, unmarried girls to live far away from home without the protection of their fathers.

The response: attracting, recruiting and retaining SBAs

SBAs save lives and provide quality care during pregnancy and childbirth. In recognition of this fact, global, regional and national initiatives increasingly focus on the training and retention of quality SBAs. An adequate health workforce is vital for effective health services and achieving improved health outcomes[5].

The National Midwifery Service Scheme (MSS) is one approach introduced by the government of Nigeria to address the SBA shortage in rural areas. Since 2009, unemployed, retired and newly graduated midwives are deployed to PHC facilities in rural areas of Nigeria[6]. The state governments of Jigawa, Katsina, Yobe and Zamfara also increased SBA salaries.

Since 2008, PRRINN-MNCH has been supporting the Nigeria government to improve attraction, recruitment and retention of health workers[7-8] in these states.

National and state level policy support

- Providing technical support to the National Primary Health Care Development Agency and the Federal Ministry of Health at the national level in the design, implementation and evaluation of the MSS programme
- Consultations with policy and decision-makers on incentive mechanisms to attract, recruit and retain female health workers
- Design and implementation of an incentive package in four states to attract, recruit and retain SBAs in rural health facilities
- Supporting the development of a Foundation Year Programme in 12 health training institutions to increase the number of girls meeting admission requirements.

Skills building initiatives to improve birth attendance skills included:

- Strengthening the capacity of health training institutions (HTIs) to increase the number and quality of SBAs, through ensuring accreditation and capacity-building of tutors on effective teaching skills
- The induction and orientation of MSS midwives deployed to PRRINN-MNCH states (Katsina, Yobe and Zamfara);
- Capacity-building of MSS midwives and other midwives in emergency obstetric, focused antenatal and postnatal care, family planning, integrated management of newborn and childhood illnesses, essential newborn care/helping babies' breath, kangaroo mother care, quality improvement and supportive supervision

Advocacy

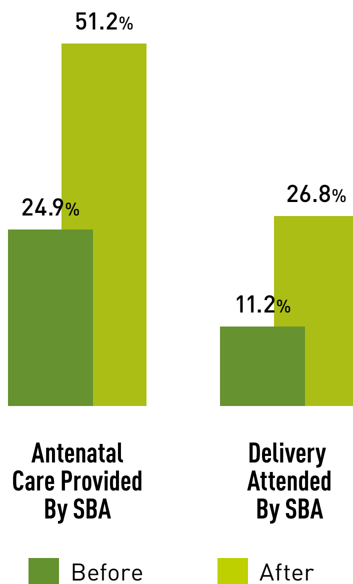
This involved the introduction of community dialogue to increase girl-child education.

Monitoring and evaluation

This involved research to explore the job satisfaction and retention of midwives in the three northern states and the evaluation of the incentive package to monitor progress, identify hitches and possible solutions.

The results: changing patterns

Household surveys by PRRINN-MNCH show that both antenatal care and deliveries conducted by an SBA more than doubled in the three states (Katsina, Yobe and Zamfara)



Before = Baseline data 2009   After = Endline intervention sites 2013

Coverage and availability of SBAs in PRRINN-MNCH targeted facilities

Accredited training institutions

Baseline	Target 2013	Progress
2	8	4

Midwives working in programme-supported facilities

Baseline	Target 2013	Progress
12	310	334

Deliveries per year attended by skilled birth attendants

Baseline	Target 2013	Progress
8,172	382,629	297,349

The three indicators relating to coverage and availability of SBAs show that while the number of accredited training institutions has increased, targets have not yet been reached. This activity is now being led by the Women for Health (W4H) programme, and the expectation is that the targets will be reached.

Fig 3: Factors affecting retention of midwives as identified by currently employed MSS midwives and those that left

Current midwives

(from focus group discussions)

- ☑ Expectations and motivation from MSS programme
- ☑ Adequate reward
- ☑ Suitable accommodation
- ☑ Availability of senior member of staff in the facility to support and mentor MSS midwives
- ☑ Availability of equipment and essential drugs
- ☑ Language and communication ability
- ☑ Acceptable workload
- ☑ Adequate supervision

Drop-out midwives

(from exit interviews)

- ☒ The job is not a permanent one
- ☒ Crisis in Yobe state
- ☒ Issues related to allowances (salary)
- ☒ Difficult and rural environment
- ☒ Accommodation problems
- ☒ Leaving for further education
- ☒ Marital and family reasons
- ☒ Distance

The number of midwives working in PRRINN-MNCH supported facilities has surpassed the target, while the number of deliveries conducted by an SBA is around 80% of the cumulative target.

Basic emergency obstetric care (BEmOC) facilities providing deliveries 24/7 by trained staff

Baseline	Target 2013	Progress
n/a	72	77

Targeted comprehensive emergency obstetric care (CEmOC) facilities with at least 6 (nurse) midwives

Baseline	Target 2013	Progress
1	18	22

Targeted BEmOC facilities with at least 2 midwives

Baseline	Target 2013	Progress
3	65	63

Targeted primary healthcare centres with at least 1 midwife

Baseline	Target 2013	Progress
0	72	49

The indicators relating to the functionality of health facilities show that midwives have increased in all targeted facilities with Primary Healthcare Centres showing slightly less progress.

Understanding why SBAs stay – and why they leave

Findings from an interview survey on job satisfaction and retention of MSS midwives show that of the 119 MSS midwives deployed to PRRINN-MNCH supported PHC facilities:

- 44 (**37**%) worked in 17 PHC facilities in Katsina state
- 41 (**34**%) worked in 21 facilities in Yobe state
- 34 (**29**%) worked in 13 PHC facilities in Zamfara state

Of these, **87** midwives were still working in their facilities while **32** have left.

Commitment is required to improve maternal, newborn and child health by strengthening:

1. Education and training
2. Legislation and regulation
3. Recruitment, retention and deployment
4. Professional midwifery associations

Source: United Nations: Every Woman, Every Child. 2010

Midwives reported that they obtained job satisfaction from:

The feeling of caring for women and children in the community

The chance to help and care for others

The feeling of worthwhile accomplishment from doing the job

The degree of respect and fair treatment they receive from more senior staff and supervisors

They were however least satisfied with a lack of:

A career perspective

Promotional opportunities within the scheme

Policy implications

Based on the experience of this programme and a better understanding of the motivations and challenges faced by SBAs, policy recommendations include:

- Increase the number and improve the distribution and quality of SBAs
- Lift the recruitment embargo for SBAs
- Ensure health training institutions provide competency-based education for all SBAs
- Develop policies that promote life-saving interventions by mid-level cadres of SBAs, such as midwives and community health workers
- Strengthen health systems with adequate equipment, supplies and drugs, and offer regular supportive supervision to help SBAs provide quality services
- Ensure health workers are motivated, especially in rural areas, through financial and non-financial incentives, such as car loans, affordable (and acceptable) housing, hardship allowance, education allowance for children and funding for postgraduate training
- Create future job security and a career structure for MSS midwives

Conclusions

Although progress is being made, many more maternal and child deaths could be prevented by an increase in the coverage of SBAs in Nigeria, particularly in the northern states. The education, deployment and retention of SBAs needs greater investment to fall in line with the United Nations Global Call to Action, June 2010[9].

This brief provides some practical recommendations to scale up activities and ensure greater access to essential maternal and newborn health services across Nigeria.

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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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