CONCEPTUALIZING AND IMPLEMENTING THE FIFTH MILLENNIUM DEVELOPMENT GOAL THROUGH THE NIGERIAN MIDWIVES SERVICE SCHEME

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ABSTRACT

The objective of the fifth Millennium Development Goal is to reduce maternal mortality by three quarters by the year 2015. All 189 member countries of the United Nations were expected to develop their own strategy for implementing this objective. The Federal Ministry of Health in Nigeria developed the Midwives Service Scheme in 2009, which mirrored a model earlier conceptualized and published in Tropical Doctor 2007. Since the outset of the Midwives Service Scheme, several economic and health benefits have been realized. These include gainful employment for all newly qualified, unemployed and retired midwives, improvement in the health care delivery to erstwhile medically underserved areas, a yet to be estimated reduction in maternal mortality ratio and a better utilization of the facilities in the primary health care centers.

KEY WORDS: Conceptualizing, Implementing, Nigerian, Midwives, Service, Scheme

INTRODUCTION

The Millennium Development Goals adopted by the United Nations in the year 2000 provides an opportunity for an intensive action to improve global health. (Park, 2007)The Millennium Development Goals placed health at the heart of the development and represent commitment by governments throughout the world to do more to reduce poverty, gender inequality, lack of education, access to clean water, and environmental degradation. Three of the eight goals, eight of the eighteen targets and eighteen of the forty eight indicators are health related. Governments have set a date of 2015 by which they will meet the millennium development goals, which include the following:

- To eradicate extreme poverty and hunger Goal I
- Achieve universal primary education Goal II
- Promote gender equality Goal III
- Reduce child mortality Goal IV
- Improve maternal health Goal V
- Combat HIV/AIDS, malaria and other communicable diseases Goal VI
- Ensure environmental sustainability and Goal VII
- Develop a global partnership for development Goal VIII

Generally, there are 8 goals, 18 targets and 48 indicators. Three of the eight goals, eight of the 18 targets and 18 0f the 48 indicators are health related. The 6th target, which is to reduce by three quarters, between 1990 and 2015, the maternal mortality ratio, is the target for the Fifth Millennium Development Goal. The 16th and 17th indicators are maternal mortality ratio and proportion of births attended by skilled health personnel respectively. (Park, 2007)

Problem Identification

A major problem of maternal health in Nigeria has been high maternal mortality ratio of between 500 and 1500 per 100,000 live births in various areas of Nigeria. This maternal mortality ratio is a clear departure from the ratio in industrialized countries. It was realized that there is at least a primary health center in each of the 10 to 12 wards that formed each of the 774 local government areas of Nigeria. These primary health centers are expected to be the first contact between pregnant women and modern health care. Elements of primary health care include education concerning prevention of health problems and methods of preventing and controlling them, promotion of food supply and proper nutrition, adequate supply of safe water and basic sanitation, maternal and child health including family planning, immunization against major infectious diseases, prevention and control of locally endemic diseases, appropriate treatment of common diseases and injuries, provision of essential drugs, promotion of mental health and dental health. (Lucas, 2000) These primary health centers are distributed in such a way that they are present in all parts of Nigeria. Each ward has at least one maternity or primary health center where clean and safe delivery is possible depending on the availability of staff. These primary health centers are easily affordable and accessible to rural dwellers, who form more than 70% of the Nigerian population. It was therefore incredible that Nigeria should have such a high maternal mortality ratio if these facilities were actually utilized.

Data Collection and Situation Analysis

In 2007, a study was designed to find out if the number and variety of workers in the primary health centers, as they were then constituted, were adequate to meet the maternity needs of communities. (Inegbenebor, 2007) It was also designed to explore the problems encountered by midwives and other workers in their bid to refer emergency cases to district and tertiary hospitals with the aim of developing a model for maternal mortality reduction, using available resources, in Nigeria.

Questionnaires were administered to 30 primary health centers in all five local government areas of Edo central senatorial district of Nigeria. The members of staff were asked to indicate the category and number of staff working in the health centers, the distribution of staff on a 24 hour shift duty and the residence of members of staff. They were also asked to state if they had ever seen causes of maternal mortality such as obstetric hemorrhage, complications of hypertension in pregnancy including eclampsia, puerperal sepsis, complications of abortion and prolonged obstructed labor. Finally, the staff wives were asked to state whether they had encountered any difficulties in treatment.

It was found that all the 30 primary health centers surveyed had at least one midwife: 20 had two midwives, five had one midwife and five others had three midwives. All had at least two traditional birth attendants who were resident in the community served by the primary health centre. Only 10 had a community health extension worker. There were no resident doctors in any

of the primary health centers: doctors visited occasionally, about once in 2 weeks and when they came to investigate a maternal death due to alleged negligence. The percentage of primary health centers which had seen cases below, which needed emergency obstetric care in the past year were as follows

- Postpartum hemorrhage (100%),
- Puerperal sepsis (90%),
- prolonged obstructed labor (50%),
- severe pre-eclampsia/eclampsia (33%) and
- complications of abortion (100%).

In many cases, patients presented at night when there was no transport, no money and no midwife or doctor available in the clinic. In most of the primary health centers, midwives lived in urban areas and did mainly morning and afternoon shifts, leaving the night shifts for the traditional birth attendants, and occasionally the community health extension workers where available.

Conceptualizing a Model for preventing Maternal Mortality in Nigeria

It was noted that traditional birth attendants could not provide the early diagnosis and treatment needed for the prevention of maternal mortality in Nigeria. The need for skilled health attendant at each child birth was established. A conceptual model of one resident doctor per center, with a 24 hour coverage by midwives and a central ambulance centre for each local government area, was proposed for the reduction of maternal mortality, using the available resources in Nigeria.(Inegbenebor, 2007)

Emergence of the Midwives Service Scheme

In December, 2009, the Midwives Service Scheme was launched based on the rationale that maternal, newborn, and child health indices in Nigeria vary widely across geopolitical zones and between urban and rural areas, mostly due to variations in the availability of skilled attendance at birth. (Harrisson, 1997) The slow rate of progress in Nigeria made the Millennium Development Goal targets unachievable using current strategies alone. The maternal mortality ratio varied as follows:

- Northeast zone: 1,549/100,000 live births
- South West Zone: 165/100,000 live births.
- Urban areas 351/100,000 live births
- Rural areas: 828/100,000
- The under-5 mortality rate: 171/1,000 live births (Range 219-871/1000 live births

Though these indices were lower in south west and east they fell below global development targets. (Abimbola et al., 2012)

Staff Recruitment for the Midwives Service Scheme

Midwives were recruited as follows in the proportions indicated below:
Pre-registration midwifery graduates from midwifery schools (Intern midwives): 44%
Unemployed midwives: 45%
Retired midwives: 11%
These midwives were distributed to parts of Nigeria that had the greatest need of skilled birth attendants in such way that the primary health centers had al least 4 midwives for the 24 hour shift duty. This was to ensure that all births in designated zones were attended by a skilled birth attendant at all times of the day and night.

Referral Units

Selected general hospitals located in various zones were equipped with emergency obstetric kits and human health resources and made to serve as referral centers for emergency obstetric care. These hospitals were also equipped with ambulance services to facilitate transfers.

Funding for the Midwives Service Scheme

So far funding for the facilities has been from the Federal Government of Nigeria while salaries for the employees has been shared between the three tiers of government as follows:
Federal Government: 50%
State Government: 33%
Local Government: 17%

Is the Midwives Service Scheme meeting the set objectives?

Though there are improvements in maternal mortality ratio in the facilities under the midwives service scheme, the maternal mortality ratios in zones covered by the midwives service scheme are still worse than national average. This may be due to cultural reasons especially in the North East and North West Zones where first born babies are expected to be delivered at home. Besides, the scheme has attracted high risk deliveries to these facilities, which are staffed by interns with little or no experience. However the midwives service scheme can be improved by introducing unemployed post National Youth Service doctors and other willing doctors to the scheme. This will improve results from these primary health centers. Ambulance services should preferably be attached to groups of primary health centers located in a local government as emergencies are usually transferred to general hospitals and not the other way round.

Challenges facing the Midwives Service Scheme

In some of the zones particularly North East Zone, activities of Terrorists popularly known as 'Boko Haram' is discouraging midwives from serving in facilities located therein. This, added to religious and cultural problems, is making the zone to be left behind in the target of maternal mortality reduction. Besides, most of the participant are single young adults who are very mobile.

The federal government grant for the Midwives Service Scheme is from the debt relief granted to the Nigerian government by the Paris Club. The greatest threat to the scheme is the uncertainty about continued funding beyond the 3-year commitment from the grant. However, the National Health Bill passed in 2011 promises to further provide secure funds for the administration of PHC in Nigeria (FGN, 2011) the state governments are encouraged to be fully involved in the scheme, as the plan is for them to gradually take over the scheme in their respective states.

Benefits

The midwives service scheme has improved on the employment of midwives, who before now, moved from one private clinic to the other in search of better pay as they were grossly underpaid by private medical practices. Today their salaries have improved remarkably. Many of the primary health care facilities in the zones under the midwives service scheme are now better utilized in all elements of primary health care.

CONCLUSION

The midwives service scheme, which is closely related to the model described by Inegbenebor, in 2007, is very promising. When applied to all parts of Nigeria, it is capable of reducing maternal mortality ratio and other health indices to acceptable levels. The year 2015 is so close that the goal set by United Nations for 2015 appear to be unachievable. This however should not discourage the midwives Service Scheme, if there is a political will by all tiers of government in Nigeria.

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