



CASE STUDY

Midwives boost delivery services in Ungwar Sanusi

Kaduna • August 2013



Naomi conducting routine checks on Fatima during the postnatal visit at Ungwar Sanusi

Naomi Garba is a midwife at the Ungwar Sanusi Primary Health Centre (PHC) in Kaduna State. Before she joined the PHC in February 2013, the PHC did not provide round-the-clock service, and had too few staff. “Women did not visit the health centre for deliveries because there were no qualified staff. The centre lacked basic equipment and was shabby,” says client Fatima Surajo.

The situation at Ungwar Sanusi is typical of most PHCs, especially in rural Nigeria, where the PHCs can also be hard for patients to get to. At the same time, the World Health Organization reports that over 50,000 mothers and 250,000 children in Nigeria die each year from preventable causes. In Kaduna State, only 21.8 percent of babies born the previous

year were delivered by a qualified provider, according to the 2008 Nigeria Demographic Health Survey. This compares unfavourably with the 75.5 percent of deliveries by a relative, traditional birth attendant or the woman herself. Nearly half—48.6 percent—of women in Kaduna State said the reason they did not go to a health facility for services during pregnancy and to give birth was that the facilities had no provider.

In response, the government of Nigeria launched the Midwife Services Scheme in 2009 to increase access to skilled attendants at birth as a key step in reducing deaths among women and newborn children. The scheme employs fresh graduates as well as unemployed and retired midwives to work temporarily in rural areas, but it faces problems that include a lack of qualified midwives to recruit—as reflected in a 2011 PATHS2 Human Resources for Health assessment that found an acute shortage of midwives in Kaduna, especially in rural areas.

To complement government efforts and address the gaps, the UKaid-funded PATHS2 programme supported the Kaduna State government in recruiting 9 midwives, who were deployed to rural PHCs in the state. The recruitment was based on a supplementary

midwife scheme to improve skills of staff delivering babies and increase health facilities' provision of 24-hour services. Naomi is one of two midwives posted to Ungwar Sanusi. "When we started, there was no 24-hour service and this was not acceptable. We had to conduct several advocacies to ensure that it began," she said. Both midwives joined forces with the PATHS2-supported facility health committee in the area to conduct home visits and mobilisation activities targeting religious and traditional institutions.

To improve service efficiency at the PHC, PATHS2 provided an inverter, generator and a borehole. The programme also rehabilitated the PHC and provided basic equipment and furniture. "When we came here, they were having only four deliveries in a month, but in May 2013 alone we conducted 27 deliveries," said Naomi. Fatima, who visited the PHC for postnatal checks, is delighted, and said, "We thank everyone who made these changes possible."

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The Partnership for Transforming Health Systems Phase Two (PATHS2) is a six-year development initiative that aims to ensure Nigeria achieves important health-related Millennium Development Goals.

Funded by UKAID from the Department for International Development, PATHS2 is working in partnership with the Government of Nigeria and other stakeholders to improve the planning, financing, and delivery of sustainable health services for those most in need. In addition to its work at the federal level, the PATHS2 programme is implemented in the five states of Enugu, Jigawa, Kaduna, Kano, and Lagos. PATHS2 follows the successful PATHS programme, which was implemented from 2002 to 2008.

PATHS2 is managed by Abt Associates, in association with Options, Mannion Daniels, and the Axios Foundation.

