CPED Policy Brief Series 2015, No. 8

Maternal, Newborn and Child Health Care Situation in Delta State: key Challenges and Recommendations for Improvement

About CPED Policy Brief

CPED Policy brief series is designed to draw attention of stakeholders to key findings and their implication as a research project is conducted. Actionable recommendations for policy influence and results utilization are also presented.

This publication is supported by Governance for Equity in Health Systems Program of the International Development Research Centre (IDRC) and the West African Health Organisation (WAHO) as well as the Think Tank Initiative (TTI) also of (IDRC).

Series Editor: Professor Emeritus Andrew G. Onokerhoraye

Introduction

Maternal Newborn and Child Health (MNCH) are of great social and public health concern, because the causes of deaths are known and preventable. According to United Nations Fund for Population Activities (2012), maternal mortality ratio in sub-Saharan Africa is 500 per 100,000 live births, while World Bank (2013) estimate of maternal mortality ratio in Nigeria is 630 per 100,000 live births. Similarly, new born and child mortality rates show corresponding high rates. These high ratios are indications of poor maternal and child health which have been attributed to issues of availability, accessibility and non-use. Maternal and child mortality patterns in Nigeria are partly explained by social, cultural and environmental conditions. Often, maternal and new born danger signs are usually first treated with herbs, and women only seek medical care when the condition worsens. This situation will likely continue to present a challenge unless some innovative strategies are put in place in rural areas. Much of the research on MNCH issues is done in the academic domain and they have focused on a few aspects of the demand side, largely in terms of physical access without simultaneously examining the supply side. Promoting change in MNCH care delivery and use in vulnerable rural communities is therefore challenging due to knowledge barriers and service delivery gaps, traditional cultural beliefs and practices, lack of social support networks, financial constraints and inaccessibility of health units. Furthermore, less attention has been paid to implementation research in Nigeria entailing the production of evidence on the best ways to support the adoption of,

BACKGROUND

This policy brief is based on the findings of an on-going research on *"Strengthening the health system in Nigeria through improved equitable access to Primary Health Care (PHC): The Case of Delta State, Niger Delta region"*. The project is funded by Canada's *International Development Research Centre (IDRC)*, Ottawa and the *West African Health Organization (WAHO)*. The general objective of the research programme is to contribute to a body of evidence on the strengthening of the health system in Nigeria that can influence the development, modification and implementation of policies on equitable access to health care with specific focus on the primary health care component.

The primary focus of this policy brief therefore is to outline the actionable recommendations on strengthening the data generation system of primary health care in Delta State based on the findings of the project for the attention of the Delta State government and all stakeholders.

METHODOLOGY

Data was collected from all Primary Health Centres in selected nine Local Government Areas in Delta State using facility audit questionnaires, interviews with health service providers, Community health workers and community stakeholders in the communities where these PHC facilities were surveyed.

Focus group discussions and key informant interviews were held with various stakeholders on their assessment of PHC services in their respective communities.

and optimize use of innovations in MNCH care. The ability to test diverse MNCH implementation pathways and to identify what works in rural community settings is critical to the improvement of MNCH care in Nigeria.

Key Findings on the Maternal and Child Health delivery situation of primary health care in Delta State

As a result of the commitment of the Delta State Government during the last five years to addressing the high maternal mortality, the free maternal and child health services were introduced in the state. The programme was however limited to the secondary health facilities otherwise known as general hospitals located mainly in urban centres. Although the package was comprehensive and consisted of complete obstetric care including Emergency Obstetric Care to the beneficiaries, unfortunately the vast majority of the poor rural dwellers, are not able to benefit effectively due to lack of awareness, transportation constraints, poverty, first and second level delays which inhibit the use of maternal health facilities. Consequently the vast proportion of rural dwellers in Delta State depends on primary health care facilities which are also faced with considerable challenges. Some of these are outlined as follows:

- *Inadequate manpower:* Primary health care facilities lack adequate number of health professionals providing health care services. This resulted in inadequate manpower to cope with the increase in the number of patients arising from increased child birth and therefore adversely affected the quality of maternal service delivery.

- *Poor remuneration of staff:* Despite the increased workload for the health professionals working at the maternal and child care units of primary health centres, remuneration and conditions of service are poor. Consequently, the morale of the health workers is generally low and their attitude to work has become very poor.

- *Inadequate infrastructure and facilities:* The vast majority of primary health facilities lack basic infrastructure facilities for the delivery of maternal and child health services. The increase in the patient flow has continued to place so much pressure on the few available facilities and infrastructure in these primary health care facilities.

- *Lack of drugs:* The vast majority of primary health facilities lack basic drug supplies and consequently they are characterized by the 'out of stock syndrome'. This situation is affecting the delivery of maternal health services rendered at the primary health facilities.

- *Lack of participation of the key stakeholders at the community level:* Despite the fact that the vast proportions of primary health facilities are community-based, the participation of stakeholders in these communities is non-existent in most areas where primary health centres are located. This has limited the impact of the programme in terms of improving the access and scope of the programme to primary healthcare facilities.

- *Poor utilization of available maternal and child health facilities:* In view of the generally poor facilities available for maternal and child health care in the primary health centres, a large proportion of women prefer to visit traditional birth attendants and other healing houses for care while some even deliver their babies at home.

Policy Recommendations

On the basis of the findings as outlined above, there is an urgent need in Delta State to strengthen the delivery of maternal and child health care through innovative community-based approach. It is in this context that we recommend actionable policy strategies that emphasize the implementation of community-based participatory interventions to strengthen the provision of maternal, child health and other primary health care services as follows:

- **Training Community Women on Maternal and Child Health Care:**

  There is need for providers including the Delta State Government to embark on the training of community-based healthcare providers such as lay midwives, and Community Health Workers using participatory adult learning methods, as Voluntary Maternal/Neonatal Caregivers and Safe Motherhood Promoters. Special training sessions should be organized periodically for women community organizations which should focus on the following: recognition of danger signs during pregnancy; labour/delivery; the postpartum period and in the newborn; prenatal care to prevent complications from occurring or becoming serious; life-saving skills in case of emergency when no other recourse exists; haemorrhage and anaemia; retention of the placenta; reproductive health and sex education; care of the newborn; family planning. This approach has been shown to work in numerous community based interventions to improve maternal health in resource constrained communities.

- **Sensitizing the Community Women Towards Behavioural Change**

  There is need also for community mobilization and the empowerment of individuals in rural communities to demand quality maternal and child health services including other primary health care services that respond to their peculiar needs. Family-oriented and community-oriented services support self-care, including the adoption of improved care practices and appropriate care seeking for illness. This recommended approach is principally targeted at sensitizing the community women towards behavioural change, not only to understand what quality services that respond to their needs are but also to seek and demand for such quality services as their fundamental right. Women of childbearing age in the community can be sensitized through the health department of the various LGAs. These services can be provided by various health workers, and should be tailored to the community's social and cultural environment. Examples of family-community care include: behaviour change communications; community mobilisation and engagement to stimulate adoption of improved antenatal, intrapartum, and postnatal care practices; care seeking for illness; and, community-based case management of illness—e.g. pneumonia—by community health workers.

- **Implementation packages that provide technical skills to women of childbearing age and lay health workers**

  There is need to provide technical skills to the women of childbearing age as well as mothers' groups, and lay health workers for better home-based maternal and child healthcare. This is to be achieved by introducing the following packages which were proven as very effective in other intervention areas including: Community-based birth preparedness package; Community-based newborn care package; Community-based infant and young child feeding package; and Community-based integrated management of childhood illness package. The effectiveness of this approach has been demonstrated in a number of community-based participatory interventions, building on the idea that if community members take part in decision-making and bring local knowledge, experiences and problems to the fore, they are more likely to own and sustain solutions to improve their communities' health.

Conclusion

We emphasize the fact that the community-based participatory interventions to strengthen maternal and child health care including other primary health care services will considerably improve the prevailing situation as the approach will enhance the utilization of maternal and child health services as well as being cost effective. Several community mobilization interventions have used a participatory approach, building on the idea that if mothers and other community members take part in decision-making and bring local knowledge, experiences and problems to the fore, they are more likely to own and sustain solutions to improve their communities' health. The rationale for using community-based interventions is based on

the fact that many maternal and neonatal deaths occur at home, and could potentially be avoided by changes in antenatal and newborn care practice and better understanding of health problems. We suggest the adoption of this strategy by providers in the public and private sectors in Delta State.

ABOUT CPED

The *Centre for Population and Environmental Development (CPED) is* an independent, non-partisan, non-profit and non-governmental organization dedicated to promoting sustainable development and reducing poverty and inequality through policy oriented research and active engagement on development issues. CPED started as an action research group based in the University of Benin, Benin City, Nigeria in 1985. The action research group was concerned with applied research on sustainable development and poverty reduction challenges facing Nigeria. The research group also believed that communication, outreach and intervention programs, which can demonstrate the relevance and effectiveness of research findings and recommendations for policy and poverty reduction, especially at the grassroots level, must be key components of its action research. In order to translate its activities more widely, the Benin Social Science Research Group was transformed into an independent research and action Centre in 1998. It was formally registered in Nigeria as such by the *Corporate Affairs Commission* in 1999.

The establishment of CPED was influenced by three major developments. In the first place, the economic crisis of the 1980s that affected African countries including Nigeria led to poor funding of higher education, the emigration of academics to advanced countries which affected negatively, the quality of research on national development issues emanating from the universities which are the main institutions with the structures and capacity to carry out research and promote discourse on socio-economic development. Secondly, the critical linkage between an independent research or think tank organisation and an outreach program that translates the findings into policy and at the same time test the applicability and effectiveness of the recommendations emanating from research findings has been lacking. Finally, an independent institution that is focusing on a holistic approach to sustainable development and poverty reduction in terms of research, communications and outreach activities is needed in Nigeria. CPED recognises that the core functions of new knowledge creation (research) and the application of knowledge for development (communication and outreach) are key challenges facing sustainable development and poverty reduction in Nigeria where little attention has been paid to the use of knowledge generated in academic institutions. Thus, CPED was created as a way of widening national and regional policy and development debate, provide learning and research opportunities and give visibility to action programmes relating to sustainable development and poverty reduction in different parts of Nigeria and beyond.

The vision is to be a key non-state actor in the promotion of grassroots development in the areas of population and environment in Africa. **The overall mission** is to promote action-based research programs, carry out communication to policy makers and undertake outreach/intervention programmes on population and environmental development in Africa.

CPED Contact Address:
BS-1 and SM-2, Ugbowo Shopping Centre,
P.O. Box 10085, Ugbowo Post Office
Benin City, Nigeria
Email address: enquiries@cpedng.org
Website: www.cpedng.org
Tel: +234-8023346647 or +234-8080472801