FEATURE

Anambra: Sustaining the gains of defunct SURE-P maternal, child health programme

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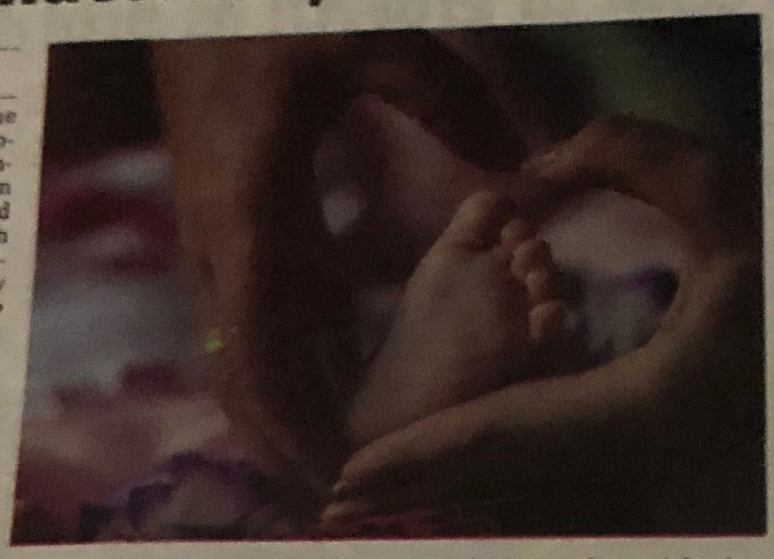
The withdrawal of the FG's SURE-P MCH programme and the accompanying incentives in Anambra State affected the trust of service users, health providers and MCH service utilisation the state. Following a one-day Health Policy Research Group (HPRG) workshop held in Awka which highlighted some of the issues, Emmanuel Ndukuba writes on the need to sustain the gains of the SURE-P/MCH in the state.



In response to poor maternal and child health (MCH) indices in Nigeria, the Federal Government in 2012 introduced the Subsidy Reinvestment and Empowerment Programme (SURE-P/MCH). The aim was to improve the lives of the most vulnerable populations.

SURE-P/MCH comprises both supply and demand components. The supply side component aimed to expand access to quality maternal health services and improve MCH outcomes through recruitment, training and deployment of 2,000 skilled midwives and 11,000 community health workers (CHWs), supplies and medicines, infrastructure development, and activation of ward development committees (WDCs), particularly in rural communities.

The demand side, on the other hand, aimed to increase utilisation of health services during pregnancy and at birth by providing conditional cash transfers (CCTs) to pregnant women who registered at public primary health care (PHC) facilities, where they receive comprehensive MCH services.

In 2015, however, the programme was withdrawn by the Federal Government. The withdrawal of the programme and the accompanying incentives affected trust of service users, health providers and MCH service utilisation in Anambra State.

This was among the submissions at a Health Policy Research Group (HPRG) workshop held in Awka, the state capital, recently, anchored by Dr Enyi Etiaba and Prof BSC Uzochukwu of the College of Medicine, University of Nigeria, Enugu Campus (UNEC). Participants at the one-day workshop were drawn from a wide range of stakeholders - Anambra State Ministry of Health, Ward Development Committees (WDCs), officers-in-charge of PHCs (OICs), Anambra State Health Insurance Agency (ASHIA), journalists, Save One Million Lives, amongst others.

Educative and informative findings at the workshop included a complex of factors in Anambra State that build or hinder interpersonal relationship between the provider and service users as well as in the impersonal relationship between the provider and the health system/government during and after the SURE-P/MCH programme.

The provision of good quality MCH care in a conducive environment by well-motivated health workers during the SURE-P MCH programme enabled trust, confidence and satisfaction among service users.

But the sudden withdrawal of the programme and various incentives associated with it led to service users' lack of trust in the health system and subsequent reduction in utilisation of MCH services. However, unwavering trust was seen in some service users despite the programme withdrawal.

The withdrawal of the programme triggered inadequate staffing, increased overload, reduced opportunities for staff training and supervision resulting in lack of trust in government by the health workers, amongst others.

On security of primary health care to achieve MCH between October 2012 and May 2015, 12 health facilities were selected initially in Anambra State, and many supply- and demand-side interventions were implemented to improve access and utilisation of facility-based maternal and child health services. However, the programme design did not clearly outline whose responsibility it was to provide human security (i.e., the national SURE-P programme or the community).

These selected facilities were located at Onitsha (Modebe and Court Road), Awka (Okpuno), Enugwu-Ukwu, Nise, Awka-Etiti, Nobi, Oraeri, Umuawulu, Akwaeze and Nkwele-Ezunaka.

Before the SURE-P/MCH programme, most of the facilities in Anambra State were not fenced and did not have gates and/or security men to safeguard health workers and patients. This created a feeling of fear of crime among health workers and their patients.

In facilities where night-time security was not present, health workers resorted to locking the facility doors at night and would not respond when potential service users knocked as they could not be certain they were free from any threats.

During the SURE-P/MCH programme, the health facilities had adequate number of staff and this made it possible for health workers to run shifts. In some facilities, the feeling of companionship through this made them feel safe enough and confident to provide round-the-clock service, even in the face of other security challenges. This contributed to improved service delivery, access and utilisation of services.

Where communities were not in position to sustain programme inputs or provide facility security after the SURE-P programme ended, this led to provision of MCH services only during the day, thus putting a constraint on round-the-clock services due to the perception of insecurity at night time by both providers and users of MCH services.

Consequently, there is need to provide adequate security in health facilities to improve access to grassroots-level maternal and child health services, participants at the workshop said.

Federal and state governments need to work closely with local government authorities and facility managers to ensure the security needs of PHCs are met. Communities should be incentivised by the government to enable them employ community members as security personnel for facilities, as these people stand a better chance of knowing how to protect the facility and whom to protect it from.

There is growing recognition among policymakers and researchers that well-trained, adequately skilled and motivated primary health care (PHC) workers are essential for attaining universal health coverage and ensuring healthy lives and well-being of people of all ages (WHO, 2014).

The inputs required to ensure staff performance (e.g., supportive policies, resource availability, staff supervision and salaries) are mediated through staff motivation. While there is abundant literature on the determinants of health workforce motivation, the existing literature on mechanisms of motivation and how these are related to contextual circumstances is limited particularly in low-and middle-income countries (LMICs).

The workshop also highlighted key motivators and practical measures to improve staff motivation using insights from the SURE-P maternal and child health (MCH) programme in Nigeria as well as informed facility/district health managers on effective ways of motivating PHC staff.

A complex interplay of individual, organisational and societal factors affected PHC workers' motivation during SURE-P/MCH implementation in Anambra State, the workshop found.

Consequently, policymakers in Anambra State were advised to promote health reforms that provide optimal and comfortable working conditions of PHC workers, create opportunities for growth/career development among PHC workers, and encourage community support for PHC workers.

Effective advocacy is important to achieve quality MCH in Anambra State. The WHO describes advocacy for health as a combination of individual and social actions designed to gain political commitment, policy support, social acceptance and systems support for a particular health goal or programme.

When groups come together, they tend to create a common objective and have a composite position in advocating to the government or partners.

However, effective advocacy should be context-specific and should involve leveraging existing links/relations and using available evidence at the right time for its maximum effect on different decision makers and other stakeholders.

There should be improvement in quality of MCH data within the Health Management Information System (HMIS) in Anambra State. The findings raise questions about the quality of HMIS data in the state. Incomplete and inconsistent data hinder the use of secondary data for evaluation of services and programmes, and for evidence-based policy decision-making and research.

It is important to have accurate and readily available secondary data in developing countries, where it may not always be feasible to fund primary data collection for evaluations and research.

A participant at the workshop, Henry Onyekwele, wants the state government to continue to support MCH through adequate budget and prompt release of fund to Anambra State Primary Healthcare Development Agency (ASPHCDA) and other health agencies.

Onyekwele, who is chairman of Health Reform Foundation of Nigeria (HERFON) in the state, also wants wealthy Anambrarians and corporate bodies to partner with government towards the health of the citizens.

He said it was pertinent to the continuously sustain the Anambra State Health Insurance Agency (AHIA) to reduce health financial burden of the people, buy new equipment for PHCs and state hospitals to replace obsolete ones, train more health workers and avoid issues of strikes.

Joachim Achor, another participant, overwhelmingly commended the organisers for the initiative, saying the present state government has been proactive in health-related matters.

Achor, who is director of Budget Services in Anambra State, affirmed that the state government had instituted the Community Charter of Demand, a strategy of equitable distribution of dividends of democracy to all the nooks and crannies of the state through the famous 'Community Choose-Your-Project' programme, where all the 179 towns throughout 21 local governments areas of the state receive equal whole sum amount of N20 million each to execute their chosen projects according to pressing needs of the people.

He commended the state government for establishing a Primary Healthcare Development Agency (ASPHCDA) to effectively implement and supervise all primary healthcare activities in the state.

The agency also monitors the maintenance of a minimum acceptable standard as well as mobilises state, national and international resources to support its programmes for development of primary healthcare in the state.

In achieving its mission of providing excellent leadership in developing community-based systems and universal health coverage, ASPHCDA engages leaders of the communities in carrying out their programmes.

"These leaders usually have strong influence on their people and they also have a way of persuading people to do the right thing," Achor said.

"Our state government is focused in all health-related issues to sustain the gains of SURE-P MCH, particularly as it concerns maternal and child health care services," he said.