

Study of Attrition, Availability, and Retention of Midwife Service Scheme Officers in Nigeria

Seyi Olujimi, Samuel Ngobua, Randi Burlew, and Wanda Jaskiewicz, CapacityPlus/IntraHealth International
Paul Marsden, CapacityPlus/Liverpool Associates in Tropical Health

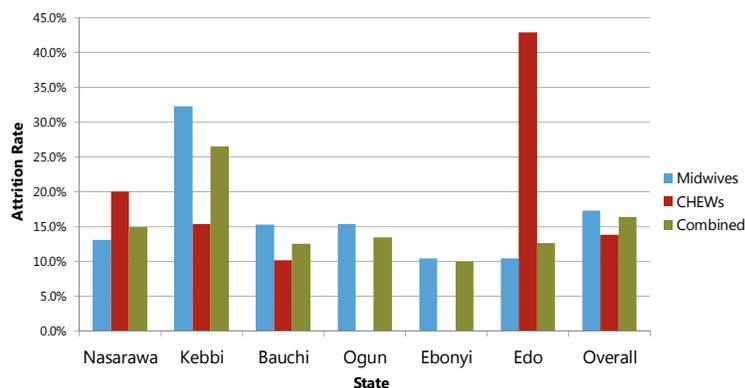


In addition, 159 MSS facility data forms were completed, along with desk reviews of MSS documents. Quantitative data were analyzed using SPSS statistical software, with qualitative data analysis carried out manually. The study was limited by the inability to contact and interview health workers who had left service and thus only included the perspectives of personnel currently in the scheme.

Results

The beneficiaries of midwifery services, community leaders, and health officials voiced support for the MSS as a key initiative for strengthening maternal health services, pointing to improvements in quality of care, waiting times, and availability of services. Across the six states, the mean rate of attrition of midwives and CHEWs from 2009–2012 was 16% (Figure 1). Average attrition was slightly higher for midwives (17%) versus CHEWs (14%) but also varied by state, ranging from 10%–32% for midwives and 0%–43% for CHEWs. Midwives identified irregular payment of salaries, temporary job status, poor accommodations and working conditions, and being posted far from family as factors contributing to attrition. However, most midwife respondents (82%) also expressed a willingness to remain, citing motivating factors such as gaining more experience and providing services to underserved women.

Figure 1. Rate of attrition of Midwives Service Scheme midwives and CHEWs, by state (2009–2012)



Introduction

Nigeria, with a maternal mortality ratio of 576 deaths per 100,000 live births (DHS, 2013) and an estimated 40,000 maternal deaths annually (WHO, 2012), has the second highest number of maternal deaths in the world. Rural areas of the country are most vulnerable. Less than half (47%) of pregnant women in rural areas receive antenatal care from a skilled provider, with only 23% of rural deliveries assisted by a skilled provider, whereas 86% and 67% of women in urban areas receive antenatal care and skilled deliveries, respectively (DHS, 2013). One contributing factor is the shortage of skilled health workers in rural areas. The Midwives Service Scheme (MSS) was established in 2009 as a collaboration between the federal, state, and local governments to reduce Nigeria's high maternal mortality through deployment of midwives and community health extension workers (CHEWs) and other targeted activities in underserved and hard-to-access communities (Abimbola et al., 2012). To strengthen implementation of the strategy, the National Primary Health Care Development Agency—with technical assistance from CapacityPlus, the USAID- and PEPFAR-funded global human resources for health systems strengthening project—conducted a study to determine the factors underpinning attrition, availability, and retention of MSS personnel between 2009 and 2012 and identify appropriate strategies to motivate and retain midwives in rural areas.

Methods

The study was conducted from July–October 2013 in select facilities in six states representing the geopolitical zones of Nigeria. The cross-sectional study design deployed quantitative and qualitative methods, including interviewer-administered questionnaires with 439 midwives and 116 CHEWs; 117 in-depth interviews with heads of primary care facilities and other key stakeholders; and 39 client focus group discussions.

Conclusions

Stakeholders perceived the MSS as having improved quality of care in hard-to-reach areas in Nigeria, indicating that the MSS is an important strategy that should be sustained. There is an urgent need to pay more attention to midwives' personal welfare and the factors responsible for attrition so as to improve midwife retention and enhance the service scheme's overall effectiveness for improved maternal and child health services in rural communities.

References

- ^ National Population Commission (NPC) [Nigeria] and ICF International. 2014. Nigeria Demographic and Health Survey 2013. Abuja, Nigeria, and Rockville, Maryland, USA: NPC and ICF International.
- ^ Abimbola Seye, Ugo Okoli, Olalekan Olubajo, Mohammed J. Abdulahi, and Muhammad A. Pate. 2012. "The Midwives Service Scheme in Nigeria." PLoS Medicine 9: 5.
- ^ WHO, UNICEF, UNFPA and The World Bank. 2012. Trends in maternal mortality: 1990 to 2010 estimates. Geneva.



The views expressed in this poster do not necessarily reflect the views of the United States Agency for International Development or the United States Government.