KEY MESSAGES

1. **Provision of good quality MCH care in a conducive environment by well-motivated health workers enabled trust, confidence and satisfaction among service users.**

2. **Provision of affordable services with monetary and non-monetary incentives promoted trust of service users in the health system and enhanced utilization of MCH services.**

3. **The sudden withdrawal of the program and various incentives associated with it led to service user's lack of trust in the health system and subsequent reduction in utilization of MCH services. However, unwavering trust was seen in some service users despite the program withdrawal**

4. **The withdrawal of the program triggered inadequate staffing, increased workload, reduced opportunities for staff training and supervision resulting in lack of trust in government by the health workers.**

Role of Trust in sustaining maternal and child health services: Evidence from the SURE-P MCH Program in Anambra State, Nigeria

Background

In response to poor maternal and child health (MCH) indices in Nigeria, the Federal Government of Nigeria in 2012 introduced the Subsidy Reinvestment and Empowerment Program (SURE-P-MCH). The aim is to improve the lives of the most vulnerable populations (Mirzoev et al., 2016). SURE-P/MCH comprises of 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, aimed to increase utilization 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 In 2015, the program was withdrawn by the federal government. Hence, our study explored how the implementation of the program and the accompanying incentives as well as the program withdrawal affected trust of service users, health providers and MCH service utilization in the state.

How did we carry out the study?

A three-phased realist evaluation method was used to explore the CHW program in Anambra State, Nigeria.

- We reviewed key documents (SURE-P implementation manual, relevant federal and state-level policies e.g. reproductive and/or MCH, health work- force)
- 12 primary health facilities were purposively selected to reflect implementation of SURE-Program.
- We conducted In-depth interviews (IDIs) and Focus group discussions (FGDs).
- Key respondents: health facility managers, CHWs, PHC staff and health planners and program managers at local, state and federal levels as well as service users. FGDs were conducted for facility users, their family members and the community.

What did we find?

There is a complex combination of factors that build or hinder inter-personal 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 SURE-P MCH program.

Sustainability of trust in the health system during SURE-P MCH Program:

1. The program ushered in staff training and re-training; provision of monetary and non-monetary incentives; subsidization of MCH services, including drugs; facility upgrade; improved staff remuneration. These triggered confidence and satisfaction in the service users resulting in trusting relationships with providers and increased and repeated utilization of MCH services. Training and remuneration of the service providers motivated

SURE-P MCH experiences

"…the way they behave which is good and also, because as of the time when SURE-P was here, no matter the time you come around, there are always nurses around to attend to you…" (FGD - Service users, famer and trader, aged 29, junior secondary school)

"Nothing would stop me because when I come they attend to us well and give us good drugs, if I am pregnant they would treat me well as well as my kids, it is not as expensive as other health facilities, so… if I should get pregnant again, I will come here" (FGD - Service users, Public toilet manager, aged 39, secondary school)

"In those days of SURE -P, what they did then was good. I gave birth then and they gave me mama kit and treated me well and made me trust them" (FGD - Service users, farmer and trader, aged 29, secondary school).

"…The drugs were free and they would give you all the things you need for free…"(FGD - Service users, trader, aged 38, junior secondary school)

"…people who came as a result of SURE-P…on hearing that we were given N5000, they started coming here and finally gave birth here ….." (FGD - Service users, meat trader, aged 39, secondary school).)

Post SURE-P MCH experiences

"As of then, the clinic was filled with people due to the incentives but now, everyone has run away" (FGD - Service users, famer and trader, aged 29, secondary school).

"It(withdrawal of SURE-P MCH*) really affects things because when staff are demoralized, they won't come to work when they are supposed to come, when you come to the health facility, you won't see them because they are not appreciated, and you will now discover that people may come to access health care services without seeing anybody that will attend to them"* (IDI, health worker/Community Health Officer, PHC).

*"… after SURE-P, things were slightly different. Some of them (*service users*) that came in during SURE-P still continued maybe because they were pleased with what they saw,…, but some still trust them(*service providers*) and come*" (IDI, health worker/ Officer in Charge, Nurse Midwife, PHC).

them to have positive attitude to work, which enabled interpersonal trust, gave women confidence to use the facility and satisfaction on services received.

2. The establishment and training of the Ward Development Committees (WDCs) and village health workers (VHWs) enabled program awareness creation, mobilization and support of women in the communities to utilize MCH services. This led to confidence in the health system and satisfaction among the service users

Withdrawal of Support and Distrust due to withdrawal of SURE- P MCH services:

1. The sudden withdrawal of the SURE-P program was followed by withdrawal of incentives, reduction in supply of medicines and consumables, re-introduction of user fees, unsubsidized drugs and consumables leading to dissatisfaction, distrust in the health system and subsequent reduction in utilization and deterioration of MCH services.
2. At the institutional level, the high user fees reduced financial access and discouraged some women from accessing and utilizing the facilities. Some began to patronize other service providers, including TBAs and a few resorted to purchasing drugs outside the health facilities.
3. Staff were laid off resulting in inadequate staffing, reduced staff support including staff-training and supervision, hence some staff experienced isolation from colleagues and loss of income. This led to increased workload and burnout of the remaining staffs resulting in poor motivation, poor staff-attitude towards the patients and lack of trust in the government and the health system, because staffs felt that the Government was insensitive to the effect of their decision on the health workers. These ultimately led to poor service delivery and reduction in utilization of MCH services. However, some service users maintained unwavering trust in health providers due to their satisfaction with the attitude of some of the health workers. This category of service users continued to use the facility after the program.

Conclusion & Recommendations

The SURE-P MCH program was beneficial due to subsidized services and drugs, financial and non-financial incentives. This encouraged service users and providers to trust the health system, resulting in increased service utilization. Ultimately, it removed financial barriers to accessing MCH services. Conversely, withdrawal of the program led to distrust in the health system and reduced utilization of MCH services.

Government and policy makers need to:

1. Build in sustainability structures in policy designs, to mitigate against sudden program withdrawal and its subsequent effects on service users and providers. This would sustain impersonal trust in the health system by health providers and service users.
2. Invest in activities (such as training & re-training of adequate number of staff; supervision) that contribute to improving health workers' attitude and relationship with clients. This would enhance interpersonal trust between health service providers and users.

Reference

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If you have questions or comments please contact: Prof. Nkoli Ezumah, HPRG, University of Nigeria, at:ezumahnk@yahoo.com