

# Improving maternal and child health care in Nigeria: an assessment of the maternal and child care component of the Subsidy Reinvestment & Empowerment Programme (SURE-p MCH)

<b>Submission date</b> 30/08/2013	<b>Recruitment status</b> No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 06/09/2013	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 03/06/2020	<b>Condition category</b> Pregnancy and Childbirth	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

In 2012, the Nigerian government established the Subsidy Reinvestment & Empowerment Programme (SURE-P) to reinvest the savings. SURE-P - Maternal and Child Health (SURE-P MCH) is a sub-component of this large programme, which aims to reduce mother and newborn deaths and diseases. It also aims at increasing access to and providing quality health services to Nigerians. SURE-P will improve the infrastructure of hospitals maternity sections as well as Primary Health Centres (PHCs). Within those SURE-P facilities, the study will find out the impact of some individual components of SURE-P MCH: 1. incentives to increase the retention of midwives, 2. information and community mobilization campaigns to reduce drug stock outs in primary health centres, and 3. cash transfers to pregnant women provided they attend antenatal care and delivery in a health facility. The study will also assess non-experimentally the impact of the overall SURE-P MCH programme.

### Who can participate?

SURE-P midwives, women who gave birth in the 3 months prior to the data collection, managers of Primary Health Centers, and local community leaders can participate in the study.

### What does the study involve?

The study will take place in two phases. In Phase I, two interventions will be studied: one study will be on incentives to improve midwife retention, and the other will be an information campaign to reduce drug stock outs in PHCs. The study dedicated to improve midwife retention will have the following arms: (1) monetary incentives (money related), (2) non-monetary incentives, (3) monetary plus non-monetary incentives, (4) no incentives. The study dedicated to reduce drug stock outs will have two arms: (1) implementation of information and community mobilization campaign, (2) no implementation of information campaigns. Phase II consists of the same study on incentives to improve midwife retention as in Phase I and a second study

consisting on a conditional cash transfer program (CCT) to increase antenatal care and delivery in PHCs. The latter will have two arms: (1) implementation of the CCT program, (2) no implementation of the CCT program. The study on incentives to improve midwife retention will be analyzed by pooling together the information from Phase I and Phase II. Data collection will take place before the start of each of the phases, and one year later.

What are the possible benefits and risks of participating?

Households and midwives will benefit from the improvement carried out in SURE-P facilities, as well as of the deployment of midwives and the cash transfer to the mothers. Midwives will also benefit from the monetary and non-monetary incentives. We are not aware of risks related to the participation in the study.

Where is the study run from?

The study takes place in 1200 primary health facilities and their catchment areas, spread across Nigeria's 36 states and the Federal Capital Territory.

When is study starting and how long is it expected to run for?

The data collection is starting in September 2013 and the study is expected to finish in December 2015.

Who is funding the study?

The study is funded through World Bank-administered trust funds financed by the Bill and Melinda Gates Foundation and the UK Department for International Development (DFID).

Who is the main contact?

Mr Marcus Holmlund  
mholmlund@worldbank.org  
The World Bank  
MSN MC 4-404  
1818 H St. NW  
Washington, DC 20433  
USA

## Contact information

### Type(s)

Scientific

### Contact name

Dr Marcos Vera-Hernandez

### Contact details

Dr Marcos Vera-Hernandez  
Department of Economics  
University College London  
Gower Street

Dr Pedro Rosa Dias is also Co-PI of the research. Please, see his details in the lay summary  
London  
United Kingdom

WC1E 6BT

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m.vera@ucl.ac.uk

## Additional identifiers

### Protocol serial number

N/A

## Study information

### Scientific Title

Improving maternal and child health care in Nigeria: three randomised control trials and one observational study to assess the impact of SURE-P MCH

### Acronym

SURE-P MCH

### Study objectives

1. Retention of midwives in primary healthcare facilities in rural areas will improve if midwives are provided by either monetary or non-monetary retention bonuses
2. Higher retention of midwives in a given primary healthcare facility will improve pregnancy and obstetric related healthcare practices, as well as maternal and neo-natal health in that facility's catchment area.
3. Stockouts of essential drugs for pregnant women will be reduced if information on stockouts at the primary health center is disseminated in the community
4. Antenatal care and delivery in health care facility will increase if women are offered a cash transfer conditional on attending antenatal care and delivering in a healthcare facility
5. A cash transfer program conditional on pregnant women attending antenatal care and delivering in a healthcare facility will improve maternal and neo-natal health.

### Ethics approval required

Old ethics approval format

### Ethics approval(s)

1. National Health Research Ethics Committee of Nigeria, NHREC/01/01/2007
2. University College London Research Ethics Committee 1827/004

### Study design

Phase 1: 4x2 Factorial Cluster Randomized Trial

Phase 2: 4x2 Factorial Cluster Randomized Trial

Phase 2: observational study (difference-in-differences) for the overall evaluation of SURE-P MCH

### Primary study design

Interventional

### Study type(s)

Quality of life

## **Health condition(s) or problem(s) studied**

Maternal and Child Health

### **Interventions**

The study will be implemented in two phases. In Phase I, two interventions will be studied using a 4x2 factorial: one trial will be on incentives aimed at improving midwife retention; the other trial will be an information and community mobilization campaign designed to reduce drug stockouts at the primary health centre level. The trial dedicated to improve midwife retention will have the following arms (1) monetary incentives, (2) non-monetary incentives, (3) monetary plus non-monetary incentives, (4) no incentives. The incentives will be paid every three months to the midwives that stay in their post. The trial dedicated to reduce drug stock outs will only have two arms: (1) implementation of information campaign, (2) no implementation of information campaigns. Details on the implementation of the information campaign must still be decided. Phase I will start in September 2013.

In Phase II, another 4x2 factorial design will be implemented: the same trial on incentives to improve midwife retention as in Phase I and a second trial consisting on a conditional cash transfer program (CCT) to increase antenatal care and delivery in PHCs. This latter trial will have two arms: (1) implementation of the CCT program, (2) no implementation of the CCT program. The CCT amounts to N5,000 and is payable to mothers who meet the following pre-conditions: at least 4 ante-natal care visits, delivery by skilled birth attendants and immediate postnatal care visit. Phase II will start in November 2014.

SURE-P is an intervention that combines the interventions above with the deployment of midwives and upgrading of primary health centres. Its overall impact will be assessed non-experimentally during Phase II of the study. The control group for this observational component will comprise clusters where SURE-P is not implemented.

Details of the Co-PIs:

1. Dr Pedro Rosa Dias  
Lecturer in Economics  
Room 264, Jubilee Building,  
University of Sussex,  
Falmer, Brighton,  
BN1 9SL. UK

2. Dr Marcos Vera-Hernandez  
Department of Economics  
University College London  
Gower Street  
London WC1E 6BT. UK

### **Intervention Type**

Other

### **Phase**

Not Applicable

### **Primary outcome(s)**

All primary outcomes will be measured using structured questionnaires.

For the trial on incentives to improve midwife retention:

1. Percentage of SURE-P midwives that were working in a SURE-P Primary Health Centre at follow-up amongst those midwives that were working in a SURE-P Primary Health Facility at baseline.

For the trial on Conditional Cash Transfer:

1. Percentage of women that had an institutional delivery. Information will be collected using structured questionnaires administered to women who gave birth 3 months prior to the follow-up interview.
2. Percentage of women that attended 4 or more antenatal visits. Information will be collected using structured questionnaires administered to women who gave birth 3 months prior to the follow-up interview.

For the trial on reducing drug stock outs

1. Average number of days that that essential drugs for antenatal and obstetric care were not available in SURE-P Primary Health Centres.

For the overall evaluation of SURE-P:

1. Percentage of women who had an institutional delivery. Information will be collected using structured questionnaires administered to women who gave birth 3 months prior to the follow-up interview.
2. Percentage of women who attended 4 or more antenatal visits. Information will be collected using structured questionnaires administered to women who gave birth 3 months prior to the follow-up interview.

### **Key secondary outcome(s)**

For the trial on incentives to improve midwife retention:

1. Maslach Burnout Inventory of Midwives
2. Midwives absenteeism
3. Infant mortality collected through an extension of the sisterhood method
4. Average consultation time in the last antenatal visit
5. Readmissions and other measures of midwives performance
6. Pregnancy and obstetric related health care practices

For the trial on Conditional Cash Transfer:

1. Post partum depression assessed using the Edinburgh Post Partum Depression Scale
2. Infant mortality collected through an extension of the sisterhood method
3. Pregnancy and obstetric related health care practices

For the trial on reducing drug stock outs

1. Out of pocket payments for antenatal care drugs
2. Proportion of women who could not obtain from the Primary Health Centre antenatal care drugs recommended to her by the primary health centre clinical staff.

For the overall evaluation of SURE-P:

1. Post partum depression assessed using the Edinburgh Post Partum Depression Scale
2. Infant mortality collected through an extension of the sisterhood method
3. Pregnancy and obstetric related health care practices

### **Completion date**

31/12/2015

# Eligibility

## Key inclusion criteria

1. SURE-P midwives deployed in a Primary Health Centre
2. Women who have given birth in the three months prior to the beginning of the study

## Participant type(s)

Patient

## Healthy volunteers allowed

No

## Age group

Adult

## Sex

Female

## Key exclusion criteria

1. Individuals who do not agree to participate

## Date of first enrolment

09/09/2013

## Date of final enrolment

31/12/2015

# Locations

## Countries of recruitment

United Kingdom

England

Nigeria

## Study participating centre

**Dr Marcos Vera-Hernandez**

London

United Kingdom

WC1E 6BT

# Sponsor information

## Organisation

The World Bank (USA)

ROR

<https://ror.org/00ae7jd04>

## Funder(s)

**Funder type**

Government

**Funder Name**

The study is funded through World Bank-administered trust funds financed by the Bill and Melinda Gates Foundation (USA) and the UK Department for International Development (DFID).

## Results and Publications

**Individual participant data (IPD) sharing plan**

**IPD sharing plan summary**

Not provided at time of registration

**Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	conditional cash transfer results	01/12/2019	03/06/2020	Yes	No
<a href="#">Participant information sheet</a>	Participant information sheet	11/11/2025	11/11/2025	No	Yes