

# “Just a small payment”: equity of informal payments in Maternal and Child Health Services in Primary Health Centers in Enugu, Nigeria.

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## Background

- Equitable access to maternal and child healthcare is essential to reduce the MMR in Nigeria, 512 per 100,000 live births.
- Strategies to increase access will fail if informal payments (IP) are not managed.
- A key question is whether there are informal exemptions for the poorest groups, which would moderate the equity impact?.
- We explored the Robin Hood hypothesis that informal payments can improve access as health workers charge wealthy patients more and poorer patients less. Also, the nature of IPs and factors that enabled them were explored.

## Methods

- A multimethod design was used, starting with ethnography (8 weeks participant observation in 6 Primary Health Centers and 2 district offices), followed by qualitative interviews, involving a mix of health workers and managers in-depth Interviews and 6 focus group discussions with women.

Informal payments are routinely charged for officially free Maternal and Child Health services, including to very low-income service users, who were often not attended to if they failed to pay or provide their own supplies.

## Funding

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*Fighting health sector corruption (ACiA Project)*

## Results

- IPs were routinely taken for immunization, birth certificate registration, deliveries and family planning services.
- IPs are more prevalent in urban areas where high income earners reside.
- IPs are lower in low income areas, but within a few facilities lower income women don't pay less.
- IPs were enabled by underfunding of Primary Healthcare, lack of automated system of payment and inadequate oversight

## Conclusion

Policies need to improve financial risk protection for the poorest, to improve equity and access to Maternal and Child Health Services.

