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# MCH PROGRAM DESCRIPTION

## Nigeria



### Overall MCH and health sector situation

Nigeria's importance stems in part from its oil and natural resource reserves and the fact that it is the most populous country and the fourth largest economy in Africa. However, at an estimated \$350 per capita annually, Nigeria still ranks near the bottom 158 out of 177 countries in the United Nations Human Development Index in terms of per capita income, with more than half of the population living in poverty. The situation of MCH in Nigeria is among the worst in Africa and has not improved substantially – and in some areas of the country, has worsened – over the past decade. U5MR is estimated to be 201 deaths/1,000 live births, MMR 1,100 deaths/ 100,000 live births, and total fertility to be 5.7 births per woman. Coverage and utilization of key interventions are correspondingly low. The northern part of the country has generally worse indicators and is also the region where polio has proven most difficult to control. The high rates of mortality – especially of maternal mortality and mortality among 1- to 4-year-old children – reflect a significant breakdown of basic services, and particularly of primary health care, in the country.

Nigeria's health situation makes it a major factor in the global achievement of MDGs 4 and 5. With approximately 2.5 percent of the world's population, Nigeria has more than 10 percent of all under-5 and maternal deaths – more than 1 million newborn, infant, and child deaths and more than 50,000 maternal deaths every year.

Despite these massive challenges, there are signs that improvements can be made. Significantly better status of health and other development indicators in some of Nigeria's 36 states show that good leadership and effective use of available resources can make a difference, even in this complex political and social environment. Very recently, a National Health Bill was passed defining for the first time the responsibilities and resources for health at the federal, state, and local levels of Nigeria's decentralized system. Donor partners have reached increasing consensus among themselves and with the government on a strategic framework for the health sector and other development areas. USAID programming has been able to accomplish local improvements in MCH outcomes, especially through programs that mobilize communities themselves and connect them to local health services. Finally, Nigeria's energetic private sector is increasingly being engaged in providing health-related goods, services, and information.

### MCH interventions at the Mission level

USAID's program currently focuses on birth preparedness and strengthened emergency maternity services; immunization, with a strong focus on polio; maternal and young child nutrition, especially micronutrient supplementation; and treatment of child illnesses. USAID is also a lead supporter of family planning, a key intervention in a country where women are exposed to the risks of early childbearing and an average of almost six births, and closely spaced pregnancies.

### **Delivery approaches and mechanisms supporting expanded coverage/use of interventions**

USAID programs in the public sector are focused on revitalizing primary health care delivery; to make these services more effective and responsive, a strong element of USAID's MCH programming has been to mobilize communities to promote appropriate health practices and care-seeking, and to demand and support greater functionality of primary health care. For emergency obstetric care, the approach also includes strengthening of first referral-level hospital services and providing the capacity to manage complicated pregnancies and deliveries. USAID's approach also includes a social marketing program that links to micro-level private sector partners, especially pharmacies and local "patent medicine vendors" that provide a major share of basic treatment services for women and children. Finally, USAID supports routine immunization strengthening in a limited number of states and promotion and implementation of polio eradication campaigns in states having continued transmission of polio virus.

### **Specific actions supported as part of the MCH approach**

USAID's programming includes a policy analysis and support activity that have assisted the development of technical and resource allocation policies favoring improved basic health services, including MCH. The program helps the MOH to provide health services in selected states and local government areas with assistance in strengthening logistics of basic MCH and family planning services, since absence of drugs and commodities is a frequent cause of low effectiveness of health services in Nigeria. A significant investment is being made in strengthening human capacity through training of both health care providers and health system managers; MCH and family planning services are major focuses of this training. Finally, USAID is making unique contributions to polio eradication through quality improvement activities, since low-quality polio campaigns have been determined to be major contributors to the lack of success in eradicating the virus in Nigeria.

### **The USAID program's geographic focus**

Because of past pressures to provide assistance in each of Nigeria's six geopolitical zones, USAID's MCH programs are now being carried out in at least one state in five of these zones. There is new willingness by the government to accept greater focusing of resources, and USAID's new programming cycle will take advantage of this opportunity. Even working in a select number of states, USAID's limited resources will not directly achieve major population coverage; however, they will permit achievement of a program-scale demonstration effect that – through structured linkages to state and national policy – will result in replication and further rollout of USAID-supported approaches.

### **The Mission program's relationship to the country's health sector and development plans and strategies**

At present, Nigeria does not have a health sector strategic plan. The development of such a national plan is being proposed, and several states where USAID is working are also discussing development of state strategic plans for health. USAID will actively participate in all of these planning processes. Nigeria has developed an overall development strategy (the National Economic and Empowerment Development Strategy); in support of this strategy, USAID has joined other major partners (DfID and World Bank) in developing a Country Partnership Strategy that provides an overall framework for health and other development assistance. USAID has also actively participated in development of a national Integrated Maternal, Newborn, and Child Health Strategy.

### **Potential for linking Mission MCH resources with other health sector resources and initiatives**

*USG investments (e.g., PMI, PEPFAR, Title II, OFDA, water, etc.)*

As PEPFAR-supported programs move from the hospital level to the primary health care level, USAID is identifying opportunities to develop linkages with MCH, including connecting PMTCT with antenatal and maternity care. Currently, PEPFAR funding has been earmarked for nutrition programming through the expansion of community-based nutrition rehabilitation services targeted directly to orphans and vulnerable children. In addition, RH/HIV integration activities are carried out with joint FP/RH and PEPFAR funds in integrating FP into counseling and testing services, PMTCT services, and for meeting the FP needs of HIV-positive clients (including those on antiretroviral therapy [ART]). PEPFAR is also supporting a substantial effort in injection safety, which includes safety of immunization programs. Although not a PMI country, USAID malaria investments are being connected to both antenatal care (treatment of pregnant women and management of severe anemia) and to broader sick child treatment. Linkages with DA-funded water activities are also being developed, including the possibility of providing water supplies to primary health care facilities as part of revitalizing those facilities.

**Planned results for the Mission's MCH investments over the next 5 years**

Over the next 5 years, USAID's program aims to contribute to improving maternal and child health service delivery in Nigeria by strengthening public and private institutions to increase quality, access, and demand to address underlying causes of poor maternal and child health, including vaccine-preventable diseases and malnutrition. The long-term goals are to eradicate the wild polio virus, reach and maintain immunization coverage rates of 60 percent, and reach 5.7 million children under 5 with nutrition interventions.

<b>MCH COUNTRY SUMMARY: NIGERIA</b>	<b>VALUE</b>
<b>MCH FY08 BUDGET</b>	15,860,000 USD
<b>Country Impact Measures</b>	
Number of births annually*	5,045,000
Number of under-5 deaths annually	1,014,000
Neonatal mortality rate (per 1,000 live births)	48
Infant mortality rate (per 1,000 live births)	100
Under-5 mortality rate (per 1,000 live births)	201
Maternal mortality ratio (per 100,000 live births)***	1,100
Percent of children underweight (moderate/severe)	29%
<b>Birth Preparedness and Maternity Services</b>	
Percent of women with at least one antenatal care (ANC) visit	61%
Percent of women with at least four antenatal care (ANC) visits	47%
Percent of women with a skilled attendant at birth	35%
Percent of women receiving postpartum visit within 3 days of birth****	23%
<b>Newborn Care and Treatment</b>	
Percent of newborns whose mothers initiate immediate breastfeeding	32%
<b>Immunization</b>	
Percent of children fully immunized at 1 year of age	11%
Percent of DPT3 coverage	21%
Percent of measles coverage	36%
<b>Maternal and Young Child Nutrition, Including Micronutrients</b>	
Percent of mothers receiving iron-folate	58%
Percent of children receiving adequate age-appropriate feeding	64%
Percent of children under age 5 receiving vitamin A supplement in the past 6 months	34%
Percent of children under 6 months exclusively breastfed	17%
<b>Treatment of Child Illness</b>	
Percent of children with diarrhea treated with ORT	42%
Percent of children with diarrhea treated with zinc	N/A
Percent of children with pneumonia taken to appropriate care	31%
<b>Water, Sanitation, and Hygiene</b>	
Percent of population with access to improved water source**	47%
Percent of population with access to improved sanitation**	30%
* Census International Database ** Joint Monitoring Programme for Water Supply and Sanitation 2008 Report *** WHO Maternal Mortality Report 2007 **** This number is based only on mothers whose last live birth occurred outside a health facility in the 5 years preceding the survey. (Unless otherwise noted, the data source is the 2003 Demographic and Health Survey.)	