PN-ABI-872

Center for International Health Information/ISTI

Presentation: Country Backstopping/Nigeria

July 9, 1991

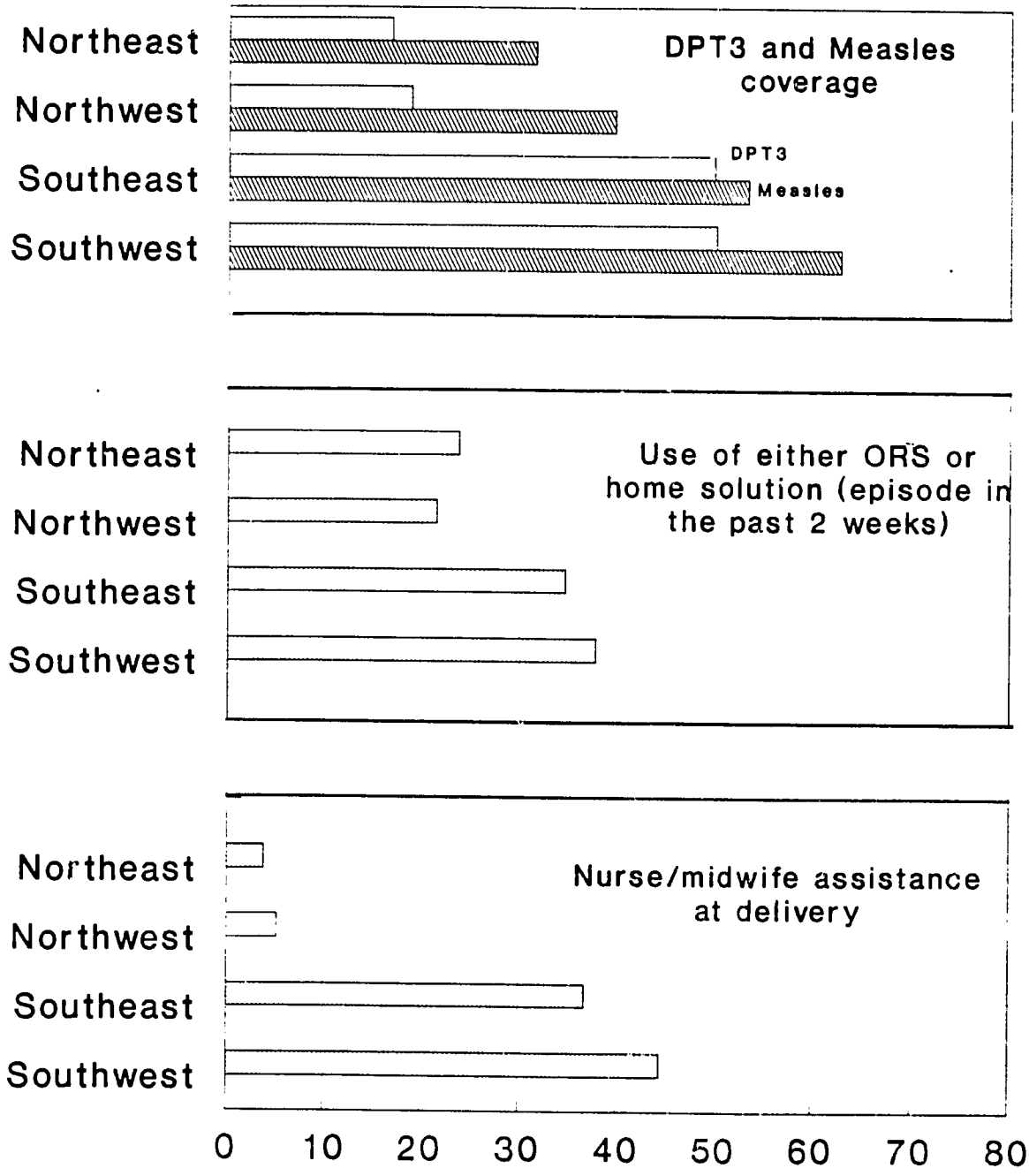
NIGERIA

THE MOST CURRENT VALUES FOR SELECTED INDICATORS

Demographic Indicators	Value	Year	Source
Total Population	108,541,897	1990	World Pop. Prospects, 1990: U.N. Tape #PR0206
Infant Mortality Rate	100	1990	World Pop. Prospects, 1990: U.N. Tape #PR0206
Under 5 Mortality	165	1990	Mortality of children under age 5 (ST/ESA/SER.A/10
Life Expectancy At Birth	51	1990	World Pop. Prospects, 1990: U.N. Tape #PR0206
Children Under Age 1	4,793,034	1990	World Pop. Prospects, 1990: U.N. Tape #PR0206
Annual Infant Deaths	518,152	1990	World Pop. Prospects, 1990: U.N. Tape #PR0206
Total Fertility Rate	6.7	1990	World Pop. Prospects, 1990: U.N. Tape #PR0206
Child Survival Indicators			
Immunization Coverage			
BCG	96.0%	1990	WHO/EPI/CEIS/91.1
DPT 3	57.0%	1990	WHO/EPI/CEIS/91.1
Measles	54.0%	1990	WHO/EPI/CEIS/91.1
Polio 3	57.0%	1990	WHO/EPI/CEIS/91.1
Tetanus 2	58.0%	1990	WHO/EPI/CEIS/91.1
Oral Rehydration Therapy			
ORS Access Rate	60.0%	1988	WHO/CDD/Facsimile, 3/27/90
ORT Use Rate	26.6%	1990	Demographic and Health Survey, 1990
Contraceptive Prevalence			
All Methods (15-49)	6.0%	1990	Demographic and Health Survey, 1990
Modern Methods (15-49)	3.5%	1990	Demographic and Health Survey, 1990
Nutrition			
Adequate Nutritional Status	N/A		
Appropriate Infant Feeding	N/A		
a) Exclusive Breastfeeding	1.3%	1990	Demographic and Health Survey, 1990
b) Introduction Of Solids	57.2%	1990	Demographic and Health Survey, 1990
Breastfed 1 Year Or Longer	N/A		

NOTE: The value given for exclusive breastfeeding applies to children 0 to 3 months (90 days) of age.

Nigeria: Regional differences in the coverage and use of health services



Source: Nigeria Demographic and Health Survey 1990. Preliminary Report

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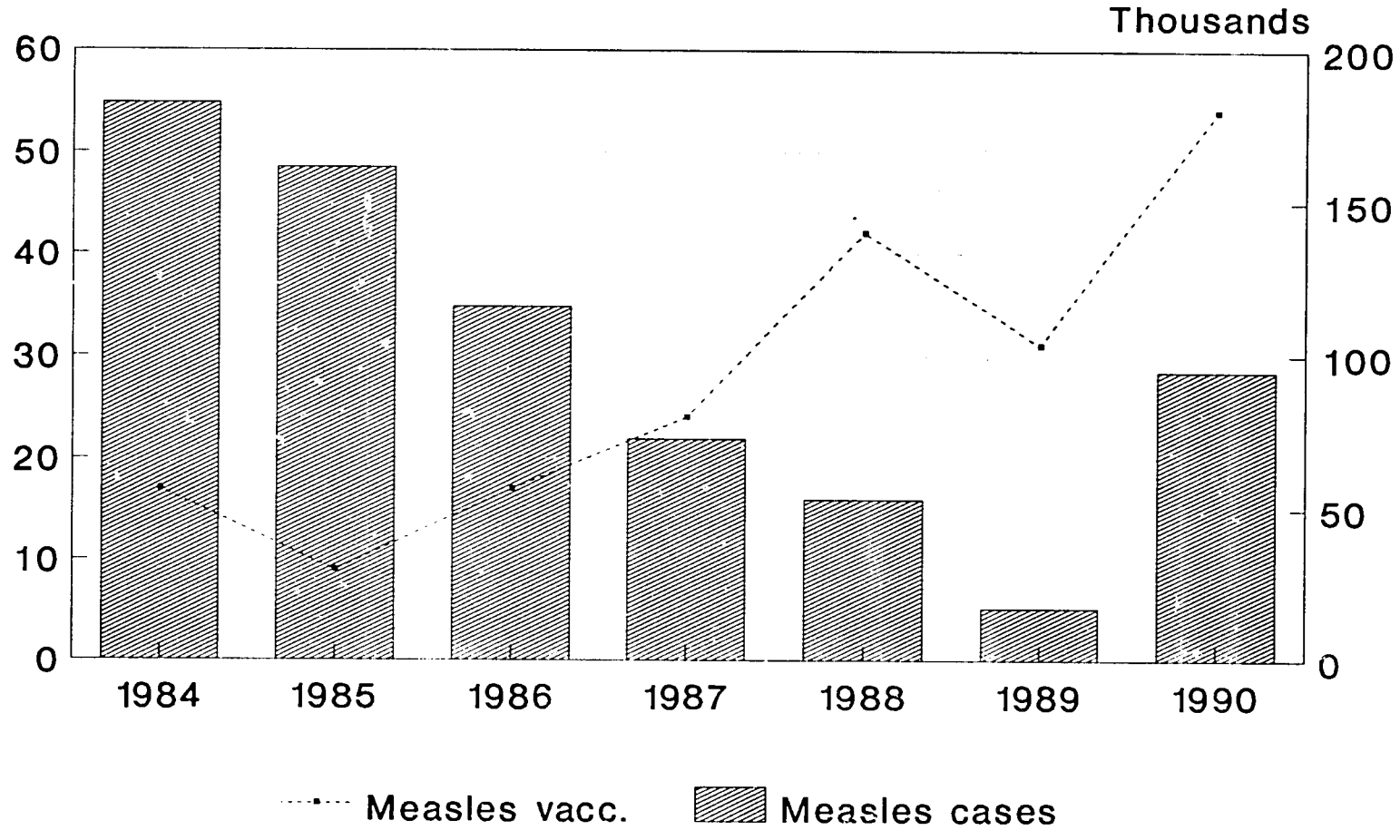
NIGERIA: MEASLES INCIDENCE AND VACCINATION COVERAGE, 1984-1990



Source: Data on cases is reported by the CCCD surveillance of vaccine-preventable diseases; Coverage data: EPI/WHO reports

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Estimated annual cases of acute diarrheal illness and death for children under 5 years, Nigeria 1989

Population under five years of age (millions)	23.1
Median annual diarrheal morbidity rate (episodes/child under 5 years)	3.6
Diarrheal illnesses/year (millions)	83.2
Median diarrheal mortality rate for children under 5 years (deaths/1000 pop)	11.6
Diarrheal deaths/year (thousands)	314.2
Case-fatality ratio (deaths/100 episodes)	0.4

-Results of the diarrheal treatment practices survey:

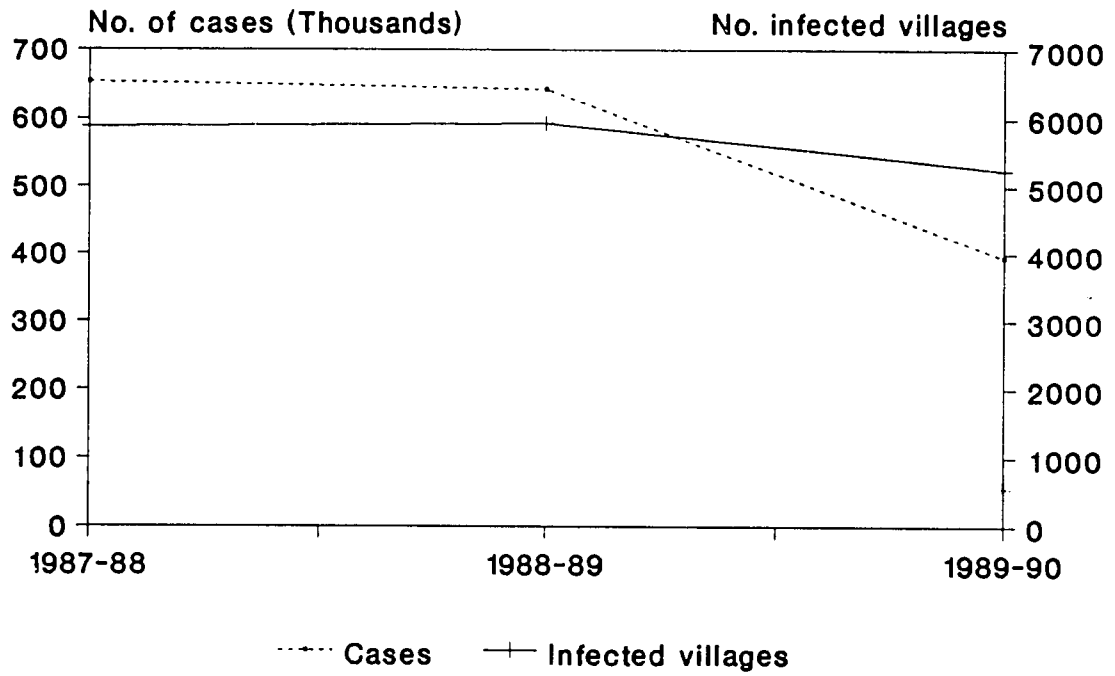
Among caretakers reporting diarrhea in children in the previous two weeks:

- O 34 % reported use of SSS in the home;
- O 46 % of the children were taken to health care providers;

The author concludes that the apparent minimum impact of the Nigerian CDD is due to an inability of the programme to achieve high coverage with the home preparation and use of SSS and ORS use health facilities. Other constraints to disease reduction include: inappropriate community treatment as a third of the treatment was rendered by chemists/drug stores, private doctors and herbalists who appeared not to be involved in the national CDD programme, and polypharmacy practices with high use of antibiotics and injectables.

Source: Babaniyi, O A 1991. J. Trop. Ped. (37)

Nigerian Guinea Worm Eradication Program
national case search data,
1987-88, 1988-89, 1898-90



Source: Weekly Epidemiological Record,
No. 21, 24 May 1991

Note: 1989-90 data are provisional.

These provisional data results showing a reduction of over 200,000 cases of dracunculiasis in Nigeria in one year, and the evident high level of mobilization around this issue in that country will stand, along with comparable results from the national Guinea Worm Eradication Programme in Ghana, as a major turning point in the global eradication effort. The shift in 1991 to village-based monthly surveillance and interventions is expected to increase the efficiency and effectiveness of the Nigerian program. This new appraoch was adopted only after 3 successful national searches which clearly delineated the nature and extent of the disease in Nigeria. These national searches were also useful as an entry point for primary health care and immunization workers to remote, hard to reach villages and served as a basis for health education and filter distribution in conjunction with the final national search in some states.

(Editorial Note, Wkly Epid Rec)

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LEPROSY PREVALENCE, NUMBER OF CASES AND MDT COVERAGE
ACCORDING TO WHO CLASSIFICATION SCHEME
High endemicity/MDT < 33 % (Level IIIB)

	Prevalence (per 10,000)	No. of cases (registered)	Cases on MDT	MDT coverage
Benin (1989)	11.9	5655	1152	20.40%
Burkina Faso (1988)	14.8	13312	1063	8%
Cape Verde (1988)	12.9	491	13	2.60%
CAR (1988)	24.4	7096	2086	29.40%
Chad (1988)	18.8	10651	675	6.30%
Congo (1989)	32.2	6416	247	3.80%
Cote D' Ivoire (1988	19.3	24291	2310	9.50%
Guinea (1988)	23	15818	2247	14.20%
Mali (1988)	23.6	22121	731	3.30%
Mozambique (1988)	15.5	24338	1561	6.40%
NIGERIA (1988)	17.1	193715	8250	4.30%
Senegal (1988)	15.7	11554	1453	12.60%
Togo (1988)	11.5	3987	187	4.70%

The World Health Organization defines leprosy as a serious public health problem in Level IIIB countries -- countries with prevalance rates above 10 per 10,000 and MDT partly implemented or covering less than one-third of new and existing cases.

More than 40 % of registered cases in the WHO Africa Region are in Nigeria. The country is divided into 22 states. Leprosy and tuberculosis control programs are considered as high priority by the federal government. The leprosy-control program is based on treatment with MDT through the PHC approach. MDT was introduced in 1985, but is limited to 11 states.

Source: World Health Statistics Quarterly, Vol. 44, No. 1, 1991

CENTER FOR INTERNATIONAL HEALTH INFORMATION
LISTING OF RESEARCH TITLES
SOURCE: FY90 HEALTH AND CHILD SURVIVAL QUESTIONNAIRES

NIGERIA

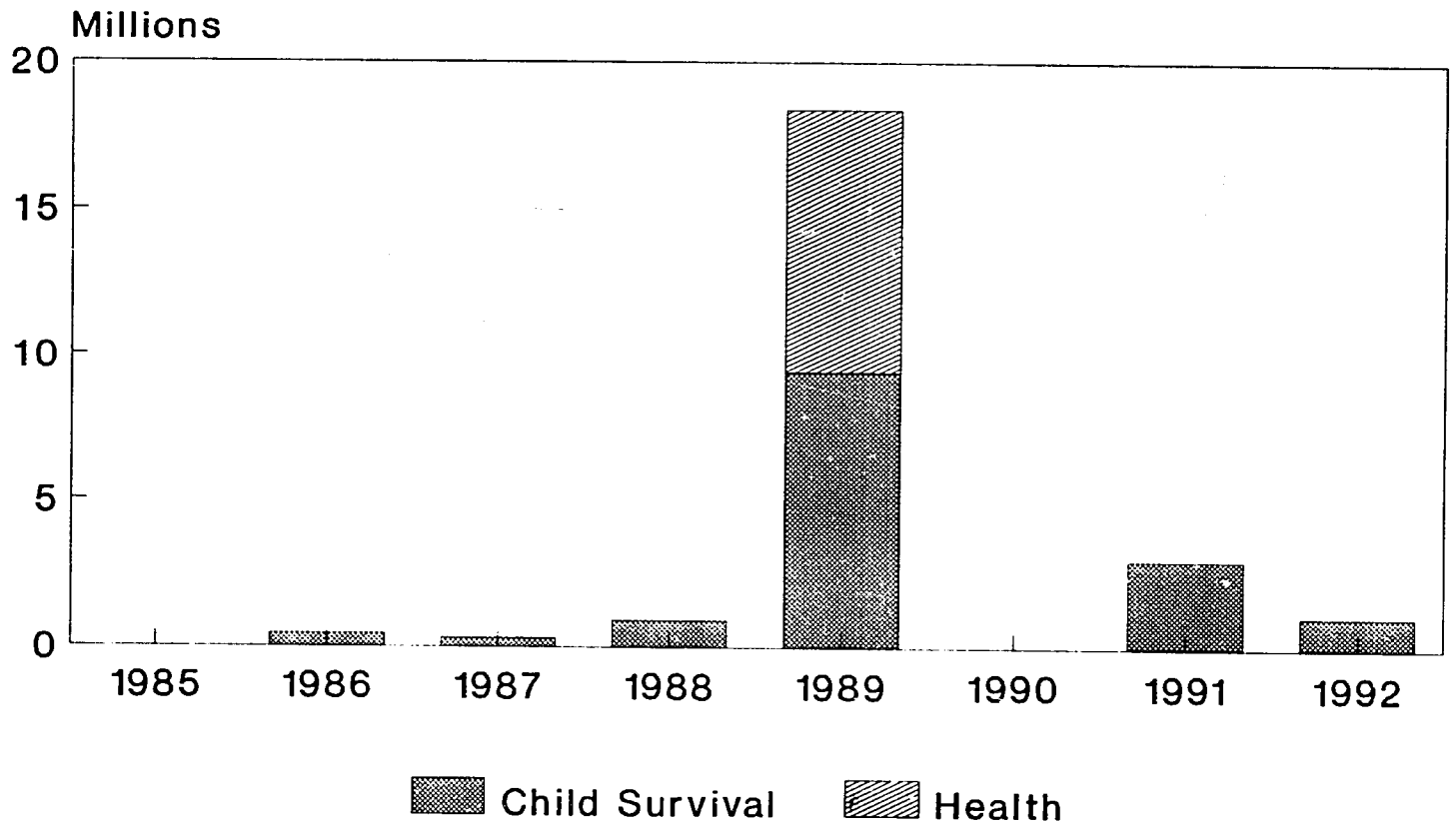
PROJECT NO./TITLE	RESEARCH TITLE
9380284.01 Vitamin A Technical Assistance Program (VITAP)	Preliminary Assessment of Vitamin A Deficiency in Kwara State, Nigeria, AFRICARE/VITAP, 1990
9311018.00 Communication for Child Survival (HEALTHCOM)	How to Reduce Immunization Dropouts Through Health Education - Tom Schmid
9363023.00 Demographic and Health Surveys (DHS)	Family Health Surveys in Nigeria (1989)
9365952.00 Applied Diarrheal Disease Research (ADDR)	(1) Nutritional Status and The Incidence and Duration of Diarrheal Diseases in Coastal Nigeria: B.M. Afolabi
	(2) Maternal Education, Maternal Behaviors, and Risk Factors for Diarrheal Disease in Children in Urban Nigeria: G. Oni
	(3) Food Hygiene Practices and the Risk of Diarrhea: A Case-Control Study E.E. Ekanem
	(4) Prescribing Practices for Diarrheal Diseases by Formal and Unlicensed Pharmacies in Borno State, Nigeria: U.A. Igun
	(5) Evaluation of Casava/Salt Solution in the Management of Infants and Children With Acute Diarrhea : N. Grange
9365968.00 Diarrheal Disease Research and Coordination (WHO)	(1) Commercial Soya-Based Formula Diet vs Home Made Corn-Based Soya Diet in the Management of Acute Diarrhea in Children: P.O. Abiodun
	(2) A Descriptive Epidemiological Study of Diarrheal Diseases Among Under-Fives in a Rural Nigerian Community: C.O. Oyejide
	(3) A Descriptive Study of the Preparation, Storage and Administration of Ogi and its Potential Safety at Time of Use: T. Odugbemi
9365969.00 Technologies for Primary Health Care	Mid-term Evaluation of Child Survival Project, 1989, David Newberry II (PRITECH)

TABLE 5: AFRICA REGION:
REPORTED PRIVATE SECTOR ACTIVITY BY COUNTRY

FY90 USAID HEALTH AND CHILD SURVIVAL QUESTIONNAIRES

COUNTRY	PRIVATE PRO-DUCTION OF HEALTH CARE GOODS/COM-MODITIES	ASSIST TO PRIVATIZE PUBLIC HLTH. HLTH. PROG/ SERVICES	ASSIST TO REGULATE PRIVATE HEALTH SERVIC ES/ COMMODITIES	TRAINING OF PRIV. SECTOR PROVIDERS	INVOLVEMENT OF FOR-PROFIT BUSINESSES	OTHER
	NUMBER OF PROJECTS REPORTING ACTIVITY					
Benin						1
Burkina Faso						2
Cameroon		3		1	1	
Gambia	1	1	1	1		
Kenya		1	1	4	4	4
Lesoho	1			1		
Mali					1	
Mozambique				1	1	
Niger					1	
Nigeria				2	1	1
Sengal			1	1		
Sudan						4
Swaziland	1				1	
Uganda				2	1	1
Zaire	5			5	4	2
Zimbabwe.				1		
TOTAL	8	5	3	19	14	15

USAID OBLIGATIONS TO NIGERIA
Health and Child Survival Activities
FY 1985-92



Includes all funding accounts
In FY89 an additional $18 million was obligated for non-project assistance.

Source: 92 CP, Health & Child Survival Questionnaire

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USAID Health Information System
Center for International Health Information

S&T/HEALTH PROJECTS IN NIGERIA
EXPENDITURES* ($000s)
FY 1987-90

	PROJECT	FY86	FY87	FY88	FY89	FY90
9311018.00	Communication for Child Survival (HEALTHCOM)			217	129	281
9365927.01	Technologies for Primary Health Care (PRITECH I)	14	210			
9365927.03	Technologies for Primary Health Care (REACH I)	45	9			
9365942.00	Water and Sanitation for Health (WASH II)		22	36	18	
9365948.00	Vector Biology and Control (VBC)		8	30		
9365951.01	CSAP Support (JHU)		119			
9365969.00	Technologies for Primary Health Care (PRITECH II)				28	
9365972.01	AIDS Technical Support (AIDSCOM)					8
9365972.02	AIDS Technical Support (AIDSTECH)			19	3	38
9365973.00	Water and Sanitation for Health (WASH III)				9	48
TOTALS		59	368	302	187	375

*Expenditures are reported for short-term technical assistance for all years except FY 90, which includes long-term technical assistance and other expenditures. Includes reporting of core and buy-in funds.

7/8/91

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