

## Nigeria — BASICS II Country Program

Africa's most populous country, Nigeria has an estimated gross national income (GNI) per capita<sup>1</sup> of \$770. Current mortality figures for the estimated 21 million children under five include an infant mortality rate of 72/1,000 live births and child mortality of 147.7/1,000 births.<sup>2</sup> Nearly 70% of the deaths are due to diseases preventable by immunization, available medicines, good hygiene, and adequate diet.

### Child Survival Program Overview

The Project has been involved in the child survival activities of Nigeria's health sector for nearly a decade.

BASICS I emphasized community mobilization for improved access to health services with almost no government association. After the political landscape changed in 1999, BASICS II reorganized its strategy to work closely with the Ministry of Health (MOH) and its development partners. BASICS II is committed to the support of integrated child health in Nigeria through the end of the Project in 2004.

### Technical Approach

BASICS II provides technical assistance at the national level for policy formulation and support to the local government area (LGA) and state levels in developing and implementing health and nutrition programs. In collaboration with other donor agencies and partners, the Project supports the increased use of proven child health interventions at household,

community, and health facility levels to reduce morbidity and mortality. BASICS II is aligned with national plans and continues to be the largest child health partner for technical input to major national priorities. These include vitamin A supplementation, polio eradication, RBM (Roll Back Malaria) strategies, and strengthening of national primary health care services with the NPHCDA (National Primary Health Care Development Agency) at the federal and state levels. The Project uses a community-based approach called CAPA (Catchment Area Planning and Action) to deliver a package of services for routine immunization, nutrition (including vitamin A supplementation), and malaria. Currently associated with 20 target LGAs in 3 states (Abia in the southeast, Kano in the north, and Lagos in the southwest), the Project is working to scale up these services to the national level. An integrated communications and behavior change (CBC) component includes materials covering immunization, nutrition, and malaria control.

1. Adjusted purchasing equivalent in U.S. dollars.

2. Population, Health, and Nutrition Information Project. 2002. *Country Health Statistical Report: Nigeria*.



Photo courtesy of Kelley Sams

BASICS II collaborates with the National Programme on Immunization (NPI) and with WHO, UNICEF, GAVI, Rotary International, and other partners. The Project combined an approach of building sustained demand for routine services using CBC and community advocacy with an approach of strengthening the ability of health services to meet that demand through government and private sector provider training and quality of service monitoring.

In the area of nutrition, the Project emphasizes training to enhance the ability of providers to integrate nutrition activities into health services. Exclusive breastfeeding, complementary feeding, and vitamin A supplementation are all components of the nutrition approach. The second dose strategy for vitamin A supplementation builds on community mobilization and improved routine services.

For malaria control, BASICS II (with partners from the Federal Ministry of Health, the World Health Organization, UNICEF, and NetMark) emphasizes appropriate and timely care-seeking and treatment of febrile illness and the promotion of insecticide-treated nets (ITNs). Priority is given to private sector options for increasing the availability of ITNs.

The Project works with the states and LGAs to improve the function of the existing Health Management Information System (HMIS) and to implement routine methods for analysis, presentation, and use of selected data through training of staff and managers at all levels. Monitoring and Evaluation of all program interventions at the community level is carried out through exit interviews and household mini surveys.

## **Interventions**

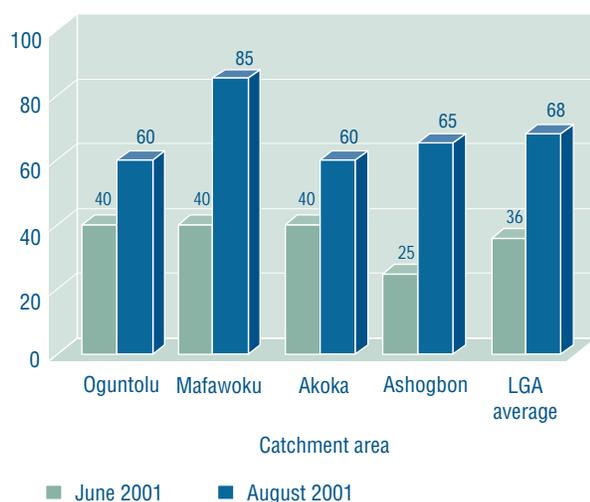
### *Immunization*

**The CAPA approach.** BASICS II made substantial progress in strengthening community demand for immunization in three target states by applying the CAPA approach in a growing number of communities. Early results indicate improved measles and DPT coverage in areas where the CAPA program was initiated. Also, a quality of service self-assessment and support-supervision system reached 17% of catchment areas in the three states. Results from one LGA demonstrate the effectiveness of this approach for improving immunization quality standards.

**Polio and NIDs.** BASICS II assists the Nigerian Polio Eradication Effort with training, program review, and social mobilization. The Project also advocates for routine immunization. The Project supports national vitamin A distribution through national immunization days and provides training to health workers conducting routine immunization, effectively raising national coverage to more than 80% of children under five years of age. The NPHCA endorses implementation tools and training materials developed by BASICS II and its partners, paving the way for their use by other states.

## Nigeria—Increase in Immunization Quality Standards, Somolu LGA

Percentage of quality standard



### Nutrition

#### Breastfeeding in the CAPA approach.

Breastfeeding promotion was added to the community mobilization component for the immunization program, thereby combining interventions directed at the same target population (infants and children less than five years of age) within the CAPA process. Community health workers were trained in the use of information-education-communication (IEC) materials for breastfeeding counseling that were produced by the Project.

**Advocacy in national policies.** To facilitate nationwide application of nutrition/CAPA and other interventions, the Project maintains advocacy and provides technical input for policy with national planners and donors. National presentation of preliminary results from the Integrated Child Health Survey (ICHS baseline) influenced the focus of state public health activities and led to targeted initiatives, including funding for breastfeeding promotion.

### IMCI

**Malaria initiatives.** BASICS II collaborated with the MOH at national, state, and LGA levels and with other partners to conduct a RBM national situation analysis; the results were applied to the development of the national RBM strategy. The Project also helped to harmonize the World Health Organization's protocol for testing drug efficacy and developed an integrated child health booklet with key messages on malaria control that has been adopted by the government.

Project support for national policy on insecticide-treated bednets (ITNs) resulted in a reduction of tariffs from 50% to 5% for ITNs, reducing a major barrier to access. BASICS II produced a communications and behavior change strategy and materials to support CAPA efforts in its three target states for improving home management of malaria and the use of ITNs. Initiatives to increase ITN availability through the private sector also were pursued, including continued Project support for NetMark as a reliable partner in commercial sector bednet distribution and for Healthnet, an NGO working in the area of ITN production.

### Country Contact

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**Health Status Overview**

Total population of Nigeria	126.6 million <sup>a</sup>
Under 5 mortality (CMR)	147.7/1000 live births <sup>a</sup>
Infant mortality (<1 year) (IMR)	72/1000 <sup>a</sup>
Neonatal mortality (<1 month)	36.9/1000 <sup>b</sup>
Low height for age <3 years (<2 SD)	45.5% <sup>b</sup>
DPT3 coverage (among children 12–23 months)	38% <sup>c</sup>

a. PHNIP Country Health Statistical Report: Nigeria, March 2002 Reference Document.  
 b. Nigeria Demographic and Health Survey, 1999.  
 c. WHO Vaccine Preventable Disease: Monitoring System, 2001 Global Summary, WHO/Geneva, 2001.

**Key Partners**

- Federal Ministry of Health:**
- Nutrition Division
  - Malaria Control Unit (Roll Back Malaria Initiative)
- State Ministries of Health, Women’s Affairs, Information, Agriculture and Rural Development:**  
*Multi-sectoral partners at the LGA and state levels*
- National Program on Immunization (NPI)**
- National Primary Health Care Development Agency (NPHCDA)**
- CAPA Committees:** comprised of representatives from community-based organizations, associations and NGOs, community leaders, representatives of village councils, and representatives from the public and private health sector
- Multi-lateral Organizations:**
- **United Nations Children’s Fund (UNICEF)**
  - **World Health Organization (WHO)**
  - **World Bank:** *co-participant in routine immunization planning*
  - **Global Alliance for Vaccines and Immunization (GAVI):** *co-participant in routine immunization planning and funding*
- Private Voluntary Organizations, Non-governmental Organizations, and Bilateral Projects:**
- **Department for International Development (DfID):** *British government*
  - **Johns Hopkins University/Centre for Communication Programs:** *collaborating partner for communication and behavior change activities*
  - **Japanese International Cooperation Agency (JICA)**
  - **NetMark:** *USAID partner in the commercial sector for Bed-Net/Insecticides supply and distribution in Nigeria; also a co-partner in the Roll Back Malaria Initiative*
  - **Rotary International/Red Cross:** *partners in polio eradication and routine immunization*
  - **JHU/PCS, Policy Project and Applied Research in Child Survival (ARCH):** *partners in USAID Nigeria child survival collaboration efforts*
  - **CEDPA, Family Health international, Johns Hopkins University:** *co-participants in the Joint Services Management Board*

