Jhpiego
an affiliate of Johns Hopkins University

Nigeria
Country Profile

innovating to save lives

Jhpiego in Nigeria

Quick Facts

Estimated total population:[1]
170.1 million

Maternal mortality ratio:[2]
545 per 100,000 live births

Infant mortality rate:[2]
75 per 1,000 live births

Under-five mortality rate:[2]
157 per 1,000 live births

Total fertility rate:[2]
5.7

Contraceptive prevalence:[2]
9.7% (modern methods)
14.6% (all methods)

HIV prevalence:[3]
4.1%

Births with skilled provider:[3]
39%

Sources:
[1] Population Reference Bureau *2012 World Population Data Sheet;*
[2] Nigeria *Demographic and Health Survey 2008;*
[3] Nigeria *National Serosentinel Survey Report 2010.*

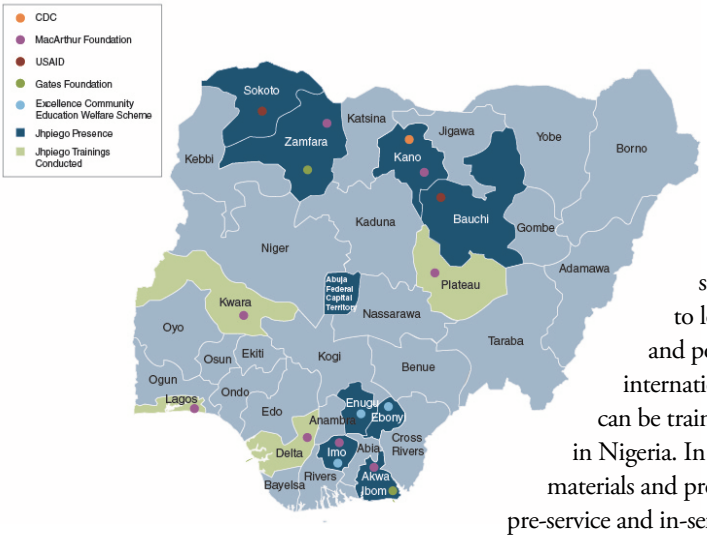
Background

Nigeria—the most populous country in Africa—resumed a democratic government in 1999, ending 16 years of military rule. The new administration has had to face daunting challenges, however, including continued political instability, a virtually collapsed economic infrastructure and a heavy burden of disease. Availability and uptake of quality maternal and child health services are very low, resulting in high rates of morbidity and mortality in these vulnerable populations. There is also a high fertility rate among Nigerian women, leading to rapid and unsustainable population growth. It is estimated that three million Nigerians currently live with HIV (accounting for approximately 10% of all HIV/AIDS cases in Africa), and more than one million children are orphaned as a result of the virus.

Jhpiego began working in Nigeria in the late 1970s, initially with funding from the U.S. Agency for International Development (USAID) to strengthen pre-service education programs in reproductive health (RH) at the medical and nursing colleges at the University of Ibadan, University of Jos, Ahmadu Bello University and University of Lagos, as well as the teaching hospitals of the University of Benin and University of Nigeria in Enugu. Additional work in the 1980s included: 1) training physicians and nurse midwives from the Nigerian military in RH, immunization, oral rehydration therapy and IUD services; 2) collaborating with the Institute of Health at Ahmadu Bello University and the Ministry of Health of Kaduna State to update RH knowledge and skills for physicians, senior nurse midwives and community health officers; and 3) supporting RH care in Plateau State and neighboring states of Bauchi, Benue and Gongola through training of health care providers. In the early 1990s, Jhpiego implemented a multi-year program for regional training in RH at the University of Ibadan for providers from other West African countries.

Although Jhpiego's involvement in Nigeria waned in the late 1980s and 1990s during a period of intense political unrest, it increased again in recent years. From 2006 to 2012, USAID funded the Jhpiego-led ACCESS Program, and subsequently the Maternal and Child Health Integrated Program (MCHIP), to increase the use of high-quality emergency obstetric and newborn care (EmONC), child survival and RH/family planning (FP) services in three northern states (Zamfara, Kano and Katsina). Through a grant from ExxonMobil, Jhpiego also implemented a multi-year program to address the problem of malaria in pregnancy in four contiguous Local Government Areas (LGAs) in Akwa Ibom State. In addition, under the Zamfara and Akwa Ibom HIV/AIDS Project (ZAIHAP), Jhpiego scaled up HIV counseling and testing (HCT) and prevention of mother-to-child transmission of HIV (PMTCT) services to reduce morbidity and mortality due to HIV/AIDS among vulnerable populations.

Currently, Jhpiego has several active programs in Nigeria, all of which are described in more detail below.



Current Program Highlights

Quality Maternal Health Care through Community Health Care Workers

With funding from the John D. and Catherine T. MacArthur Foundation, Jhpiego is implementing a three-year project to provide pregnant women and their families in Nigeria access to quality maternal health care through community health extension workers (CHEWs) who are trained as competent skilled birth attendants. This project is designed to demonstrate to local and state health authorities, Government of Nigeria leaders and policymakers, pre-service and in-service institutions, and international health policymakers that the most basic level of CHEWs can be trained to proficiency to provide lifesaving, basic EmONC services in Nigeria. In addition, the project will produce locally validated training materials and products so the government can incorporate them into curricula at pre-service and in-service institutions throughout Nigeria.

Targeted States High Impact Project

Jhpiego is a partner in the Targeted States High Impact Project (TSHIP) consortium led by JSI Research & Training Institute, Inc. Other partners are Futures Group International, Centre for Development and Population Activities (CEDPA) and a Nigerian organization, Management Strategies for Africa. TSHIP, a five-year, bilateral project funded by USAID/Nigeria, is designed to improve the public health of the populations of Bauchi and Sokoto States, enable true state ownership of the project and produce replicable, sustainable models for high-quality, integrated primary health care services in Nigeria. Jhpiego's scope of work under TSHIP includes serving as technical lead for maternal and newborn health, FP, pre-service education and the Jhpiego-developed Standards-Based Management and Recognition (SBM-R®) approach to performance and quality improvement.

Accelerating Scale-Up of Implants

In countries with relatively high total fertility rates, such as Nigeria, the expansion of contraceptive implant use could significantly decrease unwanted pregnancies, which in turn contributes to the reduction of the maternal mortality rate. Under this Bill & Melinda Gates-funded grant, which operates in Nigeria, Kenya and Zambia, Jhpiego is working to fast-track national efforts to strengthen and improve family planning services through advocacy and scale-up of implants. In addition to the Bill & Melinda Gates Foundation, Jhpiego is collaborating in Nigeria with the Ministry of Health, Bayer and Merck to help support the achievement of Nigeria's 2020 commitments made at the 2012 London Summit on Family Planning.

Supporting the Ministry of Health to Implement HIV Services

Through an award from the Excellence Community Education Welfare Scheme, a local nongovernmental organization, Jhpiego is supporting the Nigerian Ministry of Health to implement HCT, PMTCT, tuberculosis/HIV integration and HIV/AIDS care and treatment programs in Ebonyi, Enugu and Imo States. The project, which is funded by the U.S. President's Emergency Plan for AIDS Relief through the Centers for Disease Control and Prevention (CDC), is expected to achieve the following objectives:

- Provide HCT services to 50,000 HIV-infected pregnant women;

- Provide PMTCT services to 50,000 pregnant women and their exposed infants; and
- Ensure the continuity of care for patients and conduct activities to increase adherence to care and treatment.

Improving Maternal and Newborn Health in Ebonyi and Kogi States

The USAID-funded Maternal and Child Survival Program (MCSP) in Nigeria seeks to reduce newborn and maternal mortality by increasing the quality and utilization of key, evidence-based interventions for maternal and newborn health and postpartum family planning at facilities throughout the public health system in Kogi and Ebonyi States. To ensure that every woman and newborn is cared for using a package of proven interventions, MCSP is focusing on the high mortality period around the time of birth, and driving increases in coverage and quality through better measurement of utilization and use of clinical information systems to stimulate action. Simply put, MCSP will use measurement and data as drivers of change and improved quality for mothers and newborns. Implementation of this package of interventions will be supported through a combination of performance improvement and clinical governance methodologies, with appropriate and targeted use of training, mentorship and management support. Activities in Ebonyi and Kogi States will be rolled out in phases, prioritizing both critical interventions and selected facilities. Within the first two years of the project, MCSP will reach all secondary and tertiary public and mission hospitals (approximately 90 health centers) in both states as well as selected primary health centers. MCSP will start this process with facilities that are part of the Midwifery Services Scheme and the Subsidy Reinvestment and Empowerment Program for Maternal and Child Health, with an emphasis on choosing sites that will enhance equity. As appropriate, new innovations will be introduced at national, state and facility levels. In summary, MCSP will implement a program under the following principles: a focus on appropriate packages of proven interventions that lead to better coverage and health outcomes; enhanced utilization of interventions through better measurement and the use of data, at multiple levels of the health system; improved performance and quality through enhanced clinical governance and targeted capacity building at the facility level; and adoption of new innovations through national advocacy and phased implementation at state and facility levels.

Mother and child sleep under a bed net.

Key Accomplishments

Recent highlights resulting from Jhpiego's work in Nigeria include the following:

- National EmONC and FP performance standards have been set for hospitals and primary health centers and have been endorsed by the government.
- Skilled birth attendants in ACCESS/MCHIP project states have delivered 213,665 women; 81% of 157,487 women with spontaneous vaginal deliveries received the recommended active management of the third stage of labor.
- Skilled birth attendants supervised 747,099 antenatal clinic visits by pregnant women.
- A total of 57 health facilities in Kano and Zamfara States have been upgraded to provide EmONC and FP services, and 18 facilities were renovated.
- More than 497 health care providers have been trained/oriented in EmONC and FP.
- Two Kangaroo Mother Care Centers to address low birth weight babies were established and are functioning in Kano and Zamfara States.
- More than 26,000 pregnant women were provided with two doses of intermittent preventive treatment of malaria, and 5,000 pregnant women received insecticide-treated mosquito nets.

- In Zamfara and Kano, more than 40,000 pregnant women and 20,000 other persons were counseled on HIV, tested and received their results; and 172 HIV-positive pregnant women and 50 exposed babies received antiretroviral prophylaxis. As many as 200 other HIV-positive clients were linked with comprehensive HIV treatment sites for further care and management.
- The National Council on Health has approved a National Task Shifting and Sharing Policy, thereby providing a platform on which to build the capacity of CHEWs to provide essential, lifesaving services to Nigerian women in need. Since current numbers of trained health care workers are insufficient for Nigeria to meet Millennium Development Goals 4, 5 and 6, allowing a lower level health cadre to provide essential services will accelerate progress toward achievement of the goals, as well as increase the universal health coverage that Nigeria is seeking. The policy provides for review after five years to accommodate any significant improvements in health care worker production.
- Evidence-based PMTCT/HCT interventions were implemented in a total of 44 public health facilities in Kano and Zamfara.
- The supported 44 health facilities cut across 19 LGAs out of 54 LGAs in the two states.
- A total of 293 skilled health care providers (doctors, nurses, nurse-midwives, CHEWs and Junior CHEWs, etc.) have been trained in PMTCT, infant feeding counseling and couples counseling to successfully implement PMTCT services over the period of six years.
- A total of 183 skilled health care providers have been trained to successfully implement HCT services in facilities and communities during targeted outreaches over the period of six years.
- A total of 293 trained PMTCT providers tested and counseled 203,401 pregnant women for HIV, offered a complete course of ARV prophylaxis to 957 identified HIV-positive pregnant women and ARV prophylaxis to their exposed babies while the project lasted.
- A total of 283 trained health care providers were able to provide HCT to 245,779 people in the general population and referral/escort services to all the identified HIV-positive clients for further management at other HIV comprehensive sites.
- Eighty-five selected community volunteers from different communities across two states were trained to assist the facility health care providers to carry out community mobilization, support outreach services and also support some of the facilities especially in the area of referral, follow-up and adherence services.
- The Government of Nigeria was assisted to develop HIV policy documents (PMTCT scale-up plan in Zamfara and HIV state strategic plan in Kano). Jhpiego contributed to the development of national PMTCT and HCT guidelines and PMTCT standard operating procedures.

Partners and Donors

Through its ongoing efforts in Nigeria, Jhpiego has worked or is working with the following:

- Donors such as USAID, CDC, ExxonMobil, World Health Organization, the Bill & Melinda Gates Foundation and Ellicott Dredges
- Government partners such as Nigeria's Federal Ministry of Health, as well as the Kano, Katsina, Zamfara and Akwa Ibom States' Ministries of Health and selected LGA councils
- Local nongovernmental organizations such as Community Partners for Development, Federation of Muslim Women's Associations in Nigeria, Community Health Enlightenment and Development Project and Management Strategies for Africa
- International partners such as Save the Children Federation, Inc. and JSI Research & Training Institute, Inc.

References

Federal Ministry of Health. *National Serosentinel Survey Report 2010.*

National Population Commission and ICF Macro. 2009. *Nigeria Demographic and Health Survey 2008*. Abuja, Nigeria: National Population Commission and ICF Macro.

Population Reference Bureau. *2014 World Population Data Sheet*.