**Jhpiego in Nigeria**

### Quick Facts

**Estimated total population:**
1. 181.8 million

**Maternal mortality ratio:**
2. 576 per 100,000 live births

**Infant mortality rate:**
2. 69 per 1,000 live births

**Under-five mortality rate:**
2. 128 per 1,000 live births

**Total fertility rate:**
2. 5.5

**Contraceptive prevalence:**
2. 15.1% (all methods)

**HIV prevalence:**
3. 4.1%

**Births with skilled provider:**
3. 39%

### Background

As the most populous country in Africa, Nigeria faces daunting health challenges. Availability and uptake of high-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, child survival and RH/family planning (FP) services in Zamfara, Kano and Katsina States. Through a grant from ExxonMobil Foundation, Jhpiego also implemented a multi-year program to address the problem of malaria in pregnancy in four contiguous Local Government Areas in Akwa Ibom State. In addition, under the Zamfara and Akwa Ibom HIV/AIDS Project, 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. From 2009 to 2015, Jhpiego served as a partner under the USAID-funded Targeted States High Impact Project, led by JSI Research & Training Institute, Inc. and designed to improve the public health of the populations of Bauchi and Sokoto States. Jhpiego led several important components of this work, including the use of misoprostol for prevention of postpartum hemorrhage. In addition, under the Accelerating Scale-Up of Implants program, funded by the Bill & Melinda Gates Foundation, Jhpiego worked to fast track national efforts to strengthen and improve FP services through advocacy and scale-up of contraceptive implants use.

Sources:
1. Population Reference Bureau 2015 World Population Data Sheet;
2. Nigeria Demographic and Health Survey 2013;
Currently, Jhpiego has several active programs in Nigeria, all of which are described in more detail below.

**Current Program Highlights**

**Laying the Foundation for the Implementation of the National Policy on Task Shifting for Community Health Extension Workers**

To tackle the problem of inadequate access to skilled birth attendants, Jhpiego, with funding from the John D. and Catherine T. MacArthur Foundation, has partnered with the Human Resources for Health Division and Family Health Departments of the Federal Ministry of Health (FMOH), plus other partners, to advocate and provide technical support for the development of the *Task Shifting and Task Sharing Policy for Essential Health Services*. This new policy lays the framework for enabling community health extension workers (CHEWs) to provide preventive care and lifesaving interventions to women and newborns experiencing complications of pregnancy and childbirth in primary health centers or in the community. Building on the success of Jhpiego’s initial award from the MacArthur Foundation, Jhpiego is implementing a second award over a period of three years, with the goal of operationalizing the new CHEW task shifting policy in Adamawa and Nasarawa States to improve maternal and newborn mortality in both states.

**Supporting the Federal Ministry of Health to Implement HIV Services**

Through an award from the Excellence Community Education Welfare Scheme (ECEWS), a local nongovernmental organization, Jhpiego is supporting the FMOH to implement HCT, PMTCT, tuberculosis/HIV integration and HIV/AIDS care and treatment programs in Ebonyi, Enugu and Imo States. The Local Capacity Enhancement (LOCATE) 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.

**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.

**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 FP at health care 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 is using measurement and data as drivers of change and improved quality for mothers and newborns. Implementation of this package of interventions is being supported through a combination of quality improvement and clinical governance methodologies, with appropriate and targeted use of training, mentorship and management support.

Activities in Ebonyi and Kogi States are being 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 has started 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 enhance equity. As appropriate, new innovations are being introduced at national, state and facility levels. MCSP is implementing the 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 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.

**Strengthening Accountability for Quality Improvement Project in Gombe State**

Through an award from the Bill & Melinda Gates Foundation, Jhpiego is working with Pact to improve governance, capacity, performance and utilization of public maternal, newborn and child health services in Gombe State. Jhpiego, in collaboration with the State Primary Health Care Development Agency, is identifying and building the capacity of a group of 25 to 30 trainers in the state. Building on the skills of existing trainers, Jhpiego will then support the trainers to cascade the same training to develop the knowledge, skills and attitudes of skilled nurses and midwives who perform deliveries at primary health centers. The training content will cover all components of basic emergency obstetric and newborn care and include key modules from a variety of evidence-based, practice-oriented curricula, including Helping Mother Survive, Helping Babies Survive, Essential Care of Every Newborn, infection prevention and control, and postpartum FP.

**Group Antenatal Care**

Through an award from the Bill & Melinda Gates Foundation, Jhpiego is working on a group antenatal care model in Kenya and Nigeria to determine its effectiveness, accessibility and feasibility, as compared to traditional antenatal care. The study results will inform the respective ministries of health and other developing countries about whether group-based care is a viable strategy to improve the quality and acceptability of antenatal care and increase retention in care through pregnancy, childbirth and the postnatal period in low-resource settings.

**Key Accomplishments**

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

- Supported the successful hosting of a stakeholders meeting for Saving 100,000 Newborn Lives in Abuja in October 2014, which drew over 100 local and international stakeholders
- Supported the holding of the First Nigeria National Newborn Conference in Abuja and the National Family Planning Conference in Abuja, during which the following documents were launched: the Nigeria FP Blueprint Scale-up Plan, National Strategic and Implementation Plan (2013–2015) and Increasing Access to Long Acting Reversible Contraceptives in Nigeria

![Mother and child sleep under a bed net.](image-url)
Supported a 21-day training of interviewers and supervisors for conducting the first Verbal and Social Autopsy Survey (a follow-up to the 2013 National Health Demographic Survey)

Contributed to knowledge sharing at the Third Nigeria Family Planning Conference in Abuja in November 2015

Successfully launched the MCSP Nigeria Project in Ebonyi and Kogi States

Supported the FMOH to harmonize all existing training materials into the new Essential Newborn Care Course Guidelines

Facilitated the integration and harmonization of the Perinatal and Neonatal Death Audit into the Existing Maternal Death Surveillance Response System

Conducted a baseline audit of 322 health facilities in Ebonyi and Kogi States in partnership with Health Finance and Governance

In partnership with the United Nations Population Fund (UNFPA) and the Nursing and Midwifery Council of Nigeria, trained 31 midwifery tutors on the use of anatomic models donated by UNFPA to some nursing and midwifery schools in six states

Supported the FMOH to organize a series of stakeholders meetings on quality of care and clinical governance at national and state levels, resulting in the development of a draft national framework on quality of care for maternal and newborn care and better awareness creation among state stakeholders

In partnership with GlaxoSmithKline’s PULSE Volunteers, built the capacity of representatives of four local professional associations in the areas of leadership, finance, administrative management and project management

Introduced the use of the PUMANI Bubble Continuous Positive Airway Pressure system to the Paediatric Association of Nigeria/Nigerian Society on Neonatal Medicine for pilot testing in selected health facilities

With funding from the MacArthur Foundation, strengthened the 12 schools/colleges of health technology and their practical sites where CHEWs are being trained, by training and mentoring 36 tutors and preceptors on basic emergency obstetric and newborn care services

Supported the provision of provider-initiated testing and counseling in antenatal care, resulting in the provision of antenatal services for 2,302 pregnant women (including 21 women with previously known positive HIV test results)

Organized and conducted a five-day, integrated program review meeting on PMTCT, RH, early infant diagnosis, and infant and young child feeding for 82 health care workers from 53 supported primary health centers and nine conditional cash transfer facilities across Ebonyi, Enugu and Imo States; the meeting’s purpose was to develop the capacity of health care providers on current and best PMTCT practices according to the 2013 integrated national guidelines and to ensure high-quality PMTCT service delivery

**Partners and Donors**

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

- Donors such as USAID, CDC, the Bill & Melinda Gates Foundation, MacArthur Foundation and GlaxoSmithKline.
- Government partners such as Nigeria’s FMOH, State Ministries of Health, as well as the Paediatric Association of Nigeria, Nigerian Society of Neonatal Medicine, Society of Gynaecology and Obstetrics of Nigeria, National Association of Nigerian Nurses and Midwives and the State Primary Health Care Development Agency.
- Local nongovernmental organizations such as ECEWS.
- International partners such as Save the Children Federation, Inc., Results for Development, JSI Research & Training Institute, Inc. and Pact.

**References**

