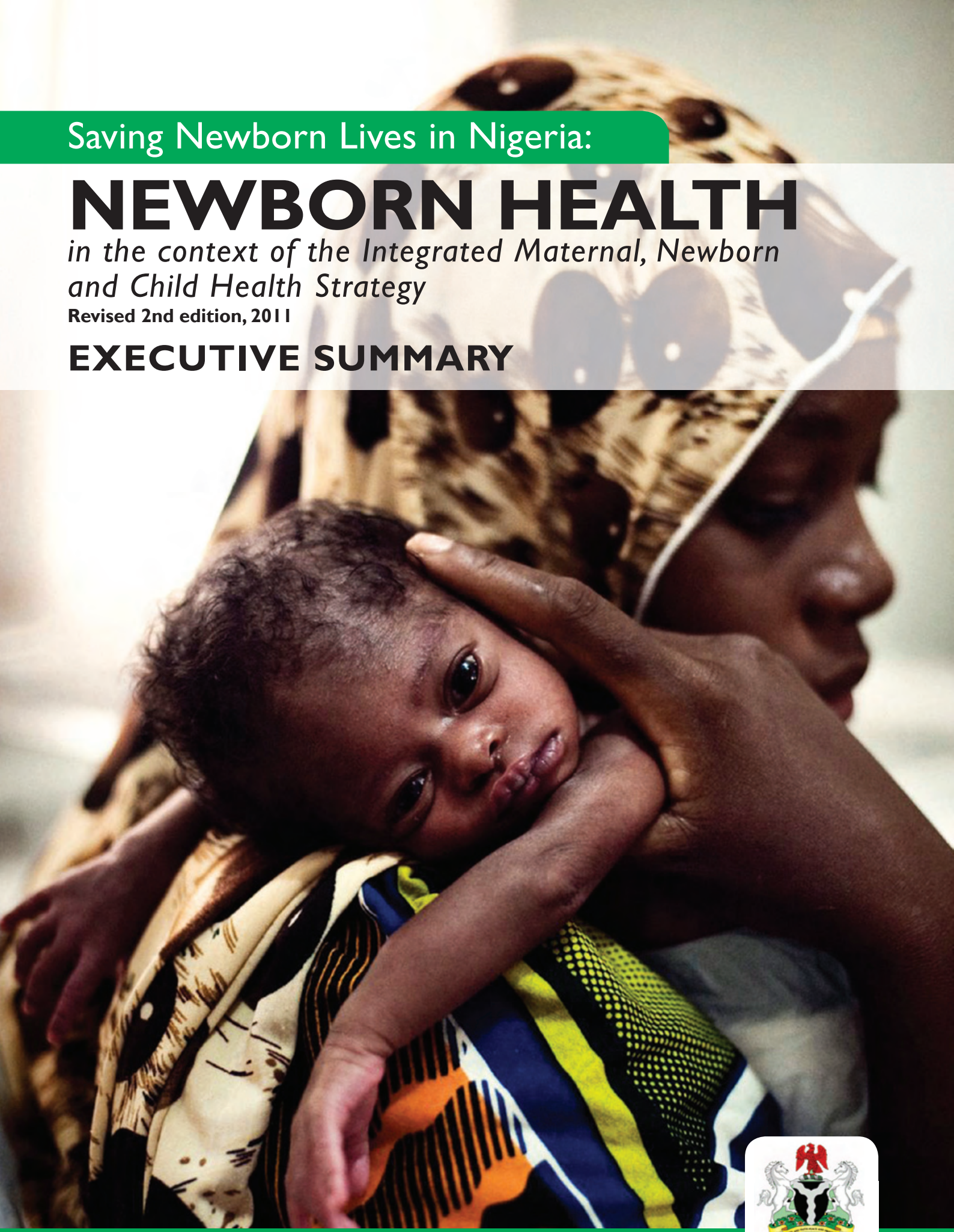
Saving Newborn Lives in Nigeria:

NEWBORN HEALTH

in the context of the Integrated Maternal, Newborn and Child Health Strategy

Revised 2nd edition, 2011

EXECUTIVE SUMMARY

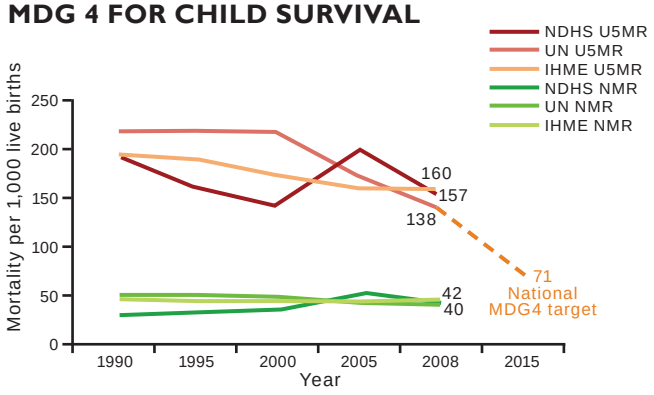


FEDERAL REPUBLIC
OF NIGERIA
MINISTRY OF HEALTH

Executive summary and call for action

Recent progress has been made towards reducing child mortality but Nigeria is currently off track for Millennium Development Goal (MDG) 4 – a two-thirds reduction in child mortality (on 1990 levels) by 2015. According to UN mortality estimates, Nigeria has achieved only an average of 1.2% reduction in under-five mortality per year since 1990; it needs to achieve an annual reduction rate of 10% from now until 2015 to meet MDG 4 (Figure 1).

FIGURE 1: NIGERIA'S PROGRESS TOWARDS MDG 4 FOR CHILD SURVIVAL



Source: see report for data and references

While some progress has been made to reduce deaths *after* the first month of life (the neonatal period), there has been no measurable progress in reducing neonatal deaths over the past decade. About 5.9 million babies are born in Nigeria every year, and nearly one million children die before the age of five years. One quarter of all under-five deaths are newborns – 241,000 babies each year. Many deaths occur at home and are therefore unseen and uncounted in official statistics. Given that the country's population is the largest in Africa, Nigeria's failure to make inroads regarding the MDGs significantly influences Sub-Saharan Africa's achievement of these goals as a whole and contributes disproportionately to global childhood mortality.

In 2009, the first edition of *Saving Newborn Lives in Nigeria: Situation Analysis and Action Plan for Newborn Health* was produced in order to provide a more comprehensive understanding of newborn survival and health in Nigeria, to analyse the relevant data by state and to present concrete steps to accelerate action to save newborn lives in Nigeria in the context of the Integrated Maternal, Newborn and Child Health (IMNCH) strategy.

In view of the rate of state roll-out of the IMNCH strategy and the 2008 Nigeria Demographic and Health Survey (NDHS) which was formally released in late 2009, as well as the recently launched EVERY ONE and CARRMA campaigns for newborn, child and maternal health, a renewed call to action was required. This second edition - led by the Federal Ministry of Health and endorsed by 13 agencies, programmes and professional associations - includes updated national and state-level data profiles in line with the global Countdown to 2015 for Maternal, Newborn and Child Health; a new chapter on maternal, newborn and child nutrition; new recommendations; and an update on progress made since the first edition, including letters of commitment from key stakeholders in maternal, newborn and child health. Although the focus of this situation analysis is on newborn health, the continuum of care through adolescence, pregnancy, childbirth, the postnatal period and childhood is emphasised as the foundation of a strong health systems approach.

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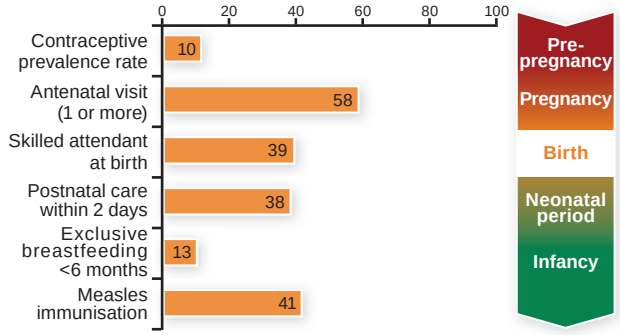
Key findings of *Saving Newborn Lives in Nigeria*

1. **Nigeria's mothers, newborns and children are dying in large numbers – nearly 3,000 each day.** Nearly a quarter of a million newborn babies die each year. There has been no significant reduction in the average national neonatal mortality rate over the past decade. There is wide variation in mortality between states, between urban and rural areas and among the poorest families compared to the richest.

2. **Most of these young lives could be saved with existing interventions.** Recent analyses suggest that up to 70% of these newborn deaths could be prevented if essential interventions in existing health packages reached all Nigerian women and newborns. The leading causes of death are intrapartum-related, or 'birth asphyxia' (28%), complications of preterm birth (28%), and severe infections (26%). Healthy home practices and community-based care – which are possible to improve even in hard-to-serve areas – could save over 90,000 babies a year.

3. **The key interventions to save newborn lives are mostly possible through the existing health system and will prevent the deaths of mothers and older children – but coverage remains very low.** In 2007, the Federal Ministry of Health developed a strategy to address gaps in care, making Nigeria one of the first countries in Africa to plan along an integrated continuum of care. However, according to the Nigeria Demographic and Health Survey (NDHS) 2008, no key package along the continuum of care reaches above 60% coverage (Figure 2). Nine states have skilled attendance coverage over 90%, yet there are 12 states where less than 20% of women give birth with a skilled attendant present.

FIGURE 2: COVERAGE ALONG THE CONTINUUM OF CARE IN NIGERIA FOR MATERNAL, NEWBORN AND CHILD HEALTH



Source: see report for data and references

4. **More than a third of children's deaths are attributed to maternal and child undernutrition.** Greater priority on tackling malnutrition is vital to attain Millennium Development Goals on eradicating poverty, reducing child mortality and improving maternal health. Addressing the underlying causes requires cross-ministerial and multi-sectoral action, and coherent and coordinated implementation of existing policy frameworks.

5. **The policies needed to reduce newborn mortality are mostly in place and the cost is affordable.** The key gaps are in streamlining activity and increasing accountability at state and local levels around IMNCH strategy implementation, and considering innovations to achieve higher coverage and quality of care, such as delegating newborn health tasks to extension workers and other cadres. Priority must be given to reaching the poorest families with essential care.

6. **Inadequate funding and stewardship of resources at all levels hampers the performance of the Nigerian health care system.** The 2007 government budgetary allocation for health of 6.5% is still far below the target set in the Abuja Declaration of 2001. Three quarters of total health expenditure is borne by households through out-of-pocket payments for healthcare. The cost of care, particularly in the case of obstetric emergency, is one of the most important barriers to healthcare use.

7. **The Nigerian health system is relatively rich in human resources compared to many other African countries. However, there is inequitable distribution of staff to offer maternal, newborn and child health services.** Innovative use of community health extension workers for MNCH is an important issue on the operations research agenda. The Government of Nigeria has promised to reinforce the initiative by introducing a policy to increase the number of core service providers, including Community Health Extension Workers and midwives, with a focus on deploying more skilled health staff in rural areas.

The continuum of care: current coverage of evidence-based interventions and priority actions for healthcare decision-makers and providers

Before pregnancy

- Secondary school attendance among females is at less than half. A quarter of girls are married before age 15 (a dramatic increase from 15% in 2003). Use of modern contraceptives among girls aged 15–19 is just 11%.
- Immunisations, such as tetanus toxoid (TT), to school-age females are not routine.
- Female genital cutting, which has a prevalence rate as high as 80% in some states of the country, poses significant reproductive health challenges.
- Nigeria's total fertility rate is among the highest in Africa at 5.7 births per woman. Over 20% of married women in Nigeria have an unmet need for family planning, either in spacing or limiting their pregnancies.

Priority actions during this time period

- **Promote delay of first pregnancy until after 18 years and space each pregnancy at least 24 months after the last birth**
- **Prevent and manage HIV and STIs, especially among adolescent girls**
- **Social mobilisation and legal support to address female genital cutting**
- **Increase coverage of PMTCT and improve integration, especially with antenatal and postnatal care**

During pregnancy

- Coverage of at least one antenatal care (ANC) visit with a skilled care provider reaches 62% of women. Rural and poor women are least likely to attend ANC and attendance varies greatly by state.
- The content of ANC visits does not reflect a focused ANC package of interventions. Only 45% make four or more ANC visits, and fewer (36%) make their first ANC visit during the first three months of pregnancy. Only 45% of mothers receive the recommended two or more doses of TT, with figures as low as 7% in some states.
- Only 5% of pregnant women received the recommended two doses of Intermittent Preventive Treatment during pregnancy (IPTp) for malaria and the same percentage of pregnant women sleep under an insecticide treated bed net (ITN). The slow rate of progress since 2003 does not match the large investment in malaria prevention.
- Only 13% of pregnant women are offered counselling and testing for HIV and receive their results, a missed opportunity for treatment programmes to prevent mother-to-child transmission.

Priority actions during this time period

- **Undertake TT vaccination campaigns, especially in northern states, to advance elimination of neonatal tetanus**
- **Increase the coverage and quality of ANC, ensuring women receive four visits and all the evidence-based interventions that are a part of focused ANC**
- **Promote better care of women at home and look for opportunities to involve women and communities in analysing and solving problems, such as high workload during pregnancy and transportation to health facilities**
- **Increase coverage and use of ITN and IPTp during pregnancy**
- **Use opportunities for strengthening malaria and HIV programmes to improve MNCH services (eg, laboratory, supplies and social mobilisation)**

During childbirth

- Almost 40% of women in Nigeria give birth with just a relative or no attendant present at all. 39% of deliveries are with a skilled birth attendant – doctors, nurse/midwives or auxiliary midwives. Traditional birth attendants assist 22% of births. The proportion of home births is 90% in the North West and 87% in the North East zones of the country.
- The quality of care in health facilities is often low. Knowledge, availability and use of the partograph are limited. Basic requirements are often lacking such as a power supply, water, equipment and drugs. Although 24-hour service is available in most tertiary and secondary health facilities, very few primary health centres in the country offer round-the-clock services.

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- Only 4% of public health facilities meet EmOC standards – most in wealthier, urban areas. Less than 2% of women nationally deliver by caesarean section, pointing to an unmet need for emergency services.
- Emergency care for newborns is even more lacking. Only 10% of midwives are trained in neonatal resuscitation, and fewer are trained in the immediate care of premature babies.

Priority actions during this time period

- **Increase demand for facility-based deliveries with skilled birth attendants**
- **Promote birth and emergency preparedness at home and better linkages between home and facility (emergency loan and transport schemes, etc)**
- **Ensure that all skilled birth attendants are competent in essential newborn care and resuscitation**
- **Include essential newborn care and resuscitation in scale up of emergency obstetric care**

Postnatal care

- There are very little data available about the coverage and quality of routine postnatal care for mothers and newborns. One third of women receive postnatal care within the first two days of birth, but the content of this visit, especially the care provided to the baby, is unknown.
- Early postnatal care could prevent up to one quarter of newborn deaths through promotion of healthy behaviours such as hygiene, warmth and early and exclusive breastfeeding, and through recognition and care seeking for danger signs.
- The proportion of children aged 12 to 23 months who are fully immunised by their first birthday has only increased from 13% in 2003 to 19% in 2008 NDHS. Nearly 30% of children have not received any vaccinations at all.

Priority actions during this time period

- **Ensure all mothers and babies are seen by a trained healthcare provider within two days of childbirth, regardless of place of delivery**
- **Develop a consensus regarding content, delivery strategies and timing for PNC for newborns and mothers at community and facility level, as per the WHO/UNICEF Joint Statement on Home Visits for the Newborn Child**
- **Undertake operations research to test models of PNC provision at community level, which will inform scaling up**

Case management of newborn and childhood illness

- From the limited information available, coverage of case management of childhood illness in Nigeria is low. Care seeking is also low – only 58% of babies with pneumonia symptoms and 47% of babies less than six months with fever were brought to a health facility, and among those, less than half received antibiotic treatment.
- Kangaroo Mother Care provides an evidence-based opportunity to care for small babies that could save thousands of lives. It has been rolled out in a small number of health facilities and is being incorporated into training packages for health workers to increase scale up.
- Nigeria has adapted the Integrated Management of Childhood Illness (IMCI) to include care of newborn illness, but implementation is limited. Neonatal sepsis case management is one of the highest impact interventions and is achievable at primary or even at community level. Severe cases should be referred for facility care. Specialised neonatal care is required in all referral centres, but currently is largely restricted to teaching hospitals.

Priority actions during this time period

- **Ensure hospitals can provide care of small babies, including KMC and support for feeding preterm babies**
- **Improve availability of drugs and supplies for treating sick newborns at lower level health facilities**
- **If it is not possible to provide case management for neonatal illness at scale through existing service delivery, consider other mechanisms to bring care closer to families (eg, community based treatment of neonatal sepsis)**
- **Continue to train health workers and community cadres on IMCI, including care during the first week of life**

Nutrition and MNCH

- Of the 10 countries contributing to 60% of the world's wasted children under-five, Nigeria ranks the second.
- Nigeria has one of the poorest exclusive breastfeeding rates in Africa. Only 38% of newborns are breastfed within one hour of birth; recent data show that the percentage of infants exclusively breastfed has decreased from 17% in 2003 to 13% in 2008.
- 41% of children under five years are chronically malnourished (ie, stunted), and 23% of children suffer from severe stunting.
- 14% of children under-five in Nigeria are wasted and 7% are severely wasted – an increase from 11% wasting and 4% severe wasting obtained in 2003 NDHS.

Priority actions during this time period

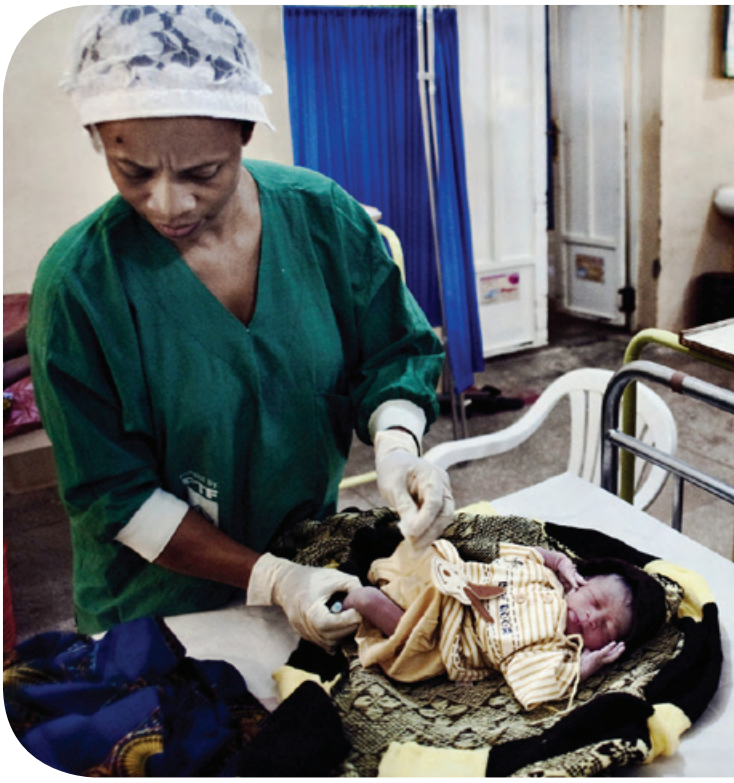
- **Review and strengthen policy and programme implementation to support early and exclusive breastfeeding through the national Infant and Young Child Feeding Strategy**
- **Increase community awareness about the benefit of early and exclusive breastfeeding and address harmful practices - such as discarding colostrum - that may prevent optimal infant feeding**
- **Address anaemia in pregnancy through iron and folic acid supplementation, hookworm treatment and malaria prevention**
- **Engage in multi-sectoral efforts to combat food insecurity and chronic malnutrition**

Recommended actions for healthcare decision-makers

1. *Ensure leadership, appropriate funding and accountability*

- Allocate 15% of government annual budget to health in order to meet the Abuja commitment and the more recent government commitment to the UN Secretary General's Global Strategy for Women's and Child Health.
- Review implementation of the National Health Insurance Scheme to identify gaps and to scale-up services to offer community-level insurance.
- Ensure free and equitable access to a comprehensive package of health services for all mothers, newborns, and children under five years of age.
- Hold development partners accountable to honour their funding pledges and, in partnership with the Government of Nigeria, to coordinate their efforts for effective MNCH delivery.
- Publish federal, state and local government health budgets on the federal government website and ensure these budgets are publically accessible.
- Encourage and open the space for civil society to assist in monitoring budgets and holding government to account.
- Ring-fence the budget for health at all levels, and ensure that there is prompt release of funding.

2. *Orient policies, guidelines and services to include newborn care*



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- Advocate for the passage of the National Health Bill into federal law and ensure its prompt implementation at the state, local government and facility levels.
- Continue roll-out of the IMNCH strategy in all states, including support for supervision, logistics and data tracking.
- Support development, review, dissemination and implementation of newborn care standards, to be adapted and used at state level.
- Target early postnatal care through clear policy directives to reach women and their newborns at home or close to home in the crucial first days of life.
- Develop a national KMC guideline to address service standards, admission and discharge criteria, and best practices that can be adapted for all levels of health care.
- Create an enabling environment across government departments for addressing cross-cutting issues such as water and sanitation, food security, gender equality and women's empowerment, particularly addressing girls' education, early marriage and female genital cutting.

3. *Effectively plan for and implement policies, including human resources, equipment and supplies*

- Prioritise and accelerate implementation of the highest-impact and most feasible interventions using a clear, data-based process. Priorities and phasing of implementation will differ by state and can be linked to the IMNCH strategy planning process in each state.

- Identify key bottlenecks in drugs and supplies logistics systems; strengthen referral centres and ensure that all facilities have appropriate equipment.
- Systematically increase the number and capacity of staff, especially in under-served areas, as exemplified in the Midwife Service Scheme, and consider delegation of tasks to other cadres.
- Strengthen processes for effective supervision at all levels of the health care system - federal, state and local government authority (LGA) - using standardised reporting formats. Interventions to strengthen human resources at all levels should be explored.
- Review the role of CHEWs in maternal and newborn health and build capacity of these crucial outreach workers to provide life-saving services at community level.

4. *Track progress and use the data to improve programmes*

- Implement a system to increase coverage of the birth and death registration policy.
- Ensure that all implementation plans include a core set of newborn care indicators, as part of MNCH indicators.
- Ensure key newborn health indicators are integrated into the routine Health Management Information System (HMIS).
- Involve development partners, agencies and professional associations in developing monitoring and evaluation framework and indicator tools, data management and monitoring delivery on commitments.
- Review tools for routine auditing of maternal and neonatal deaths, and provide support for adaptation and use at LGA and state levels within the context of the IMNCH strategy.
- Conduct operational research on how to scale-up MNCH interventions along the continuum of care. Such research should also provide evidence for costing, strategic planning, capacity building and operations management.

5. *Inform and communicate*

- Develop a consensus-based behaviour change communication strategy based on formative research and use media effectively to discourage harmful practices, create awareness about newborn care and inform about danger signs and care-seeking.
- Increase awareness of maternal, newborn and child health issues, particularly among the middle classes and government officials, and involve beneficiary communities in taking action.
- Monitor coverage and evaluate effect and cost. When scaling up services, it is crucial to increase the availability and quality of information to monitor progress and inform decision-making.
- Enable communication and information sharing between national, state, LGA, facility and community levels. Keep lower- and mid-level health facilities up to date on new and revised national policies and link national strategic planning and action in LGAs.
- Engage communities with the health system and enable their voices to be heard on issues important to them. They should be able partners in improving the health system and the health system should be accountable to them.

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