

Maternal Newborn and Child Health in Northern Nigeria



Partnership for Reviving Routine
Immunisation in Northern Nigeria;
Maternal Newborn and Child Health Initiative

Programme Brief

Rates of maternal, newborn and child mortality in Northern Nigeria are amongst the highest in the world, while child immunization rates are exceptionally low. The Partnership for Reviving Routine Immunization in Northern Nigeria and the Maternal Newborn and Child Health (PRRINN-MNCH) programme, addresses these issues with a mandate to increase access to maternal health and immunization services within the context of strengthening Primary Health Care systems. Health Partners International (HPI), the lead agency for the Joint Venture Partnership managing PRRINN-MNCH, provides both high quality technical advisory and programme management support to the programme.

Overview

PRRINN-MNCH is an innovative programme, combining health systems strengthening with MNCH interventions, merging horizontal and vertical approaches simultaneously. Covering four states (Zamfara, Yobe, Katsina and Jigawa), serving a combined population of approximately 16 million, the programme was established in 2006. By the end of 2013, the programme aims to achieve:

- High quality care for maternity emergencies leading to reduced maternal mortality
- 50% more women receiving antenatal care, with a higher proportion of deliveries by skilled birth attendants
- 60% of infants under 1 year fully immunized, reducing incidence of measles by 80%
- 216 PHC and 18 comprehensive obstetric care facilities rehabilitated and working well, serving 50% more women and children
- Improved capacity of health staff at health centres and hospitals
- Strong, integrated management of primary health care services – from state level down to grass-roots
- Greater accountability and responsiveness to patients and communities
- Effective collaborative between key state ministries, agencies and donors in health sector reforms
- Practical and concrete federal support for primary health care
- World-class operational research by Northern Nigerians, finding solutions for prioritised local problems.

Emphasis on good governance and partnerships

PRRINN-MNCH is not delivering healthcare but working to support the work of others. Tackling the issues of governance, such as financial management and the fragmentation of the health system, that impede performance is fundamental. The programme seeks to collaborate with all stakeholders; from political leaders through to key government managers and service providers at all levels (federal, state and local government) and inclusive of communities and community leaders (religious and traditional). Work is done in partnership and builds on existing structures (rather than create new ones). A key working principle for PRRINN-MNCH is to 'complement' not 'replace' government. By aligning programme resources (financial and technical) with those of stakeholders', the programme ensures synergy, efficiency and effectiveness.

Maternal newborn and child health in Nigeria: the context

Ensuring the health and survival of mothers, their newborns and children under five is a significant challenge in Nigeria, which has an infant mortality rate of 91 and under-five mortality rate of 217 (both per 1,000 live births¹), equivalent to 10% of infants and 22% of young children dying. Only 6% of children are fully immunised and about 30% of children have no vaccinations. In Nigeria as a whole, out of every 100,000 deliveries 545 pregnant women die and in the North the number is probably around 1,000. This means that 1% of pregnant women in the North die during pregnancy or child birth.

A fragmented and uncoordinated health system with weak accountability mechanisms, inadequate staff, poor infrastructure and equipment, drugs stock outs and poor referral linkages are key factors behind the region's high rates of maternal, newborn and child mortality and morbidity. Lack of access, inadequate demand due to low confidence in services, weak structures for community engagement and the low social status of women all contribute to low utilisation of available services.

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Besides working with the government, PRRINN-MNCH works closely with UN agencies such as WHO and UNICEF to coordinate plans and supplies. A low key but effective way that PRRINN-MNCH facilitates change is by convening meetings and simply bringing stakeholders together. Once the systems are strong and functioning independently, PRRINN-MNCH staff will not be missed.

State focused and stakeholder driven

Each different state context has different bottlenecks to effective health care delivery. Decentralisation of the programme to the four states means that action is responsive to both the needs and aspirations of the state-level stakeholders. This aids the process of achieving ownership and sustainability, generating trust and leads to an informed cadre of government staff. Consequently, stakeholders understand the problem and begin to take the lead and are eventually able to drive the process.

The brief of the in-country team and the consortium partners is to work closely with all stakeholders to ensure that the work of the PRRINN-MNCH programme is closely aligned and supports stakeholder plans and activities.

Operations research, knowledge generation and sharing, community ownership and accountability

Operations Research (OR) is at the heart of our PRRINN-MNCH programme. It is about data driving change from the community 'demand side' and service 'supply side'. This ranges from advocacy, where we aim to increase service acceptability and accountability, to institutionalising evidence-based approaches and influencing the development of larger policy aims and programme approaches. The programme rigorously tests practical evidence-based approaches to improving maternal, newborn and child health and to making sure these services are used at the right time. Pilots are run in Learning Local Government Areas (LLGAs) and then successes are rolled out across the states. Any insight will inform the development of similar approaches outside the programme area and is central to securing the programme's success.

Information gained through the OR component helps stimulate greater community ownership of local health agendas which has implications for increasing demand for quality and equity of service provision. With its emphasis on accountability, transparency and development of a knowledge culture, the programme's OR component plays a key role in strengthening health system stewardship and improving health service uptake and delivery.

Any improvements in maternal, newborn and child health proposed by the programme depend on the creation and utilisation of knowledge. By sharing programme learning and expertise across Nigeria, in Africa and in the broader world, we aim to expose all stakeholders to current issues and challenges applicable to the Northern Nigerian situation.

Targeted MNCH interventions

PRRINN-MNCH uses targeted maternal-child health interventions to:

- Deliver healthcare in comprehensive emergency obstetric care clusters whereby women in labour with emergencies can be easily referred and transferred to higher level facilities with more resources for saving women's lives. These facilities must have the staff, equipment, and supplies they need to deliver the services women need, particularly in emergency situations.
- Ensure skilled birth attendance through assisting the government to solve the bottlenecks that cause midwife shortages. This includes seeing that more midwives are trained, deploying southern midwives in the north, giving Community Health Extension Workers (CHEWS) lifesaving skills, and looking at other innovative ways to ensure that births are attended by healthcare personnel with the necessary skills. These skilled attendants can also care for newborns.
- Train health workers in the provision of modern family planning services integrated with maternal services
- Support community interventions such as community emergency transport schemes which ensure women can afford the transport to facilities and that modes of transport are easily available.
- Promote community based service delivery to ensure access to basic neonatal, childhood and maternal care
- Ensure that the health systems routine immunization covers babies and children with the vaccinations that will ensure their protection from common childhood diseases.

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Health Partners International (HPI), Save the Children UK and GRID Consulting, Nigeria manage the programme.

