

# **Countdown to Success: Building momentum with a Country Countdown**

## **COUNTRY CASE STUDY: NIGERIA**

### **Nigeria uses country and state profiles to highlight maternal, newborn, and child health challenges**

#### **Introduction**

Nigeria, not yet on track to achieve the Millennium Development Goals (MDGs), is stepping up efforts to improve survival rates for women and children. These efforts include developing a national maternal, newborn, child health (MNCH) plan, increasing coverage of proven interventions, and measuring progress. In order to better understand the progress and challenges, in early 2011 Nigeria worked with partners to undertake a national and state-by-state analysis of programme intervention coverage levels; levels of mortality; and causes of maternal, newborn, and child deaths. The analysis resulted in a Nigeria-specific publication with a national profile and 36 individual state profiles inspired by the global Countdown to 2015 for Maternal, Newborn, and Child Health. On 13 January 2011, partners gathered at a national pediatrics conference to launch the Nigeria report and to review its findings. Some partners helped carry the message to the state level by sponsoring state events where findings were discussed and recommendations for improvement were made. Results include enhanced coordination, greater consensus on progress, and agreement on constraints and future directions. The Nigeria experience offers lessons learned for other countries interested in undertaking their own national Countdown-like analyses and discussions.

#### **Background**

Nigeria, as the largest country in Africa, can positively influence Africa's progress towards the MDGs, but, like many countries, has yet to mobilize all the resources and political support and funding needed to meet the goals and improve the health of all its citizens. To accelerate progress, in 2007 the Federal Ministry of Health (FMOH) and partners developed the Integrated Maternal, Newborn, and Child Health (IMNCH) strategy to tackle the then 33,000 maternal deaths and almost one million under-five deaths, with 241,000 of those occurring in the first month of life. The IMNCH strategy urges states to accelerate actions that will ensure universal coverage of MNCH interventions. To support this plan, the Nigeria Partnership for Maternal, Newborn, and Child Health (NPMNCH) assists in coordination and advocates for increased resources.

#### **Nigeria Countdown Process**

The Nigeria national Countdown began as an effort to update the 2009 Nigeria Saving Newborn Lives report. Save the Children and the FMOH agreed that the first report was a useful tool in highlighting the problem of high neonatal mortality and in identifying interventions to improve neonatal outcomes. However, the FMOH and members of NPMNCH, particularly those who had participated in global Countdowns, wanted to use the opportunity to undertake a broader analysis of the MNCH continuum, more like the global Countdown. All agreed, and a process was put in place to develop a broader Nigeria report which would include sub-national profiles for each of the 36 states.

The process was led by the Federal MOH and assisted by Save the Children who both endorsed the report together with another 10 agencies, programmes, and professional associations (Countdown to 2015, UNFPA, UNICEF, WHO, MCHIP, Pediatric Association of Nigeria, PRRINN-MNCH, Nigerian Society of Neonatal Medicine, Society of Obstetrics & Gynecology of Nigeria, National Association of Nigerian Nurses and Midwives). Nollywood stars also endorsed the report and promised to be ambassadors, participating in a national movement to engage public awareness to help meet the Nigeria Millennium Development Goals.

Members of the Core Technical Committee of the NPMNCH oversaw the preparation of the national report and of the updated profiles. The Committee met monthly (or more when necessary) to review progress and to organize the national meeting. National champions of the process included those who attended the global Countdown meetings and brought back the Countdown concepts to Nigeria.

The Nigeria report had a lead author, a managing editor, and many national and international reviewers. The lead author was Dr Chinyere V. Ezeaka (Lagos University Teaching Hospital, Lagos), and the managing editor was Kate Kerber (Saving Newborn Lives/Save the Children, Cape Town). Save the Children UK and US provided technical support to the process and helped obtain additional technical support from the global technical partners of the Countdown. Save the Children Newborn & Child Survival Adviser /Program Manager, Abimbola Williams, coordinated the process at the country level. A full list of contributors, reviewers, and committee members can be found in the report.

### **Data gathering and analysis**

One consultant and two research assistants were contracted by Save the Children to support data collection and analysis and preparation of the profiles and report. An Excel database was prepared using available data. A main source of data was the most recent Demographic and Health Survey (2008). Mortality estimates from Nigeria Demographic and Health Survey (NDHS) 2008 were used instead of UN estimates which had not incorporated the NDHS 2008 at the time of publication. The different sources are compared in the body of the report. The National Bureau of Statistics helped to provide national and state data on births and deaths. Each state MOH was sent draft profiles to review and was requested to provide additional information.

Outside assistance was provided for some analyses. State cause of death analyses were prepared by Li Lui (Johns Hopkins University) and Simon Cousins (LSHTM) based on covariates provided by Kate Kerber and the Nigeria situation analysis data team, with oversight from Joy Lawn (Saving Newborn Lives) and Bob Black (Johns Hopkins University) on behalf of the global CHERG (Child Health Epidemiology Reference Group). Coverage data was reviewed by Tessa Wardlaw and the team at UNICEF HQ along with members of the global Countdown Coverage Group. Marica Garde (Save the Children UK) collated the data.

The final format of the country profile and the state profiles differs from the global Countdown profiles in several ways. The national profile for Nigeria emphasized newborn survival, but by incorporating child and maternal concerns created a more integrated MNCH profile, as with the Countdown. Selection of indicators for locally produced profiles was also influenced by availability of data at state level. The data used included updates mainly from 2008 DHS data released in 2009. As noted, the state MOHs provided some sub-national data and health system information.

The adapted Nigeria profiles include a section entitled “Maternal, newborn, and child lives saved at 90% coverage,” which details both the estimated percentages and numbers of lives that could be saved. The

adapted profile does not include a Policies section or an Equity section, although a discussion of adoption and implementation of various policies is found in the report and the league tables do address geographic disparity.

### **The Report and other products**

A national report, *Saving Newborn Lives in Nigeria: Newborn Health in the Context of the Integrated Maternal, Newborn, and Child Health Strategy*, Revised 2nd edition, 2011 was launched in Nigeria in January 2011. In addition, the following were prepared for events linked to the report's release:

- Executive summary of above report (8 pages)
- 1-page overview of report
- 36 individual profiles for each state and one national profile as handouts
- PowerPoint presentations used in media briefing and report launch (presentations by Joy Lawn and Chinyere Ezeaka) and website blogs
- DVD on Nigeria's newborns, long & short versions
- Technical briefs
- Media releases for local & international media organizations

Electronic copies of the report and related materials are available at Healthy Newborn Network and Save the Children websites, available at <http://www.healthynewbornnetwork.org/node/15>.

### **Dissemination of the report findings**

A media briefing was held to publicly share the results of the Nigeria report. The launch included a panel presentation by the FMOH, UN agencies, NGO partners, and professional associations. This was followed by interviews with panel members, report authors and the review team. The Annual Meeting of the Paediatric Association of Nigeria (PAN) on 13 January provided the perfect event to launch the report in front of over 500 PAN members, the MOH and its agencies, and members of the Core Technical Committee advisory group, national MDG office, UN agencies, other health professional association representatives (SOGON, midwives), DFID, and USAID.

Sub-national launches followed in three states along with distribution of the publication; these were supported by PRRINN, Save the Children, and other partners. A radio campaign linking the launch and the national election used tag lines along the lines of "make your vote count for Nigeria's mothers, newborns, and children."

### **Funding**

Technical assistance, researchers, report writer, editor, coordination meetings, staff time, printing, press briefing, and launch cost an estimated US\$30,000 plus significant in-kind resources from FMOH, Save the Children, and other partners.

Save the Children US and UK provided funds for consultants, printing, meeting costs, press briefing and report launch and dissemination. Local report launches were supported by institutions and partners in those states. The Pediatric Association of Nigeria provided the venue and participation of members for the launch event.

## Adding value at country level

This national effort, building on the global Countdown but with a special focus on the newborn, raised awareness on Nigeria's specific MNCH progress and challenges among many stakeholders including government ministries; national and international NGOs; donors; professional associations including Nigerian Society on Neonatal Medicine (NISONM), PAN, Society of Obstetricians & Gynecologists of Nigeria (SOGON); academics including the Nigeria Academy of Science and Researchers; and media. The publication was widely distributed to government agencies at national and sub-national levels and to NISONM.

In describing the added value of a national Countdown-like exercise, organizers mentioned contributions such as:

- Increased partner communication and collaboration
- Improved relationships between specialists in maternal, neonatal, and paediatrics
- Built consensus around MNCH problems and solutions
- Encouraged data use especially for planning and to track progress
- Provided evidence for stronger advocacy around MNCH
- Useful for popular mobilization and advocacy campaign for improved policy for MNCH

More specifically, the process in Nigeria resulted in:

- Agreement by FMOH to include a budget line for newborn health
- Evidence from Countdown was used for the final push for the passage of the Health Bill by the National Assembly
- Agreement by FMOH and the Core Technical Committee of the NPMNCH on need to address equity issues in human resources
- New agreement by National Primary Health Care Development Agency (NPHCDA) and partners for action on community health workers
- 12 partners provided 8 signed letters of commitment specifying how they will contribute to improving MNCH in relation to the priorities and recommendations described in the national report. Details of these commitments can be found in the beginning of the report.

## Sub-national benefits

The 36 state profiles provided data on progress and gaps for each state in terms of coverage of key MNCH interventions, demographic outcomes, and selected health system issues. Wide disparities in mortality rates, human resources, facilities, and coverage featuring inequities between the different states were highlighted as a result of the report and the state profiles. New evidence for action is provided. Resource needs also became more evident.

## Concerns/Lessons Learned

Partners commented that sourcing data, reviewing, adjusting, and coming to consensus on national and sub-national data takes time. One key challenge to overcome is negotiating between use of UN data and country data in the profiles, if there are multiple sources. The many competing priorities of government also delayed review and finalization. State level information was variable and influenced the type of indicators selected. Outreach to the states was dependent on having the presence of an interested

partner. Advocacy to state MOHs and professional association state members was useful. Most important, ownership of the process and the resultant report is key to effective utilization.

### **Plans for future Countdown efforts**

State and district Countdown events continue to be arranged by local health departments with support from partners. Internal partnership mapping exercises could be helpful in identifying additional support for States. States will need to improve their information systems to fill the many gaps in data. There is consideration of doing annual Countdowns linked to the FMOH annual review process, but new data will need to be available to make the exercise valuable.

### **Recommendations for other countries undertaking a Countdown process**

1. Link global attention for MNCH through Countdown to a country-level process.
  2. Find ways to engage states or provinces in the preparation process. Consider bringing together PMOs or DMOs (provincial or district medical officers) for orientation on the Countdown process as a preparatory step.
  3. Obtain letters of commitment from partners, including government.
  4. Link the in-country Countdown process to a national event or annual review.
  5. Highlighting the 11 indicators identified by the Accountability Commission could make this process easier to replicate on an annual basis.
  6. Involve champions and experts to keep the process going until completion.
  7. Involve a wide range of development partners, health professionals, government ministries, and local celebrities in order to get consensus, ensure messages are framed appropriately, and reach wider audience.
-

## Sources

- Interview with Kate Kerber, Saving Newborn Lives, Save the Children US
- Email correspondence with Abimbola Williams, Save the Children UK
- PowerPoint presentation by Joy Lawn, Saving Newborn Lives/Save the Children US
- Executive Summary of *Saving Newborn Lives in Nigeria: Newborn Health in the Context of the Integrated Maternal, Newborn, and Child Health Strategy. Revised 2<sup>nd</sup> edition, 2011*
- *Saving Newborn Lives in Nigeria: Newborn Health in the Context of the Integrated Maternal, Newborn, and Child Health Strategy. Revised 2<sup>nd</sup> edition, 2011*

## Abbreviations

CHERG	Child Health Epidemiology Reference Group	NGO	nongovernmental organization
DFID	Department for International Development (UK)	NPMNCH	Nigeria Partnership for Maternal, Newborn, and Child Health
DHS	Demographic and Health Survey	PAN	Paediatric Association of Nigeria
DMO	district medical officer	PMO	provincial medical officer
FMOH	Federal Ministry of Health	PRRINN-MNCH	Partnership for Reviving Routine Immunization in Northern Nigeria-Maternal, Newborn & Child Health Initiative
IMNCH	Integrated Maternal Newborn Child Health	SNL	Saving Newborn Lives, a project of Save the Children
LSHTM	London School of Hygiene and Tropical Medicine	SOGON	Society of Obstetricians & Gynecologists of Nigeria
MCHIP	Maternal and Child Health Integrated Program	UNICEF	United Nations Children's Fund
MDG	Millennium Development Goals	UNFPA	United Nations Population Fund
MNCH	maternal, newborn, child health	USAID	United States Agency for International Development
MOH	Ministry of Health	WHO	World Health Organization
NDHS	Nigeria Demographic and Health Survey		
NISONM	Nigerian Society of Neonatal Medicine		

**Acknowledgement:** Countdown would like to thank Kate Kerber and Abimbola Williams for providing background materials and contributing to the understanding of the Nigeria efforts, as well as for reviewing the case study.