

## INFORMATION SHEET

### Child Survival

UNICEF Nigeria, March 2005

In 1990, at the World Summit for Children, Nigeria pledged to reduce infant and under-five mortality rates by one-third in the next decade. But fifteen years later, Nigerian children and women are still facing deteriorating health, debilitating diseases and increasing mortality rates.

#### Infant and Child Mortality

In Nigeria today, one in ten children will not leave until its fifth birthday and one in five children will not reach its fifth birthday.

Infant Mortality Rate and Under-five Mortality Rate increased during the past four years from 90 and 168/1000 live births in 1999 to 109 and 217/1000 live births, respectively in 2003<sup>1</sup>. Nigeria ranks among the 15 countries in the world which have the highest under-five Mortality rate.

Maternal mortality in Nigeria is also one of the highest in the world with 800 per 100,000 live births according to the last 2004 UNDP Human Development report, compared to 704 per 1000 in 1999. About two-thirds of births in Nigeria occur at home, which combined with insufficient antenatal care, leads to a high neonatal mortality rate. Beyond the figures, each death is a human tragedy for thousands of families every year. These high mortality rates mask wide regional and rural/urban disparities.

#### The burden of child diseases

The weakened Primary Health Care System with low coverage of key interventions has resulted in a persistence of high disease

burden especially for children. Malaria, ARI, diarrhea, measles, perinatal problems, and in recent years HIV/AIDS, constitute the major causes of childhood morbidity. Malnutrition including micronutrient deficiencies underlies all these causes, and contributes about 54% to Under-five mortality.

Unfortunately prevention interventions known to reduce child and maternal mortality remain very low. Only about 1% of children under-five were reported to sleep under insecticide-treated nets. Immunization coverage has consistently been on the decline in recent years and both the immunization coverage survey (2003) and the NDHS 2003 reported extremely low rates - about 13% - of full immunization coverage.

One of the challenges in 2003-2004 was the sudden resurgence of the poliovirus in Nigeria after some Northern States suspended the immunization campaign. Throughout the year 2004, Nigeria had the largest number of wild polio virus cases in the world. Fourteen countries in Africa that were polio free have been re-infected by the virus from Nigeria. In Nigeria, polio has remained endemic and has not yet been put under control although clear progress was made in 2005. As at end of May 2005 Nigeria had 132 confirmed polio cases in 18 States against 217 cases in 30 States during the same period in 2004.

#### Malaria:

25-30% of Infant and under five mortality rate is due to malaria.

11% of maternal deaths are caused by malaria. Although use of Insecticide Treated nets (ITNs) reduces death due to malaria by about 25%, their use is reported to be only 2%

UNICEF is supporting five states in Nigeria for the promotion of ITNs use at the community level, and a study is underway to show the progress made in these states, and gaps for further inputs.

#### Nutrition:

Vitamin A coverage for 6-59 month old children during NID has increased from 35% in 2000 to 79% in 2004. Coverage via non-NID channels,

<sup>1</sup> NDHS 2003

to also cover postpartum mothers, is being developed to sustain vitamin A Supplementation post NIDs. These non-NID channels include the Child Health Week (CHW), Community Directed Treatment with Ivermectin (CDTI), and the Ward Health Centres (WHC).

Reportedly, 80% of flour millers, 55% of retail vegetable oil and 70% of sugar manufacturers currently fortifying their products with vitamin A, and an evaluation of adherence to stipulated standards is to follow.

Over 98% of households in Nigeria now consume iodized salt

Trials of Double Fortified Salt (DFS), iodized salt with iron, were successful. Test production of DFS in Nigeria was also successful. Dietary assessment survey to be followed by product registration and test of DFS is underway. Hopefully, introduction of DFS in Nigeria will reduce iron deficiency anaemia among the most vulnerable population.

Mothers taking iron-folate tablets, during the 2nd trimester (3-6 months) of pregnancy is currently at 30% of total population of pregnant mothers.

UNICEF/Nigeria is procuring "Zincfant" to join other countries in the sub-region in trials of Zinc supplementation for the management of childhood diarrhea, consistent with the 2004 WHO/UNICEF joint statement on the subject.

Focus on Integrated Early childhood development and care with emphasis on the 0-3 year old, through improvement of key Household practices (through training and capacity building of care givers as well as development of effective communication packages on essential care practices), and the establishment of community and school based early child care centres.

## Polio Eradication:

- Nigeria accounts for 63% of the global polio burden
- Nigeria accounts for 75% of the number of cases of polio virus in Africa.
- Nigeria has the highest number of confirmed wild polio viruses in 2004, with 788 as of 11 February, 2005

National Immunisation Days in Nigeria:

Some of the basic facts about NIDS...

- 138,220 vaccinators in 13,822 sweep groups
- 27, 644 supervisors, with 13,822 vehicles (cars, motorcycles, mopeds,

bicycles, boats, whatever it takes to reach every child)

- 45 million doses of polio vaccine, carried around the country in 83,000 Kick Polio Out of Nigeria vaccine carriers
- 498,000 ice-packs to keep all doses of polio vaccine cold despite the hot Nigeria temperatures
- 40 million children under five years of age immunized in just four days!
- UNICEF spends approximately \$2 million supporting vaccine movements, state/LGA social mobilisation, logistic and Community Mobilisers during each immunisation round.

## Prevention of mother to Child Transmission (PMTCT) HIV/AIDS:

UNICEF supports the provision of a comprehensive package of care, including information on HIV/AIDS/PMTCT/infant feeding, voluntary counseling and testing services.

The PMTCT site supported by UNICEF are based in tertiary institutions, which will serve as centre of excellence to support the scaling up to secondary and primary health facilities

13,000 women benefited from group counseling and 5,000 from testing, out of which 450 tested positive.

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