As the largest economy and most populous country in Africa, Nigeria represents less than 2.5 per cent of the world’s population, but accounts for 10 per cent of the global burden of infant, child and maternal mortality. Nigeria’s population of about 200 million people includes 40 million children and a birth cohort of 7.5 million. Growth brings opportunity, but it also places a burden on the country’s health infrastructure, which is already struggling to cope. There is an urgent need to fast-track results for maternal and child health in Nigeria.

Why?

Deaths of newborns and children in the country are unacceptably high. Nearly one million child deaths are reported annually, a third of which are among newborns. While under-five mortality is decreasing, newborn deaths have stagnated over the last decade. Between 2014 and 2016, the coverage of routine immunization has actually decreased by nearly 20 per cent, placing more children at risk of preventable diseases. Unless major changes are made in the near future, it is unlikely that Nigeria will meet the health-related Sustainable Development Goal targets for 2030.

The challenges to maternal and child health in Nigeria are numerous: lack of demand for services; insufficient human resources and/or

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ACCELERATED ACTION FOR IMPACT: Fast-tracking results for child health and survival in Nigeria

lack of skills; poor state of health facilities; lack of equipment and commodities; difficult access to health clinics, especially for hard-to-reach populations; and poor health-seeking behaviour in general, due to lack of knowledge as well as cultural norms and practices. Indeed, the question is often “Where to start?”. One of the key entry points is the data.

What?

The Accelerated Action for Impact (AAI) initiative is a game-changing approach to fast-track reduction of preventable maternal and child deaths across Nigeria. It starts by focusing first and foremost on the data, and analysing gaps and bottlenecks in terms of both supply and demand across the maternal and child health life cycle. By revealing clearly where and what the most critical problems are, AAI rallies all stakeholders, from political leaders to health care workers to communities, around the urgent need to improve maternal and child health and survival in Nigeria.

Even more importantly, AAI supports leaders and stakeholders to understand where they need to focus first, and to determine how they can work together to drive lasting change.

Trends and targets: Key reproductive, maternal, newborn, child and adolescent health indicators

** 2030 targets are taken from the United Nations Sustainable Development Goals; * 2022 targets are taken from Nigeria’s National Strategic Health Development Plan 2 (2018–2022) and Nigeria Strategy for Immunization and Primary Health Care System Strengthening 2018–2028.

Sources: Multiple Indicator Cluster Survey; Maternal Mortality Estimation Inter-Agency Group; Nigeria Strategy for Immunization and Primary Health Care System Strengthening; and National Demographic Health Survey.
Different states have embarked on different strategies, but ultimately the objective is to build partnerships, strengthen coordination and ensure child-centred and community-focused action. Clear and simple scorecards are used to track progress across key maternal and child health indicators every quarter, and determine whether the actions that are being implemented are sufficiently driving improvements. Comprehensive, multisectoral reviews are carried out each quarter to assess status and determine whether shifts in actions or plans are required.

Where?

Challenges to maternal and child health are widespread across Nigeria, and multiple disparities exist both within and among states, depending on the specific context and indicators under review. By triangulating all available data, four states (Kebbi, Bauchi, Niger and Oyo) were prioritized for the initial phase of AAI.

Available funding from the European Union, Gates Foundation, Global Fund, GAVI Alliance and others is being leveraged and complemented with intensified government and UNICEF support in order to fast-track data-driven action. Poorest performing local government areas (LGAs) in each state have been prioritized to focus comprehensive support and drive change from the bottom up. The objective is to roll out AAI in 10 states by 2019 and thereafter, taking into account the lessons learnt, to scale the approach across the entire country.

Categorization of states based on aggregated score of maternal mortality, under-five mortality and newborn mortality rates.

Source: 2016 National Immunization Coverage/Multiple Indicator Cluster Survey Report; National Primary Health Care Development Agency (dark to light shading = worst to better mortality burden).
How?

Data is at the heart of AAI, but dedicated leadership, action-oriented planning and active stakeholder engagement are required in order to bring about the desired results.

Each state has gone about the process somewhat differently but the common factors are 1) clear state-led leadership; 2) leveraging of all available resources; 3) rolling out intervention packages at scale in targeted localities; 4) ensuring inclusive engagement with communities and health care workers from the bottom up; and 5) coordinated collaboration among all development partners to support state-led priorities for maternal and child health.

Since April 2018, UNICEF has supported four priority states (Kebbi, Bauchi, Niger and Oyo) to develop action-oriented 90-day plans for the AAI initiative each quarter.

The first 90-day plan was focused on setting up the necessary committees and processes to analyse the data, and agree on where and how to fast-track action. The second 90-day plan moved towards implementation of the agreed activities in the priority LGAs, and during the third 90-day plan, results have begun to show. UNICEF has supported both coordination and implementation of AAI, and in most states, weekly or bi-weekly meetings chaired by senior leaders of either the Ministry of Health or the State Primary Health Care Development Agency at both state and LGA levels are held to track progress. UNICEF has supported other states across the country to set the stage for AAI implementation.

For specific information about how different states are implementing AAI, please refer to the state panel documents for Kebbi, Bauchi, Niger and Oyo.
**Women and child-centred focus**

*Achieving results for maternal and child health requires an integrated approach that considers all aspects of the child’s life and promotes coordinated action by all stakeholders.*

Coverage, quality and equity of service provision must be promoted during the entire life cycle of the child: from reproductive and maternal health to the first 1,000 days (conception to 2 years) to early childhood and adolescence. AAI is built on the concept of the life cycle and therefore focuses on making improvements in both demand and supply of health services for all stages.

**Building on positive trends and actions**

In a country like Nigeria where there are so many gaps to fill in health, AAI follows the concept of building on elements that are working. UNICEF therefore supports the government and all partners to leverage positive programmes and functional processes as opportunities to drive improvement in other areas.

Once the foundation is strengthened for a given programme or process, new approaches need to be used to leverage what is working, and to top up areas that are weak and lagging behind by adopting similar processes, experiences, tools and systems.

**S**

Strengthen the foundation

AAI is supporting communities and stakeholders to:
- Understand targets
- Identify bottlenecks
- Take remedial action
- Track progress
- Monitor outcomes.

**L**

Leverage what is working

This process enables communities and health stakeholders to identify what programmes or community processes (even beyond health) are working well.

**O**

Identify opportunities

The next step is to identify where there might be opportunities to add or enhance a current process or programme to reach additional health outcomes.

**T**

Top it up with a new action

Complete the process by integrating a new action on top of something that is already working to make it more comprehensive and/or far-reaching.
**Key achievements**

- The data-driven approach of AAI has been integrated into national plans as a strategy to fast-track progress, working closely with the Ministry of Health and National Primary Health Care Development Agency.
- Four states have implemented AAI in a contextualized manner and are seeing the results (refer to state panels).
- Development partners are rallying around the AAI approach and collaboration among partners is promoting synergies in support of state-led plans and priorities.
- Action frameworks for reducing preventable maternal and newborn and child deaths that draw on the AAI approach using data for action and results have been finalized and launched by the President.

**Next steps**

- Share lessons and experiences in an effort to integrate and institutionalize the AAI approach across the country through National Primary Health Care Development Agency and Federal Ministry of Health plans and programmes.
- Mobilize resources and provide continued technical support to states to ensure they implement their AAI plans and deliver results.
- Strengthen and broaden partnerships for AAI, in particular with academic institutions, to support implementation research and delivery science, and with the private sector to support mobile technology and digital data collection.
- Explore the use of maps and visual understanding of populations, settlements and services to better inform programming.
To learn more about AAI and explore opportunities for partnership with UNICEF, please contact Dr Sanjana Bhardwaj, Chief of Health and HIV, at sbhardwaj@unicef.org, Dr Linda Nsahtime-Akondeng, Health Manager, at lakondeng@unicef.org, Dr Emmanuel Emedo, Health Specialist, at eemedo@unicef.org or Dr Garba Safiyau, Health Specialist, at gsafiyau@unicef.org

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