

RESULTS:

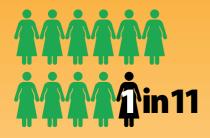
IMPROVED MATERNAL, NEWBORN & CHILD HEALTH OUTCOMES IN NORTHERN NIGERIA

Stronger systems: healthy women and children

The burden of maternal, newborn and child mortality in Northern Nigeria is one of the highest in the world

THE CHALLENGE OVER A WOMAN'S LIFETIME,
THE LIKELIHOOD OF DEATH DURING BIRTH
WAS 1 IN 11 WITH THE ESTIMATED MATERNAL
MORTALITY RATIO (MMR) AT 1,271 DEATHS PER
100,000 LIVE BIRTHS (95% CL= 1,152 TO 1,445)

PROGRESS SO FAR INDICATES A 12 FOLD
INCREASE IN THE NUMBER OF SKILLED BIRTH
ATTENDANT DELIVERIES AND A 12 FOLD
INCREASE IN ANTENATAL CARE VISITS, ALTHOUGH
ATTRIBUTABLE MMR IS NOT YET MEASURED.





THE CHALLENGE THE INFANT MORTALITY RATE (IMR) WAS 90 PER 1000 LIVE BIRTHS

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PROGRESS IMR REDUCED TO 45 PER 1000 LIVE BIRTHS IN THE INTERVENTION CLUSTERS

If the PRRINN-MNCH programme covered all the clusters, the states would see a 50% reduction in infant deaths per annum

THE CHALLENGE THE CHILD MORTALITY RATE (CMR) WAS 167 AMONG CHILDREN UNDER AGE 5 IN 2009

PROGRESS CMR HAS REDUCED TO 126 IN 2011



THE CHALLENGE IMMUNISATION COVERAGE OF ONE YEAR OLDS WAS 2%



PROGRESS INCREASED DRAMATICALLY TO 22% IN THE INTERVENTION CLUSTERS



Figures are from the PRRINN-MNCH 2011 Mid-term household survey:
Assessment of the changes in MNCH outcomes and service use 2009-2011.



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THE PROGRAMME The Partnership for Reviving Routine Immunization in Northern Nigeria/Maternal, Newborn and Child Health (PRRINN-MNCH) programme was established with the state and local governments in 2006 in the four northern states of Zamfara, Katsina, Jigawa, and Yobe, with a total population of approximately 19 million.

THE FOCUS PRRINN-MNCH aims to revitalize and enhance maternal, newborn, and child health services within the context of complementary federal, state, and local government initiatives that further support access and use of health care services. With PRRINN-MNCH support, the state governments have brought about positive changes in maternal and infant health in a difficult and challenging environment.

In line with the WHO model for Emergency Obstetric and Newborn Care (EmONC), PRRINN-MNCH has adopted a cluster approach where states and local governments are supported to provide a continuum of care to populations of 500,000 people. Other complementary initiatives are being implemented state-wide. Innovations are piloted and evaluated within the programme to determine what works best in specific implementation contexts and how these innovations can be taken to scale.

The programme runs to December 2013.

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