



E2A in Nigeria: Integrating Family Planning with PMTCT and Maternal and Newborn Health Programs

FACT SHEET
November 2016



Background

Despite Nigeria's growing economy and significant cadre of well-trained health providers, Nigerian mothers and their newborns continue to die during and directly after childbirth at an alarming rate. Nigeria, the most populated country in Africa, is also home the highest annual number of infants newly infected by HIV in the world. According to UNAIDS, of the estimated 6,356,730 total births in 2012, almost 60,000, or 10 percent of babies, became infected with HIV, most of them through their mothers.

To reverse these disturbing trends, coverage, and especially quality, of health services for mothers and their children need to be enhanced. With wide variation in health indicators across different states and localities, new resources must be invested in underserved areas where maternal and child health, family planning, and HIV services have not been fully integrated into the primary health care system. The national government has pledged, through enabling policies and commitment to international health goals, to support high-impact interventions that will save the lives of many more mothers and newborns, but financial obligations to date have not fully supported the realization of those commitments.

With funding from USAID/Nigeria, E2A is tackling myriad systemic obstacles to improve the health of Nigerians through two programs—one focused on integrated prevention of mother-to-child transmission of HIV (PMTCT) services and another on life-saving maternal and newborn health services.

With funding from USAID/Washington, E2A conducted an operations research study in Cross River and Kaduna states to assess the effects of community health extension workers (CHEWs) providing implants on contraceptive uptake, safety, and client satisfaction. At the same time, in Akwa Ibom state, E2A has trained CHEWs to provide implants and injectables and has implemented interventions to specifically reach first-time mothers

Nigeria Health Indicators

Population: **177 million**

Youth: **44% under age 15**

Total Fertility Rate: **5.6**

Contraceptive prevalence rate, married women: **15%**

Lifetime risk of maternal death: **1/29**

Infant mortality: **69/1,000**

Source: Population Reference Bureau, 2014
World Population Data Sheet (Washington, DC: PRB, 2014).

with information and services related to HIV, maternal and newborn health, family planning, sexual and reproductive health, and healthy timing and spacing of pregnancy. Evidence from the task-sharing interventions will be used to encourage the adoption and operationalization of the federal task-sharing in Nigerian states.

Private-Sector PMTCT Plus Project

As of 2012, only 6 percent of health facilities in Nigeria provided PMTCT services. Only 14 percent of pregnant women received testing and counseling for PMTCT, and of those testing positive, 11 percent received ARV prophylaxis.

E2A's Nigeria Private-Sector PMTCT Plus project applies a rights-based approach to address issues that have prevented the widespread provision of integrated PMTCT services and have adversely affected a woman's ability to prevent HIV transmission to her baby. They include women's lack of economic power, stigma, and social beliefs and norms.

E2A is working in Akwa Ibom, Cross River, Lagos, and Rivers states to provide a standardized package of PMTCT and tuberculosis services that are integrated in

About E2A

The Evidence to Action for Strengthened Family Planning and Reproductive Health Services for Women and Girls Project (E2A) is USAID's global flagship for strengthening family planning and reproductive health service delivery. The project aims to address the reproductive healthcare needs of girls, women, and underserved communities around the world by increasing support, building evidence, and facilitating the scale-up of best practices that improve family planning services.

The project is led by Pathfinder International, in partnership with ExpandNet, IntraHealth International, Management Sciences for Health, and PATH. The project was awarded in September 2011 and will end in September 2019.

www.e2aproject.org

Photo Credit: Pathfinder International



EXPANDNET



Community-Based Provision of Implants and Injectables Via Task-Sharing

In Nigeria, community health extension workers (CHEWs) spend half their time in the community and half at static health facilities to compensate for human resource shortages. Based on evidence from Ethiopia and other countries where similar cadres of health workers are providing implants, the World Health Organization released recommendations for research that will support task shifting for implants in resource-poor settings.

E2A conducted a study in Kaduna and Cross River states to assess the effects of CHEWs providing implants on family planning uptake, safety, and client satisfaction. Data from the study is currently being analyzed. At the same time, E2A is supporting interventions in Akwa Ibom state that enable CHEWs to provide implants and injectables while also building demand for these services in communities.

Evidence from the study and interventions in Akwa Ibom aim to support adoption and operationalization of a federal task-sharing policy in Nigerian states.

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quality reproductive, maternal, and newborn care services at private healthcare facilities. PMTCT Plus aims to increase access to and uptake of these high-quality, integrated services and ensure the capacity of the Government of Nigeria to sustainably manage and coordinate HIV and AIDS programs at private facilities by doing the following:

- Improving commodity logistics management.
- Increasing demand for the integrated services.
- Improving identification, follow up, and retention of HIV-positive persons and HIV-exposed infants at all levels of service provision.
- Improving capacity of health care facilities and providers to provide quality, integrated services.
- Improving each state and locality's coordination and oversight capacity to manage the integrated health program.

From April 2015 to June 2016, 99 private healthcare facilities had been supported by PMTCT Plus to provide integrated PMTCT and reproductive, maternal, and newborn care services, resulting in:

- More than 79,000 pregnant women being tested for HIV.
- 92 percent of women who tested positive being initiated on treatment.
- 287 HIV-exposed infants delivered alive.
- Only 3 infants testing virologically positive for HIV.

Saving Mothers, Giving Life

In Cross River State, E2A, in partnership with the *Saving Mothers, Giving Life* initiative, is replicating an evidence-based, comprehensive maternal and newborn health intervention that was successfully piloted in Uganda and Zambia and resulted in a 35 percent decline in mothers dying as a result of childbirth at participating facilities. This partnership leverages and builds on PMTCT Plus to deliver high-impact, essential maternal and newborn health services in all public and private facilities providing labor and delivery services in Cross River State.

The Saving Mothers, Giving Life model is a suite of evidence-based interventions to improve quality and coverage of maternal and newborn health services, which are integrat-

ed with HIV services, to address three delays to women accessing life-saving care:

- decision to seek appropriate care;
- reaching care in a timely manner; and
- receiving quality, respectful care at the facility, with a focus on time of labor, delivery, and the first 48 hours postpartum.

With this initiative and in partnership with relevant stakeholders, E2A aims to achieve a 30 percent reduction in maternal mortality and a 20 percent reduction in newborn mortality by September 30, 2017 at facilities in Cross River State.

Through Saving Mothers, Giving Life, E2A will seek to ensure that every woman has access to clean and safe delivery services, and in the event of an obstetric complication, life-saving emergency care within two hours. The initiative consists of the following components:

- Improving the quality of maternity care and institutional delivery services, including emergency obstetric and newborn care.
- Ensuring women and their newborns receive key health services in an integrated manner, including counseling on self-care, knowledge of danger signs, and the importance of birth planning; access to HIV counseling, testing, treatment and PMTCT services; prevention and treatment of malaria; treatment of anemia; postabortion care; and postpartum family planning.
- Strengthening community and facility health information systems to capture, evaluate, and report birth outcomes.
- Increasing use of life-saving innovations, such as Manual Vacuum Aspiration, antenatal corticosteroids, chlorhexidine cord care, kangaroo care, and simplified antibiotic regimens for neonatal sepsis.

E2A works closely with national, state, and local officials to support the institutionalization of supportive policies and standards, adapt training materials, and train national master trainers on use of high-impact interventions. At the community level, E2A improves referral systems and focuses on community outreach to counsel women, families, local leaders, and community organizations on the importance of high-impact interventions.

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