**Background**

- Nigeria has the second largest number of maternal deaths in the world.
- This is against the background of female illiteracy, poverty, powerlessness, high fertility rate, lack of skilled birth attendants and poor utilization of modern family planning methods.
- The USAID-funded ACCESS Program was implemented from January 2006 to September 2009 in three states in Northwest Nigeria.

**Intermediate Results**

1. Improved enabling environment and scale-up of best practices for EmONC at national and state levels
2. Increased availability and distribution of EmONC-trained health care workers in selected LGAs
3. Improved quality of EmONC services in selected LGAs
4. Increased quality of FP services in selected LGAs
5. Increased demand for maternal and newborn services in selected LGAs
6. Improved management of maternal and newborn services in selected LGAs

**Interventions at Facility Level**

- Renovation of 18 health facilities
- Donation of essential equipment for basic and emergency obstetric and newborn care (e.g., delivery, episiotomy repair, cesarean section and IUD kits)
- Donations of other materials leveraged by community groups (water tanks, benches, ambulances, drugs, ITNs, infection prevention materials, etc.)
- Advocacy for rational deployment of scarce human resources (midwives, CHEWs, NYSC physicians, etc.)
- Competency-based training of health care providers in:
  - Healthy timing and spacing of pregnancies; family planning, especially IUD/Janelle
  - Basic emergency obstetric care (BEmOC)
  - Essential newborn care; Helping Babies Breathe
  - Kangaroo mother care (KMC)
  - Anesthesia for EmONC (Ketamine and Spinal)
- Record keeping and use of data for decision-making

**Baseline Findings in Health Facilities**

- Most PHCs were not open 24/7
- Dilapidated infrastructure
- Shortage of skilled birth attendants
- Inadequate knowledge and skills of existing staff
- Staff in some facilities overburdened by workload
- Lack of resources (drugs, consumable supplies, basic equipment)
- Low motivation of staff
- Dysfunctional management systems, including non-existent or inadequate patient records and information

**ACCESS Program Overview**

- General Objective: Increased utilization of quality EmONC services by pregnant women, mothers and their newborns as an entry point to the hospital continuum (hhCC) of care in Nigeria.

**Figure 1: Contrast of Two Regions: North and South**

<table>
<thead>
<tr>
<th>SELECTED SOCIO-DEMOGRAPHIC STATISTICS</th>
<th>NORTHERN STATES</th>
<th>SOUTHERN STATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal mortality ratios (deaths per 100,000 live births)*</td>
<td>1,025-1,349</td>
<td>165-286</td>
</tr>
<tr>
<td>Total fertility rate (children/woman)</td>
<td>5.7-7.0</td>
<td>4.1-4.6</td>
</tr>
<tr>
<td>Contraceptive prevalence rate – modern methods (%)</td>
<td>3-10</td>
<td>13-23</td>
</tr>
<tr>
<td>At least one ANC attendance (%)</td>
<td>41-75</td>
<td>83-99</td>
</tr>
<tr>
<td>Delivery with skilled birth attendant (%)</td>
<td>12-49</td>
<td>56-88</td>
</tr>
</tbody>
</table>

**Figure 2: Community-Centered Household-to-Hospital Continuum of Care Model**

The ACCESS Program implemented the household-to-hospital continuum of care (HHCC) with interventions at the community, primary health care and secondary facility levels.

**Summary**

- ACCESS/MChIP implemented the full spectrum of the household-to-hospital continuum (HHCC) of care in Nigeria.
- Health facility interventions improved the proportion of births at EmONC facilities, “met need” for EmONC and the proportion of births by cesarean section.
- Maternal mortality ratios fell significantly in many project facilities.

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