



THE PRESIDENT OF THE FEDERAL REPUBLIC OF NIGERIA
SURE-P
SUBSIDY REINVESTMENT & EMPOWERMENT PROGRAMME



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Mobilising Access for Maternal Health Services

MAMA (Mobilising Access for Maternal Health Services) is a direct intervention by the Federal Government of Nigeria, using the savings from the fuel subsidy removal, to reduce the incidence of maternal and neonatal mortality.

WHAT IS SURE-P MCH?

- It is the Maternal and Child Health project of the Subsidy Reinvestment and Empowerment Programme (SURE-P), which was set up by the Federal Government to ensure the efficient management of financial resources accruable from the removal of the fuel subsidy from January 2012.
- A combination of interventions was designed to cushion the effect of subsidy removal, mostly on vulnerable populations in Nigeria.
- SURE-P MCH aims to contribute to the reduction of maternal and newborn deaths in Nigeria.
- Designed to run for four years (2012–2015).
- Nationwide coverage, concentrating on rural and under-served communities.
- SURE-P MCH will help Nigeria meet Millennium Development Goals 4 and 5.

WHAT ARE THE BENEFITS?

- Better infrastructure and increased human resources to encourage greater use of health care services.
- Upgrades to PHCs and greater involvement of more local health workers.
- Direct beneficiaries will be pregnant women and newborns.
- Conditional cash transfers of N5,000 to mothers who meet pre-conditions including focused antenatal care i.e. 4 antenatal care visits, delivery by skill birth attendants and immediate postnatal care visit

SOME NUMBERS

- Nigeria has 2% of the world's population but accounts for 10% of global maternal and under-5 deaths.
- In its first year, the project will target 500 primary health care facilities
- SURE-P MCH can increase ANC attendance by 52%, skilled birth attendance by 63% and postnatal care by 63%.

WHO RUNS IT?

- SURE-P MCH is run by a Project Implementation Unit (PIU) in the National Primary Health Care Development Agency (NPHCDA).

CONTACT:

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NPHCDA,
No. 1, Mubi Close, off Emeka Anyaoku Street,
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www.surepmch.org



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Good news for pregnant women, family and community members!



Your local SURE P MCH facility aims to provide the following skills, services and equipment to ensure more mothers and babies receive the quality care they need.

- Fully functional and well equipped health facilities
- Free antenatal and postnatal care services
- Free pregnancy drugs
- 24hrs maternal and child health services by skilled personnel
- Free immunization
- Health education on safe motherhood and key household practices.
- Free caesarean section in designated referral general hospitals (in cases of complication)
- Free Mama Kit containing delivery items such as:

Sanitary pads
Bathing soap
Liquid antiseptic
Baby wrap
Linen
Cord clamp
Hand gloves
Laundry soap
Mucus extractor

Register now for antenatal care at your nearest SURE-P health care facility.

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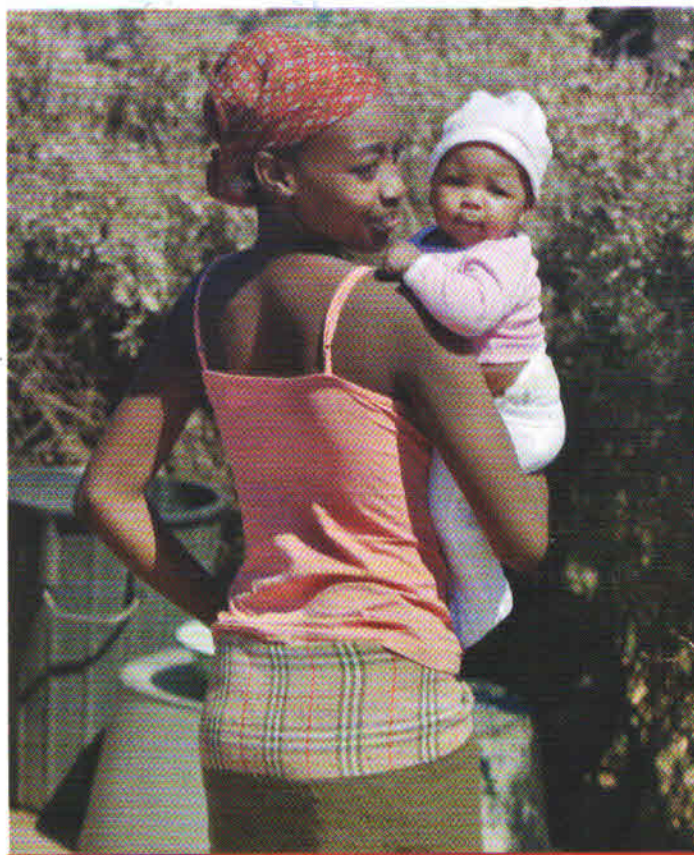
What every pregnant woman, family and community member should know



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- Antenatal care improves the general health of mothers and their babies.
- All pregnant women should attend at least four antenatal care visits to ensure a healthy pregnancy and safe delivery.
- Pregnant women and their families need to recognize the danger signs of pregnancy and labour. Early detection of these signs and prompt referral to the nearest health facility helps prevent complications.
- Labour and delivery are the most critical periods for the mother and her baby. Every pregnant woman should be delivered by a skilled birth attendant. This may be a doctor, midwife/nurse or CHEW who can ensure prompt treatment of complications when they occur.
- Postnatal care for the mother and child reduces the risk of complications and supports mothers and others to help the new baby get a healthy start in life. The mother and child should be examined regularly during the first 24 - 48 hours after delivery and again six weeks after. If there are complications, more frequent checkups are necessary.
- To achieve safe motherhood, it is important that all pregnant women should go through the full continuum of care.
- A newborn baby's chances of health and survival can be greatly improved by having the following:
 - A healthy mother
 - A safe birth
 - Essential newborn care and attention
 - A loving family; and
 - A clean home environment

Please visit your nearest health facility for further advice and counselling.



Postnatal care for the mother and child reduces the risk of complications and supports mothers and others to help the new baby get a healthy start in life.

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Maternal and child mortality in Nigeria: the facts

- Nigeria, the most populous country in Africa, constitutes just 1% of the world's population but accounts for 10% of the world's maternal and under-5 mortality rates.
- 58% of women receive some antenatal care (ANC) from a skilled provider, with 45% recording four or more ANC visits. Only 16% of women had an ANC visit by their fourth month of pregnancy as recommended while more than 36% of women receive no ANC (NDHS 2008).
- A woman's chance of dying from pregnancy and childbirth in Nigeria is 1 in 13 compared to 1 in 5000 in developed countries. Only about 40% of deliveries are attended to by skilled birth attendants in health facilities
- Very few pregnant women go through the full continuum of care, which is important for safe motherhood.
- The maternal mortality ratio in Nigeria is 545 per 100,000 live births with the highest ratio in the north east (1549 per 100,000) and the lowest in the south west (165 per 100,000) – NDHS 2008
- An estimated 241,000 newborns die annually in Nigeria and the neonatal mortality rate is 40 per 1000 live births (NDHS 2008).
- Only 23% of children aged 12-23 months receive all recommended vaccinations. Vaccination coverage varies widely by residence and zones; 40% of children in the urban areas are fully vaccinated compared to only 16% in the rural areas. Overall, about 29% of children are estimated not to have received any vaccination – NDHS 2008.

A woman's chance of dying from pregnancy and childbirth in Nigeria is 1 in 13 compared to 1 in 5000 in developed countries.

On average, 119 women die every day in Nigeria from complications of pregnancy, labour or childbirth.

What you can do to help reduce maternal and child illness and deaths in Nigeria



Policymakers:

As a policymaker, you can support in reducing maternal and childhood illness and deaths by:

- Facilitating and supporting enabling policies at national, state and local government levels that will promote maternal and child health for all Nigerians.
- Creating an enabling environment that supports the survival of pregnant women and newborns.
- Keying into the SURE-P Maternal and Child Health (MCH) project by increasing funding for maternal and child health.

Policy Implementers (Technocrats):

You can bring positive changes to health care delivery in your states by owning the programme, providing supportive supervision and monitoring the implementation of existing maternal and child health care programmes in your states, local governments and communities.

- Support the implementation of Subsidy Reinvestment and Empowerment Programme (SURE-P) on Maternal and Child Health (MCH).
- Coordinate other maternal and child health programmes implemented alongside the SURE-P MCH, e.g. Midwives Service Scheme.
- Provide an enabling working environment for midwives posted to rural areas including their retention in areas of work.



Religious Leaders:

Be advocates of healthy living, encourage your congregation to visit health facilities. Use faith-based messages to promote antenatal care (ANC) attendance and delivery by skilled birth attendants.

Traditional Leaders:

You can change the lives of your communities for the better.

- Mobilise families towards improved health seeking behaviour.
- Encourage male involvement so as to foster ownership of the programme by the people, ensuring wives are allowed to:
 - Attend antenatal care (ANC) sessions
 - Deliver under the supervision of skilled birth attendants
 - Attend postnatal care two days after delivery
 - Ensure the child is fully immunised..

Law Makers:

Initiate, advocate and pass bills to improve funding for maternal and child health care services. Carry out oversight functions to ensure effective implementation of policies by the responsible agencies.

Traditional Birth Attendants (TBAs):

A caring TBA counsels pregnant women to attend ANC sessions and promptly refers and/or accompanies all women in labour to a health facility for delivery with a skilled birth attendant.

Non-Governmental Organisations (NGOs)/Civil Society Organisations (CSOs), Community Based Organisations (CBOs) and Faith-Based Organisations (FBOs):

Should involve themselves in the promotion of good health practices in their communities.

Health Service Providers:

Be committed to your duties, provide accurate information, and be courteous to your clients.

Ward Development Committee (WDC) Members:

The promotion of good health practices improves the community's wellbeing.

- Promote good health practices in your community through community mobilisation and participation to ensure ownership of the programme.
- Create awareness about the importance of antenatal care (ANC) attendance and delivery by a skilled birth attendant.

Media (Executives, Producers, Health Correspondents, etc.):

- Be supportive of the SURE-P MCH project.
- Report positively and responsibly.
- Use factual/evidence-based information for objective journalism.
- Use media to create awareness about ANC attendance and importance of delivery in a health facility/under the supervision of skilled birth attendants.

Family Members (Heads of Households, Mothers-in-Law, Sisters-in-Law, Fathers-in-Law):

You have a role to play in ensuring safe motherhood by encouraging pregnant women to attend ANC sessions and deliver at the health facility.

General Public:

Safe motherhood is everyone's business.

- Everyone has an important role to play in ensuring a reduction in maternal and child illness and deaths in the country.
- Promote ANC attendance and delivery by skilled birth attendant in your community.



Everyone has an important role to play in ensuring a reduction in maternal and childhood illness and deaths in the country. Promote antenatal care (ANC) attendance and delivery by skilled birth attendant in your community.

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SURE-P MCH at a Glance



The Subsidy Reinvestment and Empowerment Programme (SURE-P) was set up to efficiently manage financial resources accruable from fuel subsidy removal effective from January 2012. As a result, a combination of programme interventions was designed to cushion the effect of subsidy removal, mostly on the vulnerable population in Nigeria. The programmes include maternal and child health (MCH), community services, employment schemes, mass transit programmes, vocational training, road works and rail transport.

The federal government is committed to channelling its own share of the subsidy reinvestment funds into a combination of programmes to stimulate the economy and alleviate poverty through critical infrastructure and safety net projects. This includes Maternal and Child Health (SURE-P MCH), among others. The SURE-P MCH funds will be used to increase accessibility to and utilization of maternal and child health services by the rural population.

Background

Maternal and child mortality trends in Nigeria are showing improvement but are still unacceptably high despite several efforts aimed at reducing the incidence. Although Nigeria only represents 2% of the world's population, the country currently accounts for about 10% of the world's maternal and under-5 deaths.

Maternal mortality ratio (MMR) in Nigeria is 545 per 100,000 live births (NDHS 2008). However, there exists wide variation across the geo-political zones. The North East zone has the highest MMR - 1549/100,000 live births compared to 165/100,000 in the South West zone. There are also rural-urban variations. In addition, an estimated 250,000 newborns die annually in Nigeria and the neonatal mortality rate is 48 per 1000 live births.

Although 58% of women receive some antenatal care from a skilled provider, only 35% of deliveries occur at health facilities (20% in public sector and 15% in private sector facilities), with 62% of births occurring at home (NDHS 2008). As the nation that holds the key to Africa's progress towards



the attainment of MDGs focused action, it is critical to reverse this trend.

Project Duration

The SURE-P MCH Project is programmed to run for four years from 2012 to 2015.

Project Coverage

In its first year, the project will target 500 primary health care facilities, focusing on those located in rural and under-served communities. Subsequently, there will be a continuous scale-up to cover more facilities spread across the six geo-political zones of the country including the Federal Capital Territory.

Rationale

International experience from several countries including Indonesia, Brazil and Iran has demonstrated that the impacts of petroleum subsidy removal on the poor can be mitigated through well-targeted social safety net programmes. Investing in maternal, newborn and child health along the continuum of care from pre-pregnancy to childhood will not only strengthen Nigeria's health system but will also increase efficient delivery of health services.

Goal

The goal of SURE-P MCH Project is to contribute to the reduction of maternal and newborn morbidity and mortality and firmly place Nigeria on track to achieving MDGs 4 & 5 through the utilization of cost-effective supply and demand side interventions and by creating a social safety net mechanism.

Objectives

The objectives of the SURE-P MCH Project are to:

- Increase the availability of skilled health workers able to provide maternal and child health services at the primary health care level.
- Provide visible infrastructural upgrades to primary health care centres (PHCs).
- Increase supply of essential service commodities at the primary health care centres in order to improve service delivery.
- Increase the demand for MCH services in vulnerable communities through the use of conditional cash transfer (CCT) and community engagement at the grassroots.

Interventions

There are two key interventions:

1. Supply side (provision of basic primary health care services by midwives and community health workers).
2. Demand side (provision of CCTs to pregnant women).

The supply component would:

- Increase both infrastructure and human resources to improve health service delivery, upgrade PHC infrastructure, scale up the number of health workers and provide a combination of various levels of trained health workers (midwives, community health workers (CHWs) and village health workers (VHWs)) to guarantee adequate antenatal, delivery, and postnatal health care for women and their babies.
- Create a targeted approach to engage states and communities through state liaisons and Ward Development Committees (WDCs) to allow a deeper reach into target communities, thereby mitigating the challenges of PHC-based service delivery. Pregnant women are to access these services by enrolling at the nearest PHC.

The demand component would:

Increase the utilization of maternal and child health services in the health facilities through the use of incentives provided after fulfilment of pre-conditions. This incentive is referred to as conditional cash transfer and up to N5,000 is available to each enrollee.

Beneficiaries

The direct beneficiaries of this project are pregnant women and newborns, while the project will indirectly contribute to the socio-economic development of Nigeria through improving the lives of women and children.

Anticipated Results/Outcomes

It is expected that the gains of the project will contribute significantly towards reducing maternal and neonatal mortality rates in Nigeria. SURE-P MCH can increase ANC attendance by 52%, skilled birth attendance and postnatal care by 63%, and triple the number of women within the target communities using family planning/child spacing services by 2015¹. This will significantly reduce socio-economic, societal and individual impact attached to the loss of a mother and/or a child. SURE-P MCH will also significantly contribute to achieving the objectives of the Saving One Million Lives programme of the Federal Government of Nigeria.

Stakeholders/Partners

SURE-P MCH is implemented in collaboration with a cross-section of stakeholders. The project design enables the inclusion of relevant stakeholders as necessary in the course of implementation. These include policymakers, religious, traditional and political leaders, the media and other partners.

Management Structure

The project is being implemented by a project implementation unit (PIU) embedded in the National Primary Health Care Development Agency (NPHCDA) and supervised by the Executive Director. The SURE-P Committee inaugurated by Mr. President provides an oversight function to the project with the mandate to ensure prudent utilization of the fund.

Our Contact

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References

- ¹ SURE-P MCH Programme Concept Note

Conditional Cash Transfers (CCT): Evidence for Action



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Background

It is estimated that approximately one million women and children die every year in Nigeria from largely preventable causes. 33,000 women are estimated to die from pregnancy-related causes and 946,000 children under the age of five years die, of which 241,000 are newborns. Up to three-quarters of these deaths can be prevented using existing health care interventions.

In addition to the relatively low outcomes, the distribution of health outcomes and utilization of health services is highly inequitable. Coverage of key interventions is low and the most basic services do not reach the poorest segments. Consequently, Nigeria needs to do more to accelerate progress towards achieving Millennium Development Goals 4 and 5 by 2015.

The root causes of these poor outcomes are myriad and multi-factorial, including:

- Poverty
- Poor health status of women
- Illiteracy
- Lack of information regarding the availability of health services/providers
- Lack of control on household resources and decision-making authority
- Poor antenatal and obstetric care, both within the community and health facilities
- Absence of a trained attendant at delivery
- Inadequate referral system for emergency obstetric care
- Inadequate or lack of transportation facilities
- Absence of or poor linkages of health centres with the communities.



Conceptual Definition

Increasingly, maternal and newborn health experts are exploring ways in which demand-side barriers – or barriers women and their families face to seeking care – can be overcome, including conditional cash transfers (CCTs).

CCTs are social programmes that condition regular cash payments to poor households on use of certain health services and school attendance. CCTs generally have a double objective: first, the programmes aim to provide a safety net for the extremely poor; and second, CCTs are intended to increase the human capital investment of poor households. Payments are usually provided to women and compliance with conditions is verified by the programme.

Approach

A sub-set of CCT programmes has been used explicitly to improve maternal and newborn health. These programmes usually include one-time payments conditional on a facility birth, and payment levels are intended to cover the costs of accessing birth services in a health facility.

Results: Health Outputs (Use of health care provision)

- Cash transfers can accelerate reductions in morbidity and mortality, by working on the 'demand side' to help poorer families to overcome the economic barriers to access and use of health services.
- A good quality systematic review of six studies of CCT programmes carried out in low and middle-income countries (LMICs) such as Mexico, Nicaragua, Honduras, Brazil, Colombia and Malawi found an increase in the use of health services.
- The effect of transfers in reducing financial barriers to health care is particularly demonstrated by increased access to maternal health services in Asia.
- In nearly all studies both in low and middle-income countries, evidence suggests a positive impact of social transfers on access to health care and also an increase in effective demand for health care services.

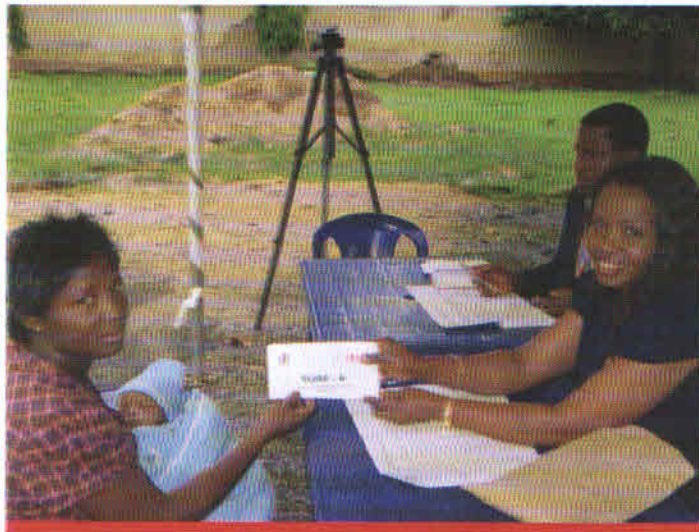
Results: Health Outcomes (Improved health)

There are some notable positive examples in which cash transfers have helped to improve health status, particularly with regard to children:

- In Mexico, the Progresa/Oportunidades CCT programme has been associated with an 11% reduction in maternal mortality.
- Oportunidades beneficiary status is also associated with 127.3 g higher birthweight among participating women and a 4.6 percentage point reduction in low birthweights.
- In rural Colombia, the incidence of diarrhoea in children under 24 months was 10.5% lower amongst children from households participating in the Familias en Accion programme than amongst children from non-beneficiary households.

Conclusion

The available evidence demonstrates that CCTs in many developing countries effectively tackle poverty, and have a positive impact on health outcomes and outputs in maternal and child health. Impact begins at the level of the recipient, where cash transfers promote improved health-seeking practices, which ultimately impacts positively on maternal and child mortality.



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SURE-P MCH and Beneficiaries



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The Subsidy Reinvestment and Empowerment Programme on Maternal and Child Health (SURE-P MCH) was set up by the Federal Government to reduce maternal and newborn mortality in Nigeria. Specific interventions have been put in place by the Federal Government to help achieve this goal.

At the centre of this plan is the pregnant woman, who must know that:

1. Selected primary healthcare centres (PHCs) have been upgraded and provided with drugs, health commodities and equipment supplies for efficient and effective service delivery.
2. The maternity ward of the referral general hospital has been well-equipped to handle any emergency case referred from the surrounding PHCs.
3. There are qualified and trained midwives at the PHC to provide effective care during pregnancy, labour and the postnatal period.
4. There are community health workers (CHWs) to work with the midwives in the PHC.
5. There are village health workers (VHWs) resident in the communities who focus on key household practices and who will periodically visit homes to provide continuous support.
6. All drugs, materials and procedures are free.
7. There will be friendly health workers at the PHC to assist with all issues related to maternal and neonatal health.

Selected primary healthcare centres (PHCs) have been upgraded and provided with drugs, health commodities and equipment supplies for efficient and effective service delivery.



Criteria for Conditional Cash Transfer (CCT)

To qualify for the SURE-P MCH cash support (i.e. Conditional Cash Transfer), the woman of child-bearing age must:

1. Be confirmed pregnant at the PHC.
2. Be registered with the SURE-P MCH programme at the PHC.
3. Obtain and keep the SURE-P registration card issued at the PHC.
4. Visit the PHC with the registration card for every clinical encounter.
5. Receive the following focused antenatal care (ANC):
 - 4ANC visits
 - Routine drugs provided during pregnancy
 - Tetanus immunizations
 - Intermittent preventative therapy against malaria in pregnancy (IPTp)
6. Deliver her baby under the supervision of skilled birth attendants (midwives) at the PHC.
7. Attend a postnatal clinic appointment within two days of delivery to check her health and the baby's well-being, receive first immunization of the baby and receive child spacing advice.

Breakdown of the Cash Support

- Registration and first ANC visit qualifies the pregnant woman for N1,000.
- Second, third and fourth ANC visits qualify her for an additional N1,000.
- Delivery at the PHC or at home under the care of a skilled birth attendant qualifies her for N2,000.
- Postnatal clinic appointment within two days of delivery and first immunization (BCG and OPV) qualify her for N1,000.

The Cash Support will be:

Paid to any qualifying woman during pay-out events at designated venues. This happens twice:

- After enrolment and registration.
- At the completion of SURE-P MCH pre-conditions. It is carried out by designated banks or payment agents.

The woman must present her SURE-P registration card and other verification documents where applicable to be eligible for receiving her cash support.

Information on cash disbursement (i.e. dates and venues) will be communicated to the woman.

SURE-P MCH expects the pregnant woman to:

- Utilize antenatal care, delivery and postnatal care services provided at the nearest PHC.
- Accept and use all commodities given to her at the PHC facility during the course of ANC, delivery and postnatal care.
- Promptly report any danger signs during the course of the pregnancy to the PHC staff.
- Promptly report any abnormality observed in the newborn.
- Complete the pre-conditions for the SURE-P MCH Conditional Cash Transfer (CCT).
- Present herself to receive the cash support from the CCT programme on organized payment days.
- Ensure that her children including the newborn are fully immunized.
- Help identify other pregnant women and refer them to the primary healthcare facility for enrolment.
- Serve as eyes for the PHC as it is communally owned

SURE-P MCH Conditional Cash Transfer (CCT) Programme

CCTs are emerging in many developing countries as a leading social protection initiative to tackle poverty and vulnerability. Evidence suggests that social cash transfers can contribute to pro-poor growth (i.e. growth that is good for the poorest in society) by providing an effective risk management tool, supporting human capital development and empowering poor households to lift themselves out of poverty. CCTs are proven versatile programmes, which largely explains why they have become so popular worldwide. The SURE-P MCH CCT intervention will work to stimulate demand for health services in the health facilities through the use of incentives provided after fulfilment of specific pre-conditions. These incentives are in the form of monetary value and referred to as Conditional Cash Transfers.

The beneficiaries of the CCT programme are pregnant women and the traditional birth attendants (TBAs) who identify pregnant women and refer them to the PHC for enrolment into the programme, antenatal care, and delivery in the presence of a skilled birth attendant.

Qualified pregnant women who satisfy all the pre-conditions will be entitled to a cash transfer of N5,000. Traditional birth attendants (TBAs) who refer or accompany pregnant women for enrolment/registration for ANC services and delivery in the presence of a skilled birth attendant will also be remunerated.

The ANC, Delivery and Postnatal Care Registers (Trend Registers) in the facility shall form the reference point for verification of the visits to which the payments are tied.

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SURE-P MCH Frequently Asked Questions (FAQs)

What is SURE-P?

SURE-P is the Subsidy Reinvestment and Empowerment Programme.

Why was SURE-P created?

The Subsidy Reinvestment and Empowerment Programme was set up to efficiently manage financial resources accruable from fuel subsidy removal effective from January 2012. As a result, a combination of programme interventions was designed to cushion the effect of subsidy removal, mostly on the vulnerable population in Nigeria.

In what areas will SURE-P be investing?

The programme's areas of investment include maternal and child health (MCH), community services, employment schemes, mass transit, vocational training, road works and rail transport.

What is the current Maternal Mortality Ratio/Neonatal Mortality Rate (MMR/NMR)?

The most recent figures from the 2008 National Demographic and Health Survey (NDHS) estimated Nigeria's overall maternal mortality ratio at 545 per 100,000 live births. An estimated 241,000 newborns die annually in Nigeria and the neonatal mortality rate is 40 per 1000 live births.

What is the target of SURE-P MCH in terms of results by 2015?

- To reduce maternal mortality ratio from the current 545/100,000 live births to 320/100,000 live births in the target communities under SURE-P MCH by 2015.
- To reduce neonatal mortality ratio from the current 9/1000 live births to 7/1000 live births in the target community under SURE-P MCH by 2015.



What is Subsidy Reinvestment and Empowerment Programme on Maternal and Child Health (SURE-P MCH)?

Subsidy Reinvestment and Empowerment Programme on Maternal and Child Health is a programme that aims at reducing maternal and newborn mortality rates in order to accelerate Nigeria's progress towards achieving MDGs 4 and 5.

Who is responsible for implementing SURE-P MCH?

The National Primary Health Care Development Agency (NPHCDA) has been vested with the primary responsibility for the implementation of the SURE-P MCH Project through a project Implementation unit (PIU).

What does the Programme seek to achieve?

To contribute towards the reduction of maternal and neonatal morbidity and mortality in Nigeria.

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What is the Programme's area of coverage?

The SURE-P MCH will cover the 36 states and Federal Capital Territory (FCT) focusing on rural areas and under-served communities in Nigeria.

What is the duration of the project?

The programme is designed to run for a period of four years from 2012 – 2015.

Who are the target groups?

Pregnant women and newborns resident in rural and under-served communities.

What are SURE-P MCH components?

SURE-P MCH is sub-divided into supply and Demand side components. The supply side component involves increasing both infrastructure and human resources to improve health service delivery, while the demand side component serves to increase the accessibility/utilization of health services in the health facilities through the use of incentives like the conditional cash transfer (CCT).

What are the criteria for Conditional Cash Transfer?

Eligible pregnant women in targeted communities will receive cash transfers based on the following criteria:

- Register for the programme and attend first antenatal care (ANC) session - N1,000
- Complete at least three additional ANC visits - N1,000
- Delivery by skilled birth attendant (facility based) - N2,000
- Immediate postnatal care within two days of childbirth for both mother and baby, including first immunization of baby and birth spacing advice - N1,000

Who are the Stakeholders?

Federal government, state government, local government, development partners, Non-governmental organizations, faith-based organizations, implementing agencies, communities, beneficiaries and others.

An estimated 241,000 newborns die annually in Nigeria and the neonatal mortality rate is 40 per 1000 live births. SURE-P will contribute towards reduction of maternal and child morbidity and mortality in Nigeria.



An estimated 241,000 newborns die annually in Nigeria and the neonatal mortality rate is 40 per 1,000 live births. SURE-P will contribute towards reduction of maternal and child morbidity and mortality.

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