**Tittle: Towards Effective Implementation of Maternal and Child Health Programmes in Nigeria: Lessons for Policy Makers**

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**Background**

The distressing maternal and neonatal health indicators in Nigeria are not improving despite various interventions. Though progress was initially recorded in reducing maternal deaths, the number of women who die in pregnancy or from complications associated with childbirth remains significantly high in Nigeria. It has increased from 576 per 100,000 in 2013 to 814 per 100,000 in 2018.

Development partners have in many cases shut down or scaled back operations and public health experts fear that this will attenuate the health gains of the last decade as already presenting. Limited improvement in health may also be partly explained by late offset, lack of sustenance, disjointed design and non-scaling up of implementation of interventions targeting maternal and child health (MNCH).

Currently, policy recommendations which favour MNCH interventions should be designed and implemented to address fundamental etiological factors of the mother and child through a comprehensive and continuum of care approach. In a resource constrained setting, interventions should be designed to ensure efficiency and cost-effectiveness.

**Aims and Objectives**

This study aimed to examine the past experiences of MNCH programmes, with a view to identifying the enabling and constraining factors for implementation and effectiveness, and the opportunities for adaptation and programme scale-up in Nigeria.

**Methods**

An exploratory, descriptive qualitative study using multiple case study design was used for the study at the national and state levels in Nigeria. Data was collected through document review, in-depth interviews and focused group discussions and analysed using manual content analysis.

**Key Findings**

The study revealed a lack of coordination of policies and interventions either as source of evidence for initiating intervention or its evaluation. Furthermore, the scale and duration of many of the interventions was insufficient to have demonstrable impact on MNCH outcomes. A number of interventions were implemented as pilots or within the framework of vertical programmes thereby raising concerns for scaling-up for wider coverage, integration into the health system and sustainability. Hesitation and delays by the sub-national levels to pay their counterpart funds in carrying out national programmes and much dependence on external donors affects the ownership, implementation and sustainability of such programmes, which usually has a bearing in the PHC functionality in Nigeria.

**Conclusion**

This study provides important lessons for policy makers to set evidence based agendas for understanding MNCH problems and institution of relevant interventions. Early engagement of all tiers of government in national activities is key to proper implementation of programmes.