Anemia Funding and MMS Uptake:
Preliminary Report

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Overview of anemia burden and WHO MMS guidelines

- Anemia is a major public health burden in Nigeria
  - prevalence among pregnant women exceeding 60% and ranging from 55% (South west) to 71% (South-East)
  - Contributes to maternal deaths, adverse birth outcomes, and productivity losses.
- Its causes extend beyond iron deficiency to include infections, poor diets, genetic disorders, and reproductive health risks.
- WHO's 2020 guidelines recommend Multiple Micronutrient Supplementation (MMS)
  - Nigeria began piloting in 2023 as a more effective alternative to Iron and Folic Acid Supplementation (IFAS).

Aim and Objectives

- **Aim:** To establish the baseline status of anaemia funding commitment and MMS uptake in focal states, supporting evidence-driven advocacy and programming for improved maternal and child nutrition in Nigeria.
- **Objectives:**

❖ Assess current government and partner funding commitments to anaemia control and MMS in target states.

❖ Quantify the level of MMS uptake among women and children in the focal states

❖ Identify key drivers of anaemia including nutritional, infectious, genetic, and socioeconomic factors in the focal states.

❖ Identify systemic, institutional, and behavioural barriers and enablers influencing MMS delivery and uptake.

❖ Provide actionable recommendations to strengthen integration of IFAS with MMS

Methodology Snapshot

Mixed-methods	**S**urveys, KIIs, FGDs
Sampling	21 UNICEF & CS-SUNN focal states + FCT
Respondents	Policymakers, health workers, WRA, CSOs
Quantitative sample	**840 respondents** (21 states + FCT × 2 LGAs × 5 facilities × 2 respondents per facility)
Qualitative sample	• **Key Informant Interviews (KIIs):** Approximately 2–3 policymakers and program stakeholders. • **Focus Group Discussions (FGDs):** Two FGDs with pregnant women (urban and rural, 8 participants each) and one FGD with health workers (6–8 participants)

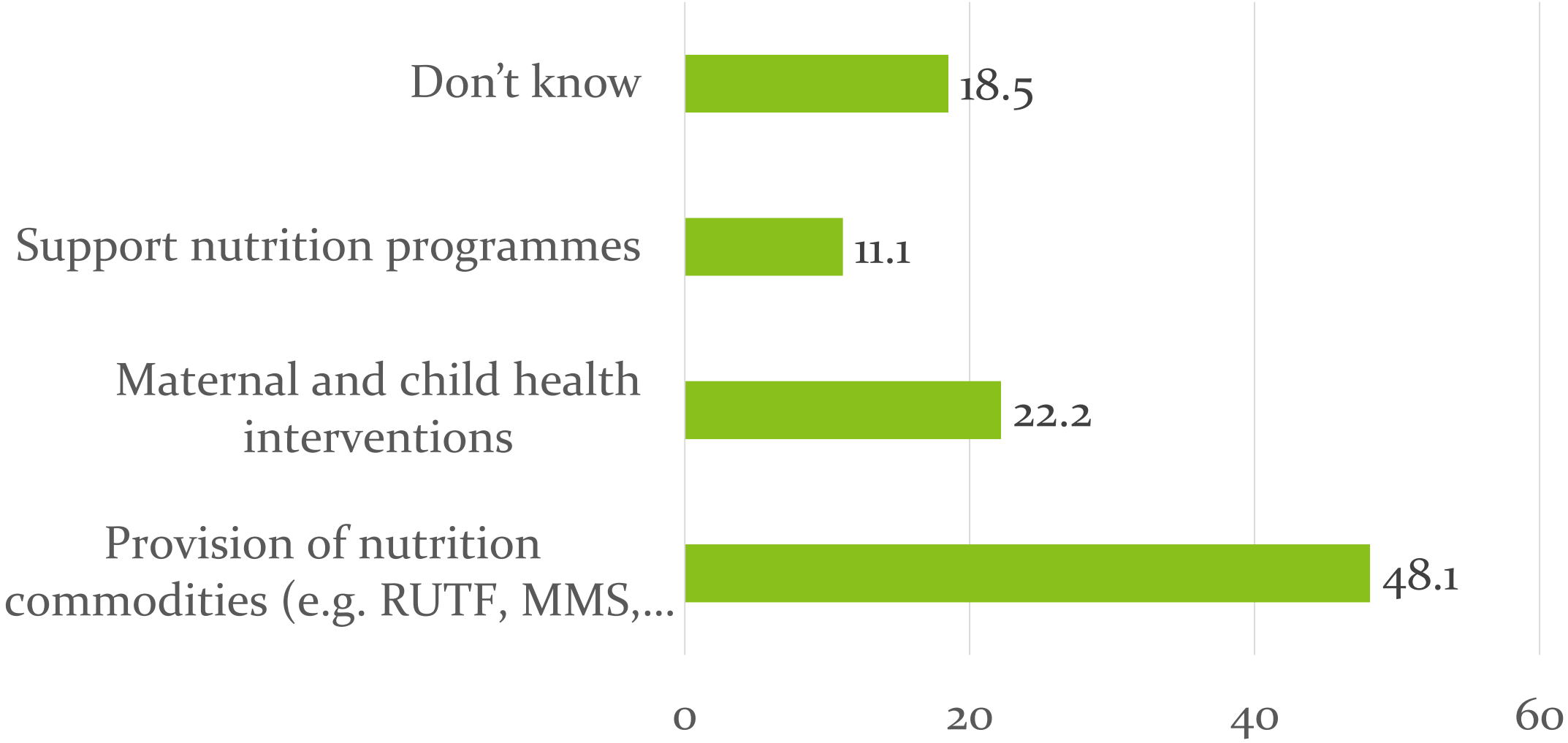
Preliminary Results

Anemia funding commitments through CNF

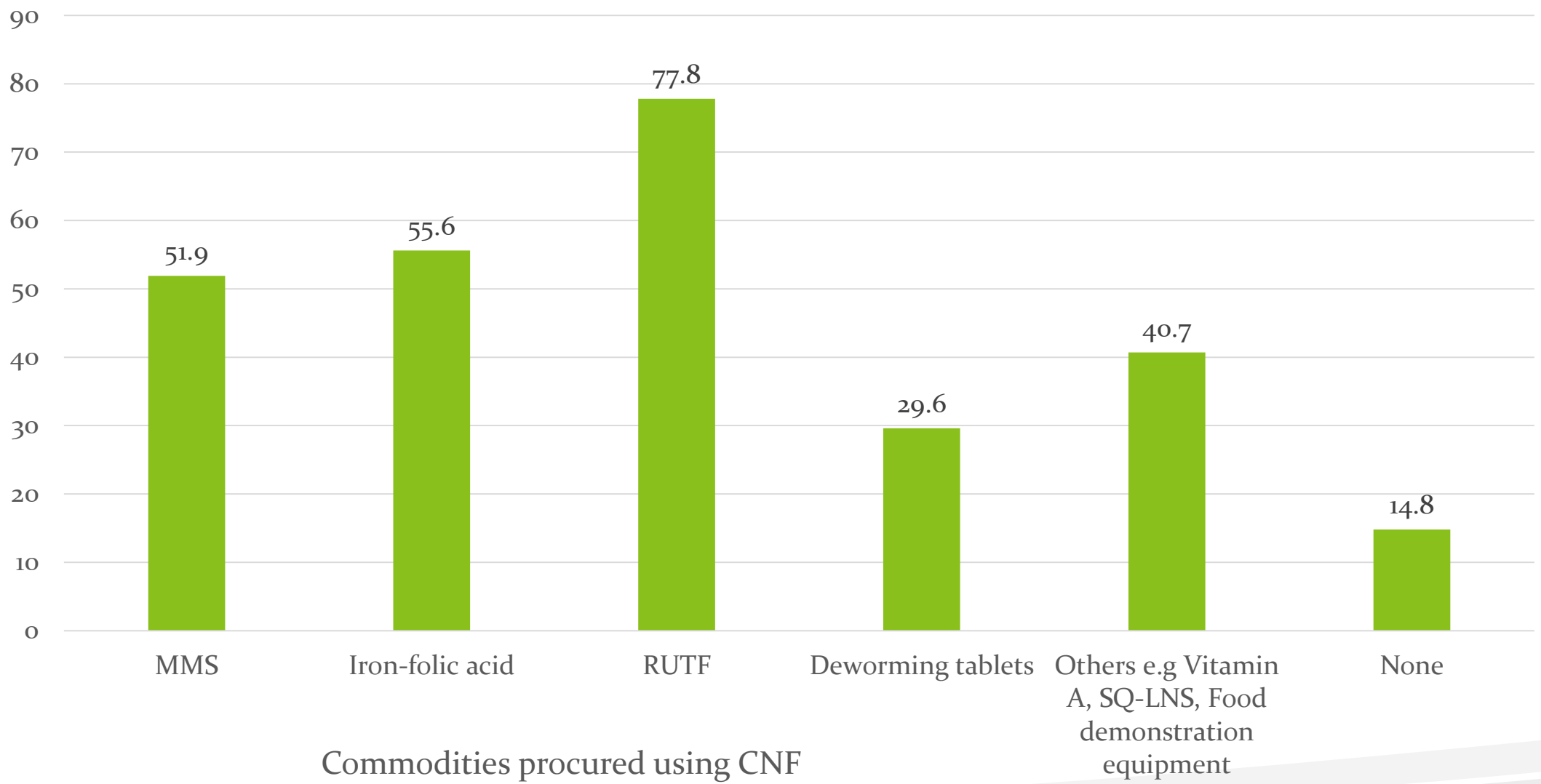
- The study found **wide variations in CNF allocations** across states between 2023–2025:
- Some states (e.g., **Bauchi, Jigawa, Sokoto**) showed steady commitments, while others (e.g., **Nasarawa, Kano, Enugu**) exhibited sharp increases in certain years.
- Over **80% of states contributed to CNF**, but most (70–90%) allocated less than ₦100 million annually for nutrition.
- **Allocations specifically for anemia interventions were particularly low**: 90% of states earmarked <₦100 million, with just a handful budgeting ₦100–₦500 million.

Child Nutrition Fund (CNF) Budget Allocation and Utilization

Variable	Amount of CNF Budget earmarked for nutrition	Amount of CNF Budget for anaemia intervention	Amount of CNF budget disbursed and utilized in the past two years	
State	2025	2025	2023	2024
Adamawa	300,000,000	0	0	100,000,000
Bauchi	100,000,000	30,000,000	30,000,000	30,000,000
Bayelsa	1,530,000	1,530,000	1,530,000	1,530,000
Borno	80,000,000	20,000,000	85,000,000	100,000,000
Enugu	200,000,000	160,000,000	0	0
FCT	300,000	300,000	0	0
Jigawa	250,000,000	50,000,000	250,000,000	250,000,000
Kano	200,000,000	200,000,000	50,000,000	20,000,000
Kebbi	6,200,000	0	4,000,000	6,200,000
Nassarawa	250,000,000	250,000,000	0	150,000,000
Niger	100,000,000	654,760	100,000,000	100,000,000
Oyo	70,000,000	30,000,000	80,000,000	85,000,000
Sokoto	50,000,000	0	0	0

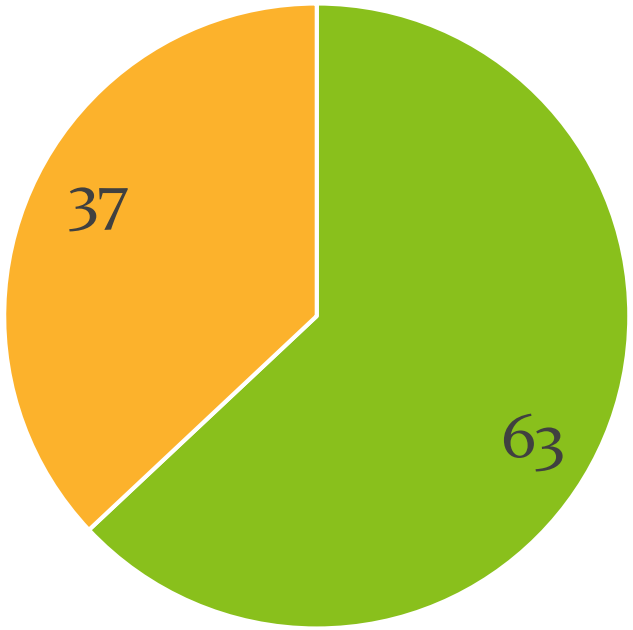


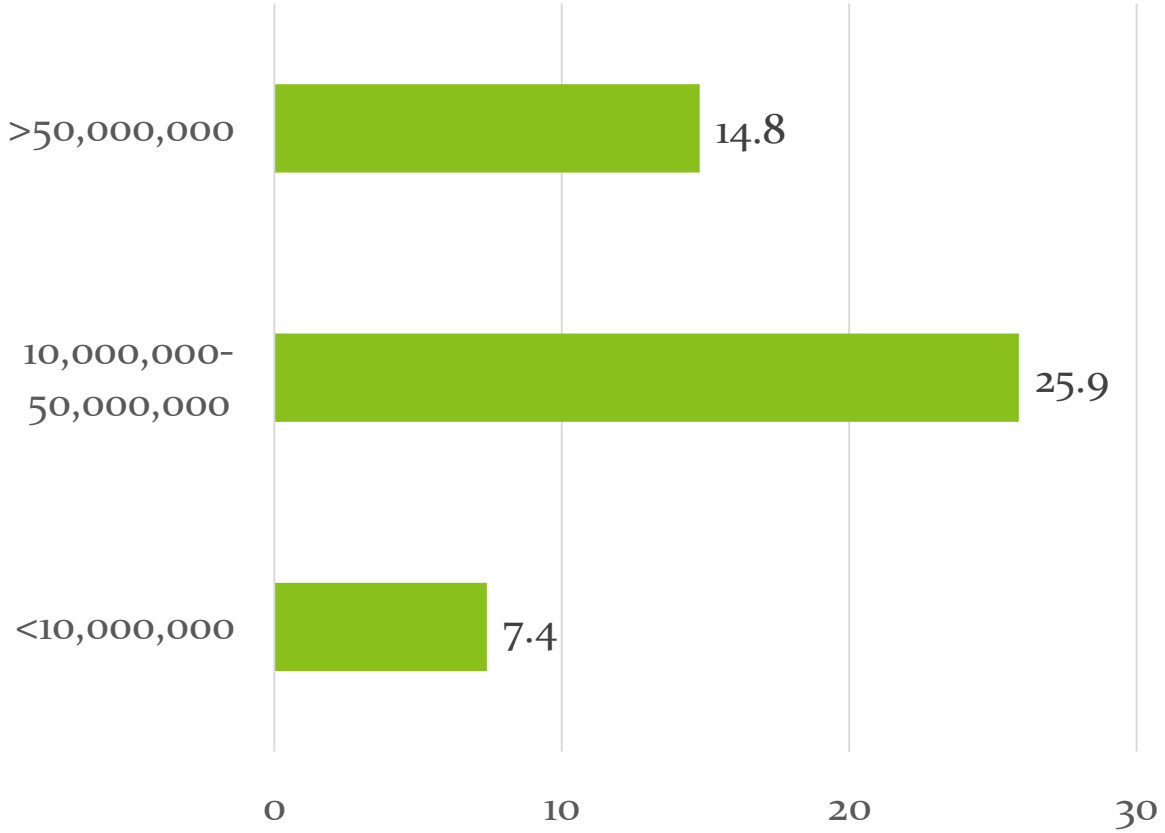
Main Uses of CNF in Nutrition Programmes



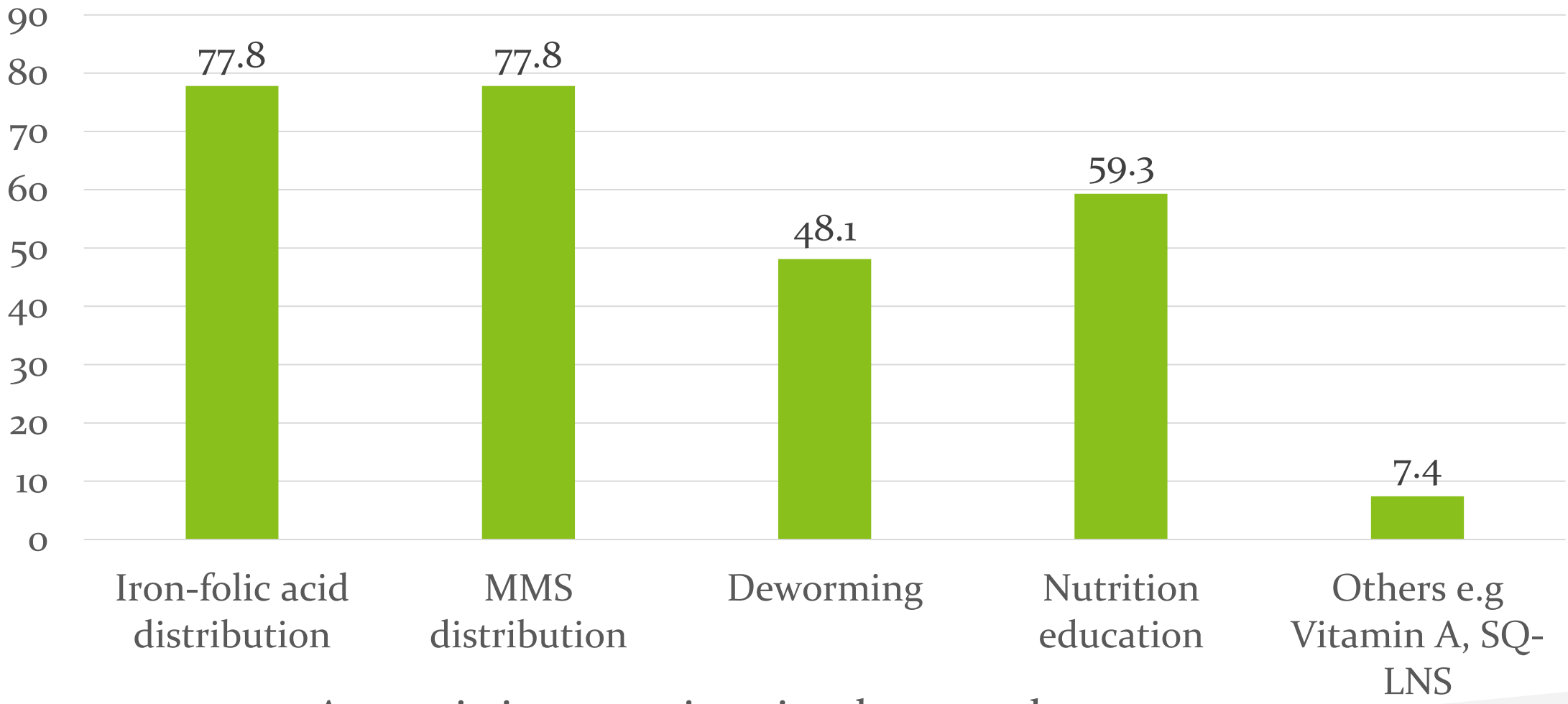
Commodities procured using CNF

Anaemia-related interventions been funded through CNF





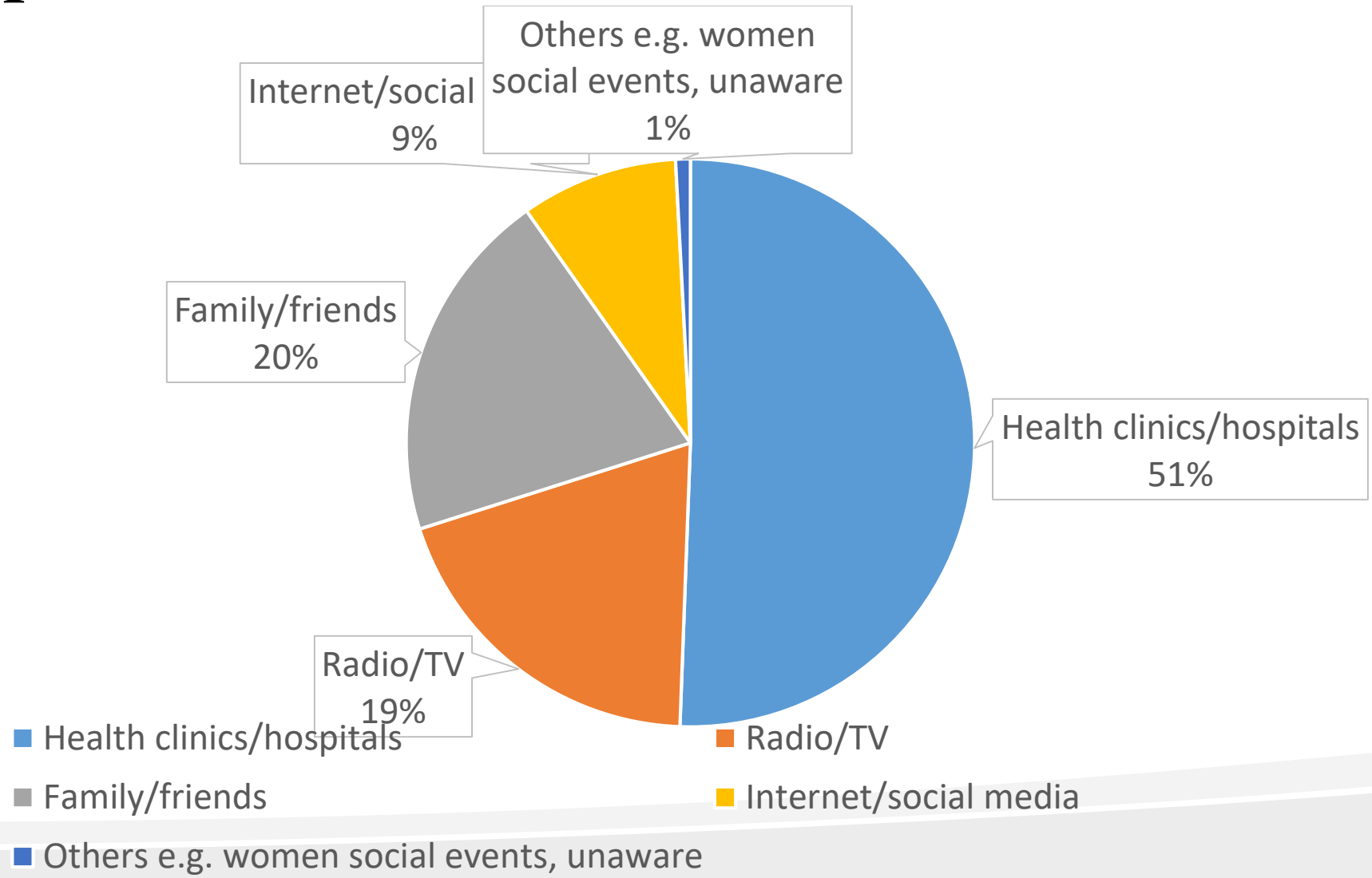
Estimate of CNF funding for anaemia-related intervention (₦)

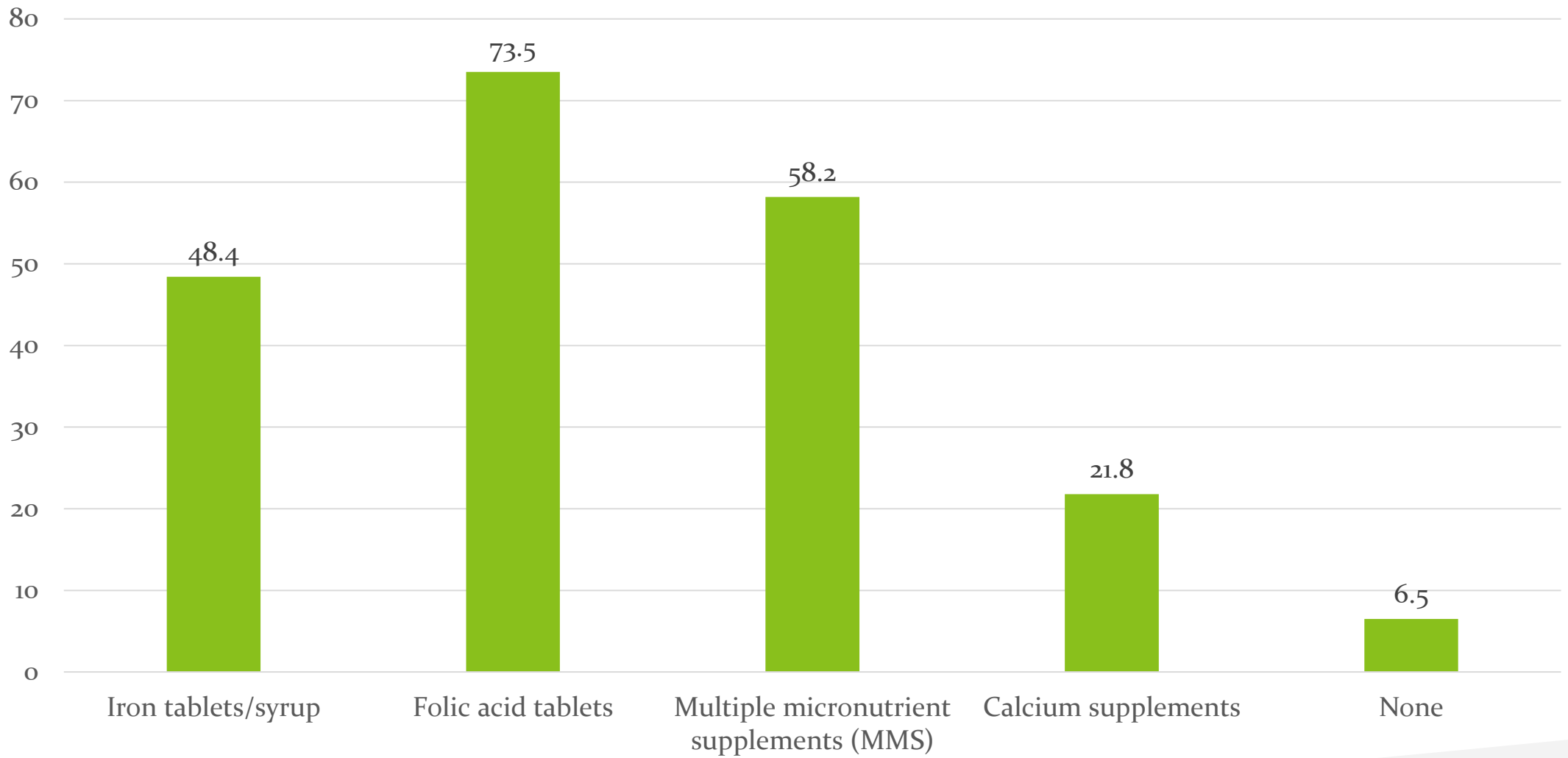


Anaemia interventions implemented

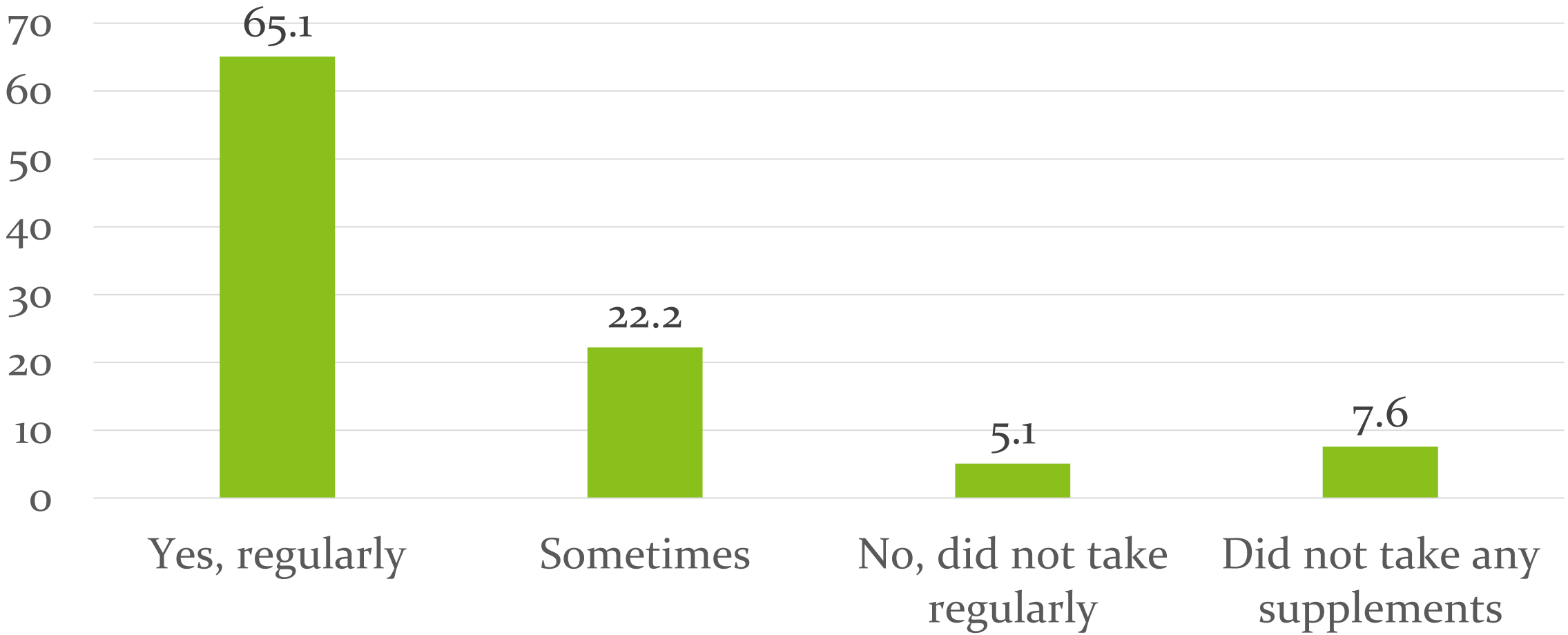
MMS Uptake Among Women and Children

Source of information about ANC and pregnancy supplements

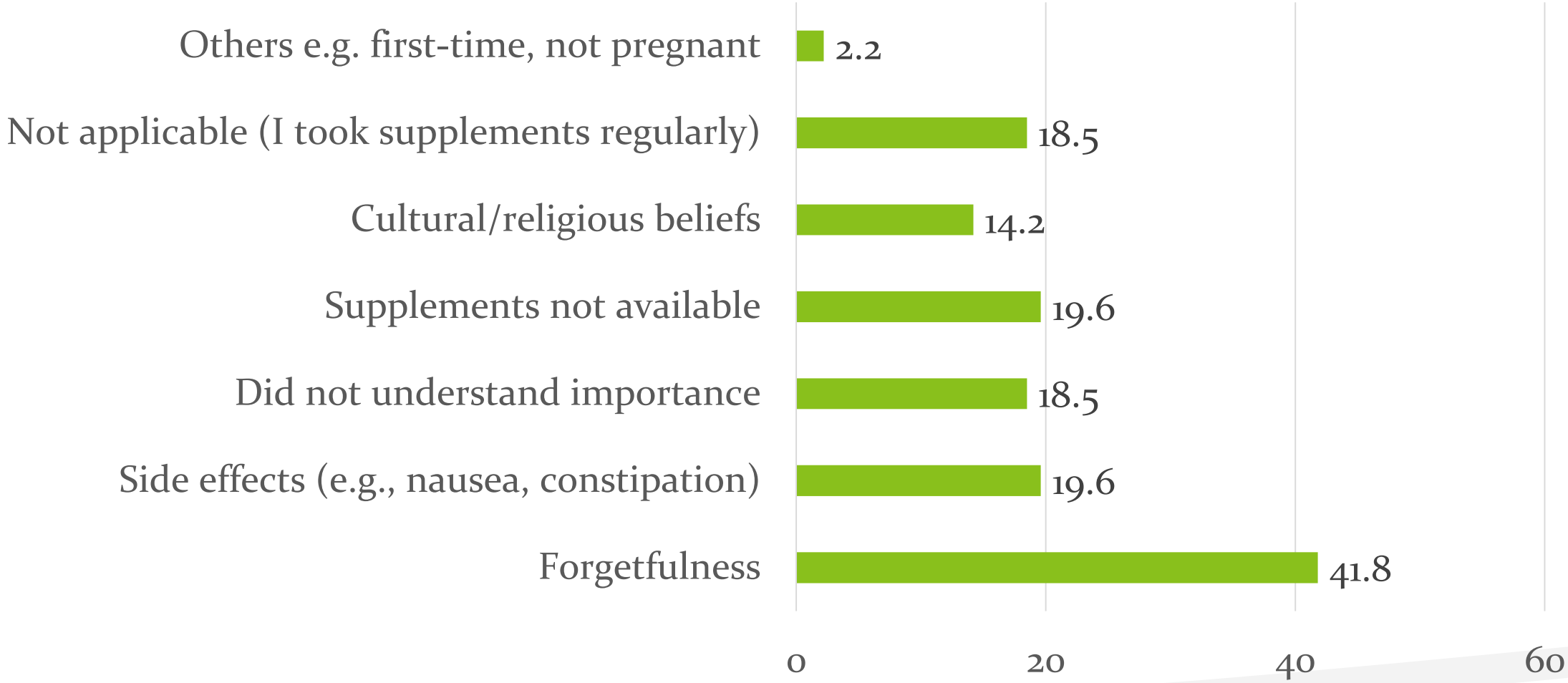




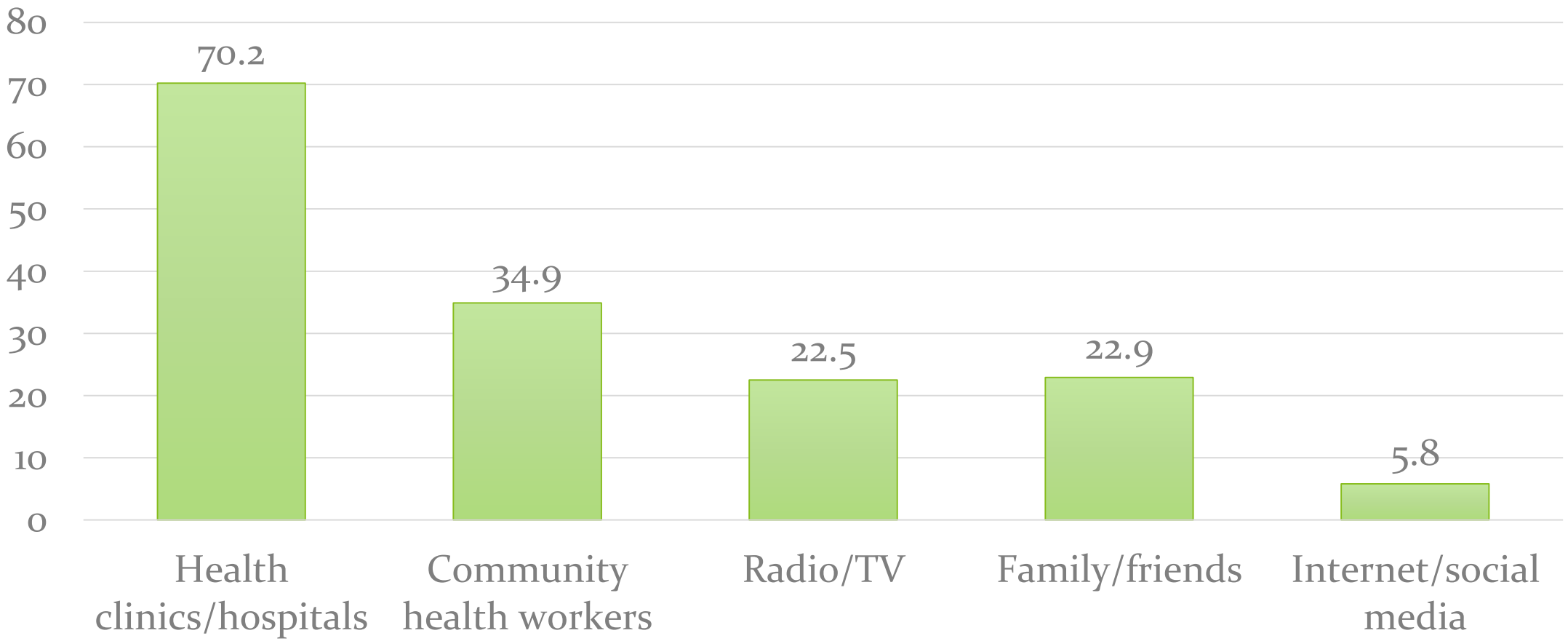
Supplements received or used during pregnancy



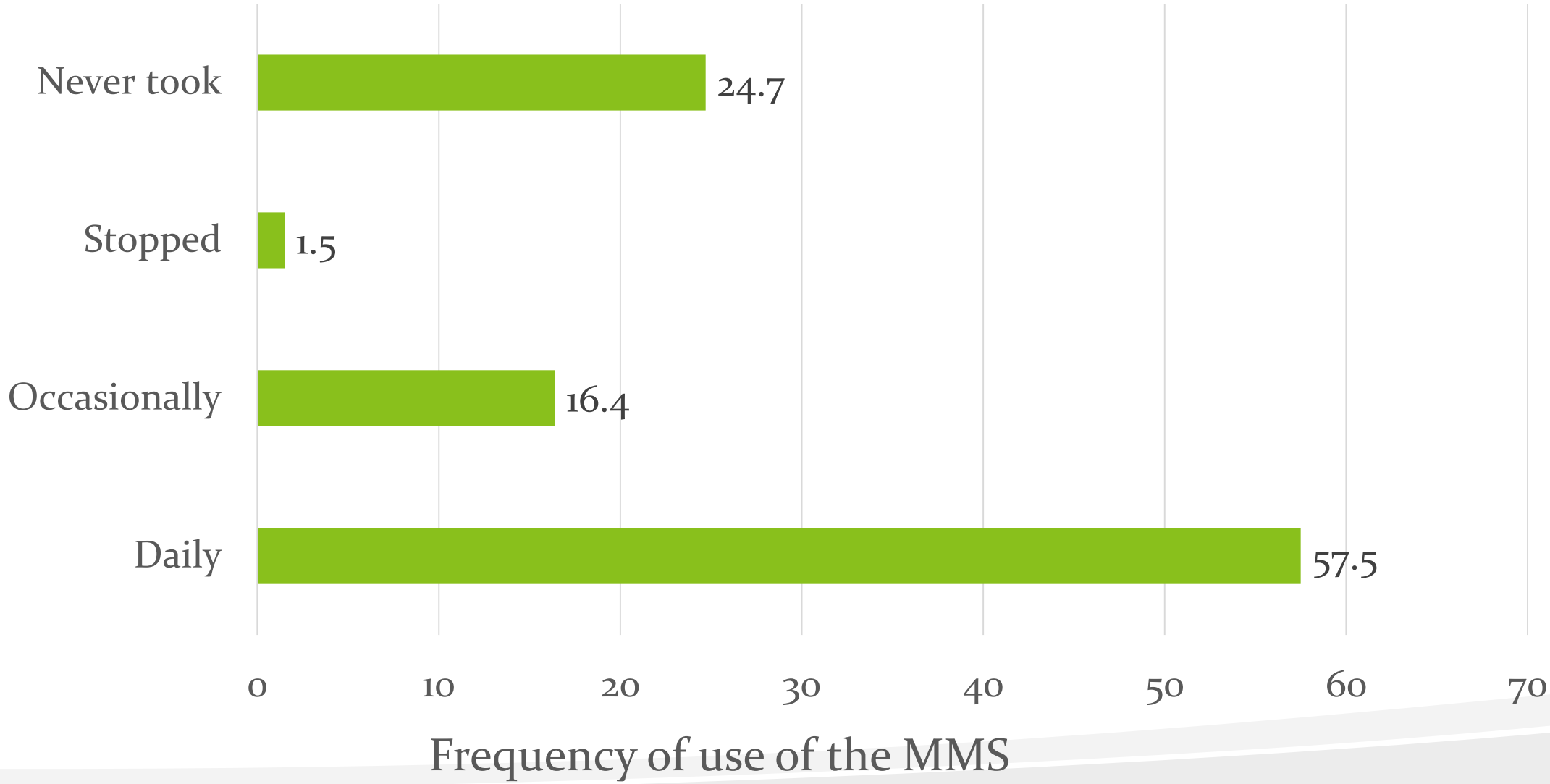
Took supplements as advised throughout pregnancy



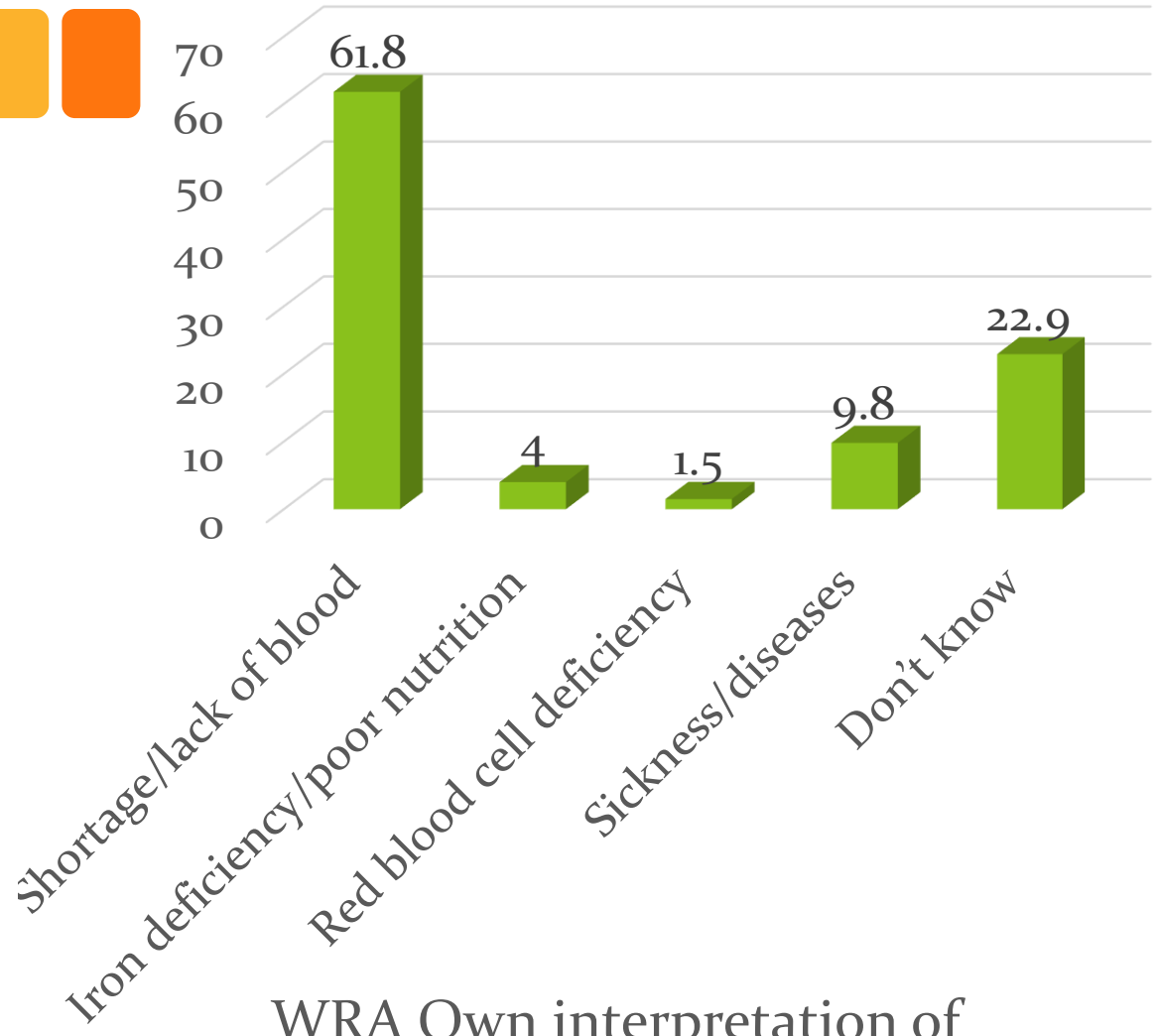
Main reasons for non-adherence



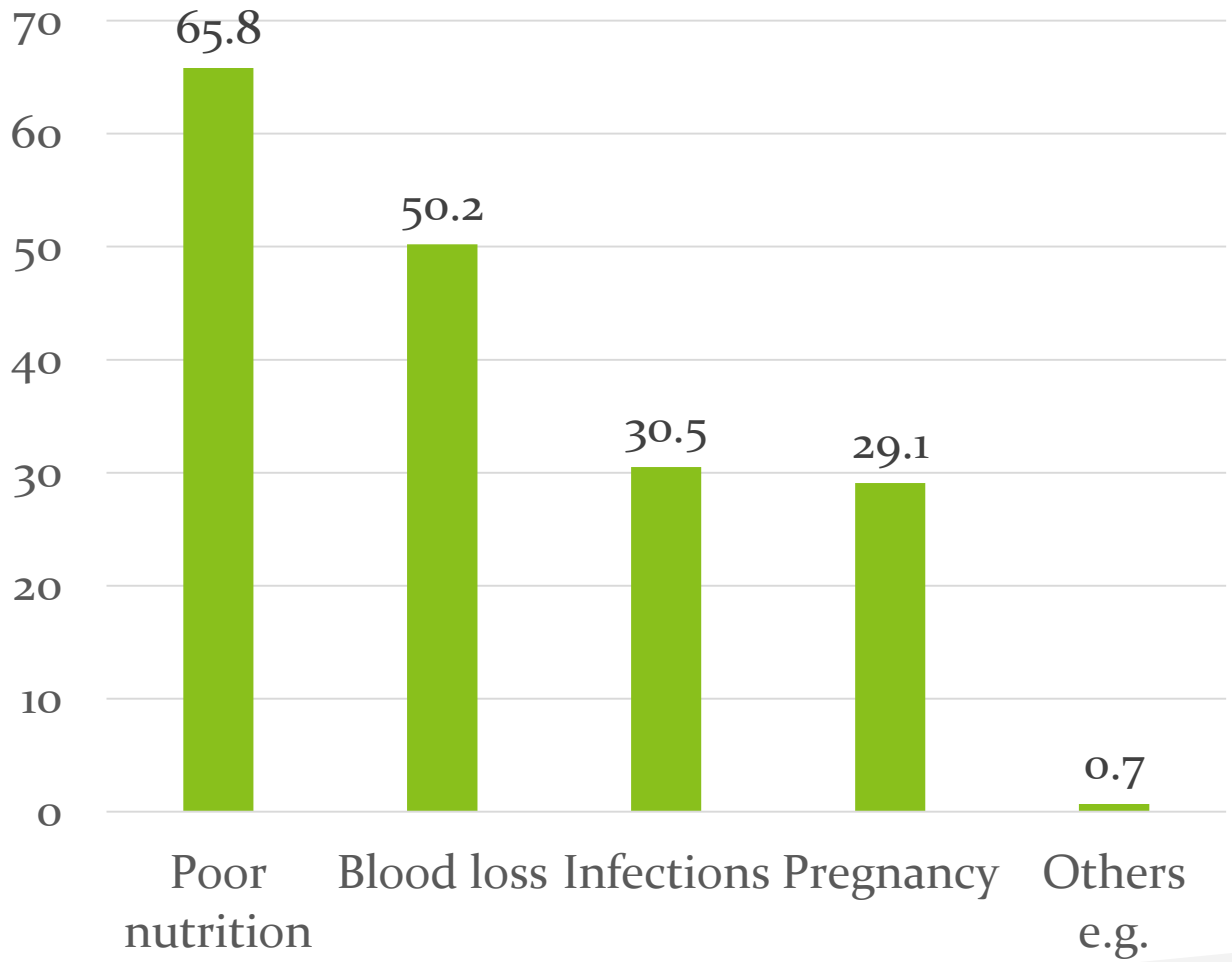
Source of information about MMS


Never took
24.7
Stopped
1.5
Occasionally
16.4
Daily
57.5
0
10
20
30
40
50
60
70
Frequency of use of the MMS

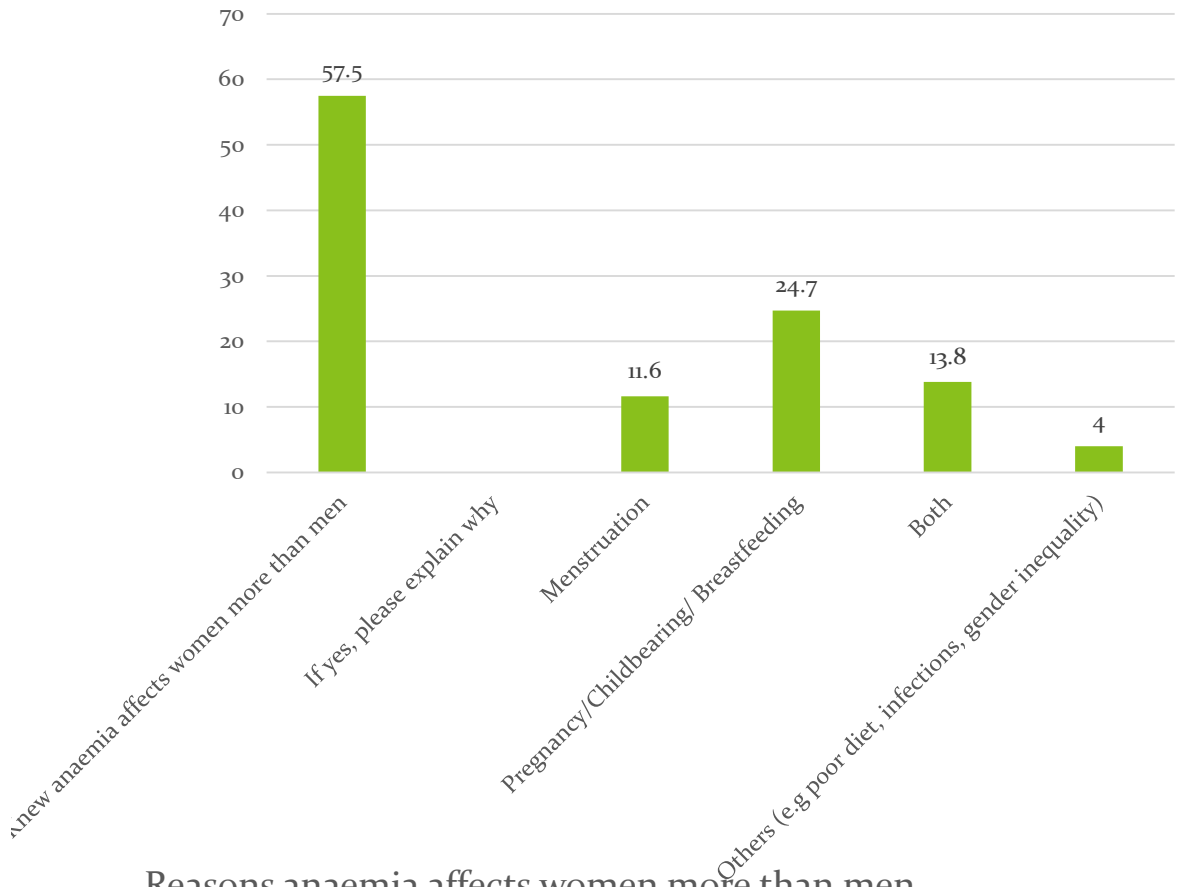
key drivers of anaemia



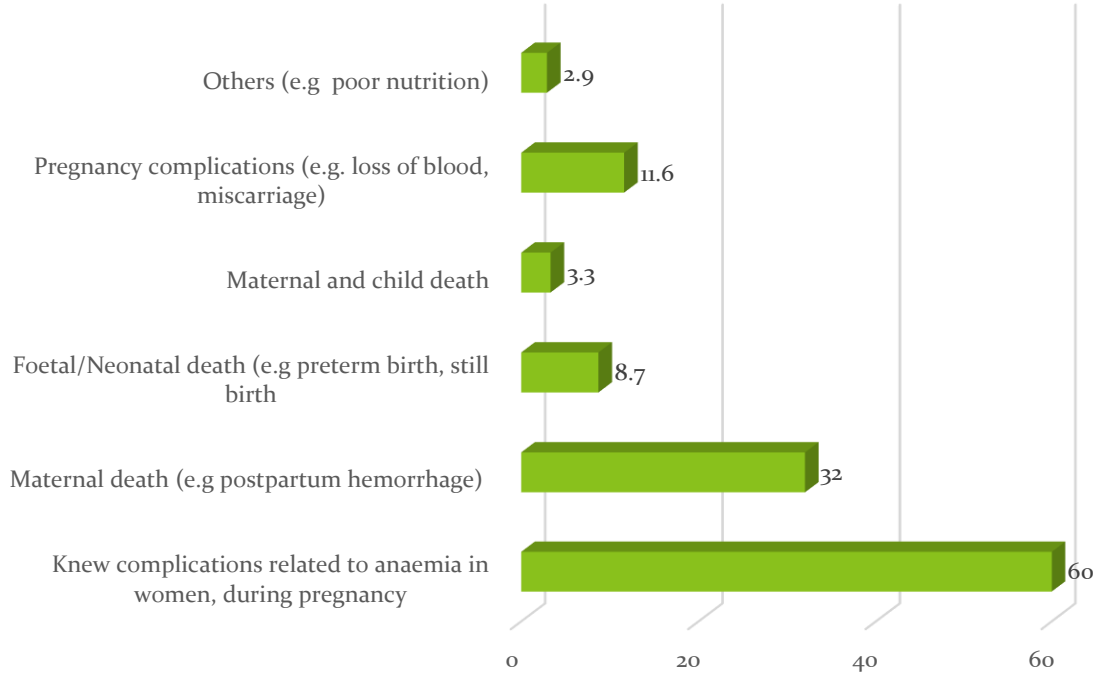
WRA Own interpretation of anaemia



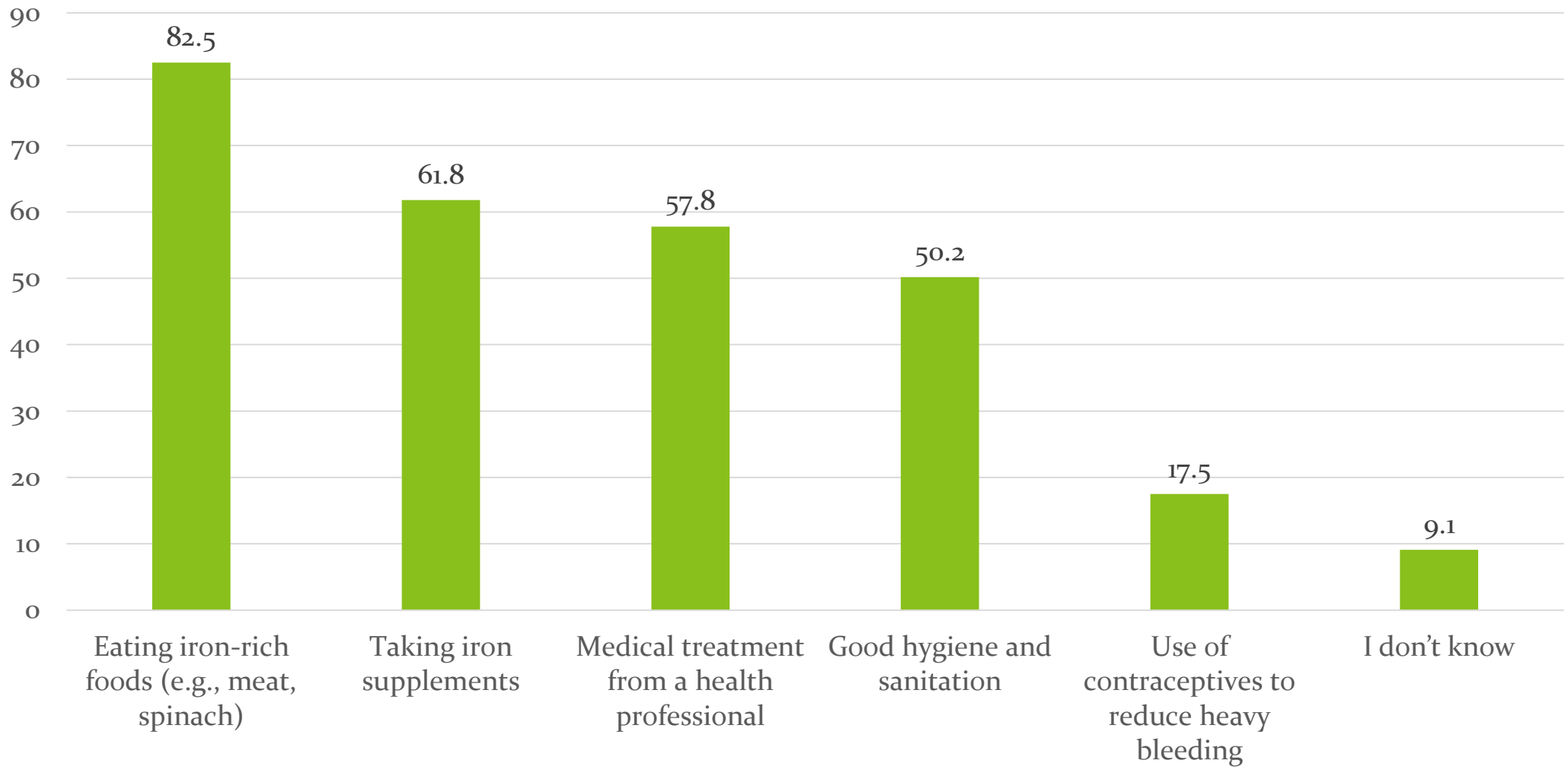
Causes of anaemia



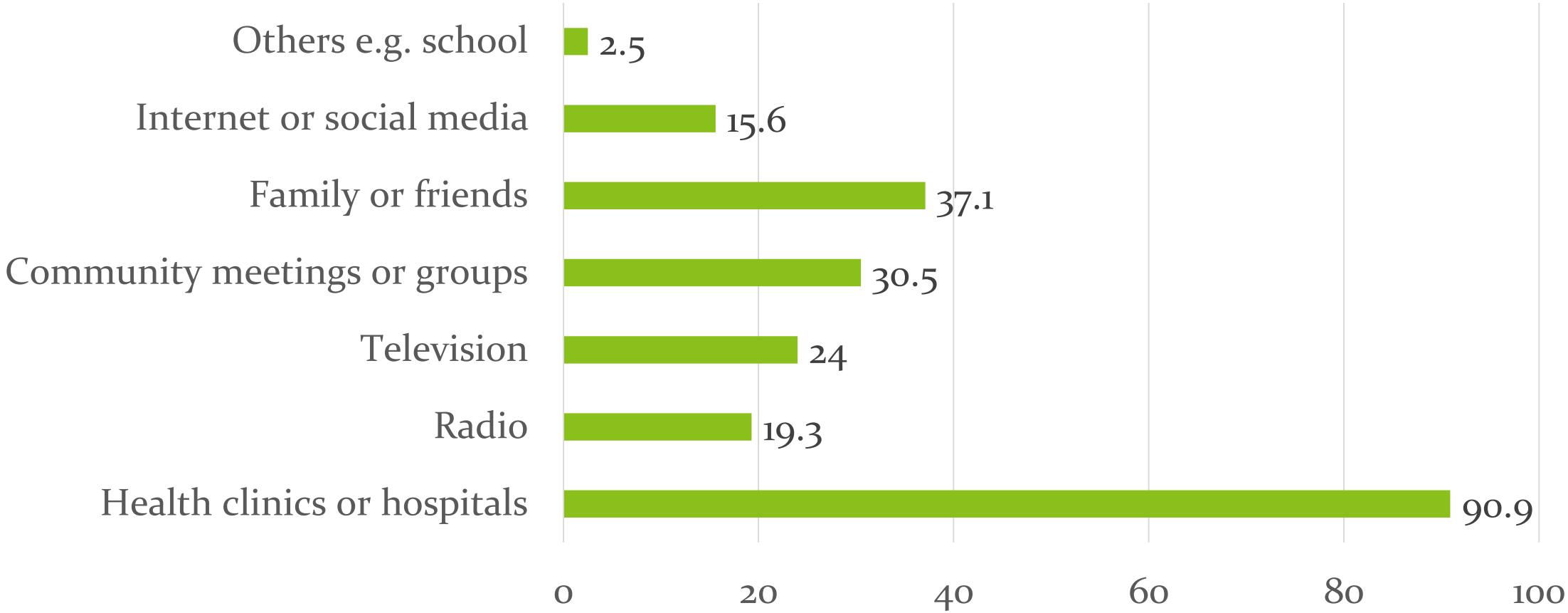
Reasons anaemia affects women more than men



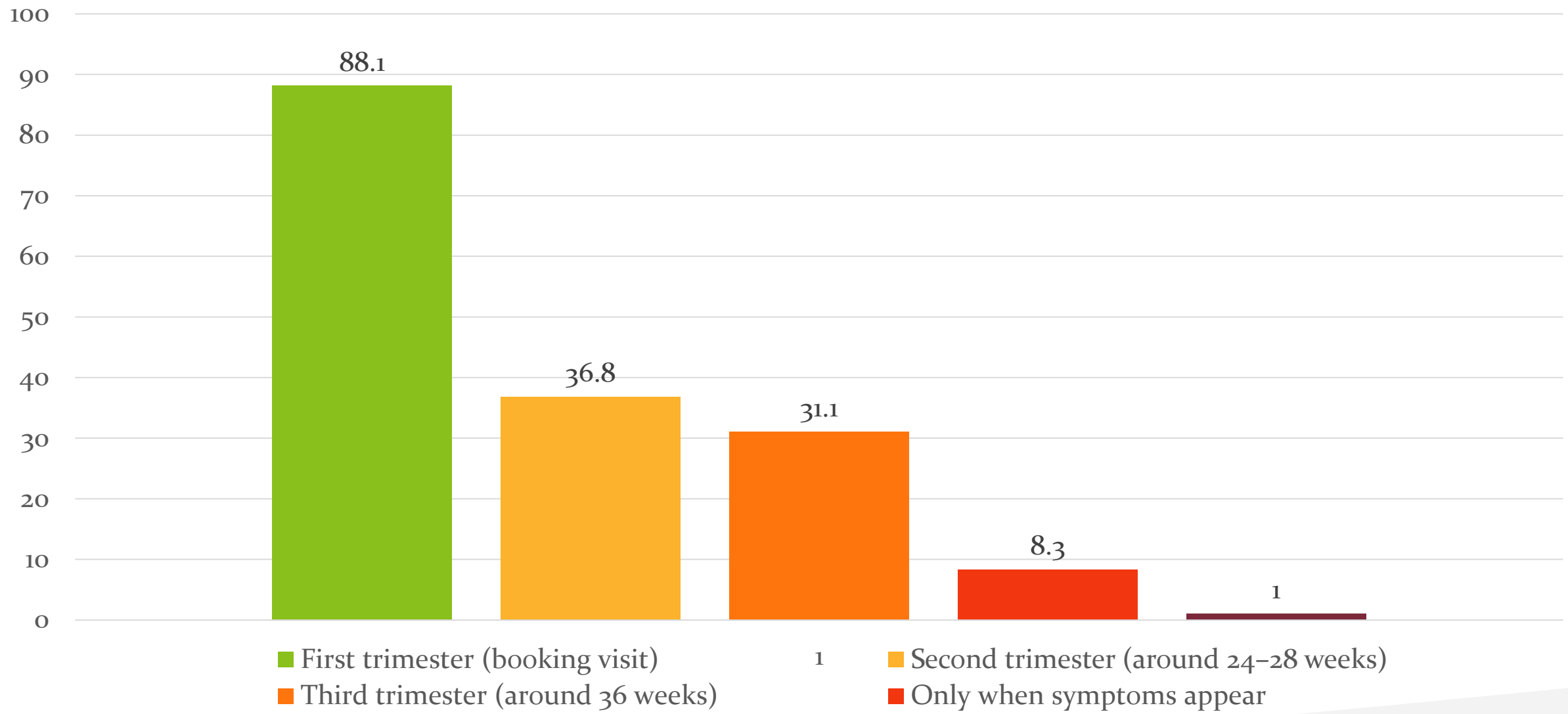
Complications related to anaemia in women, during pregnancy



Effective ways to prevent or treat anaemia

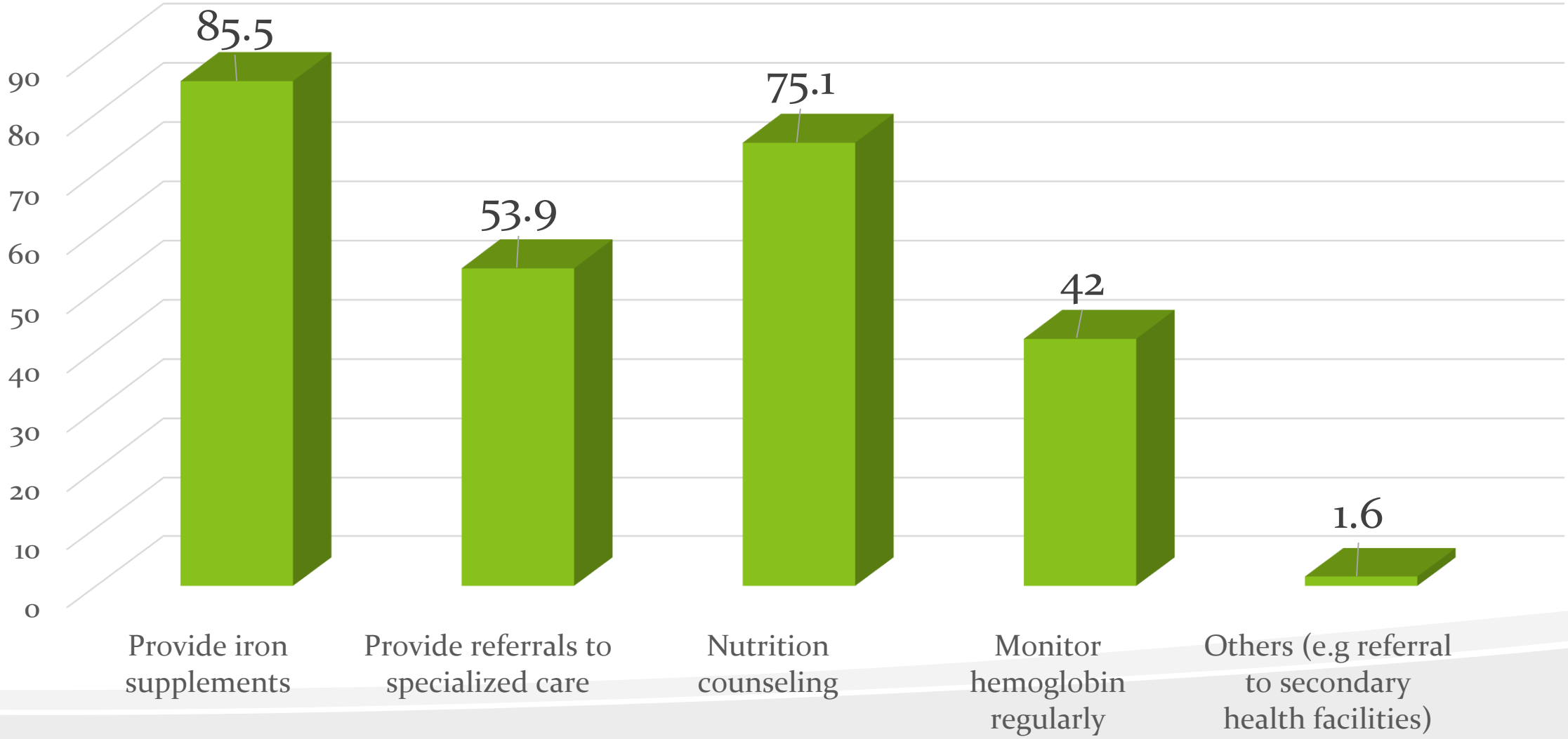


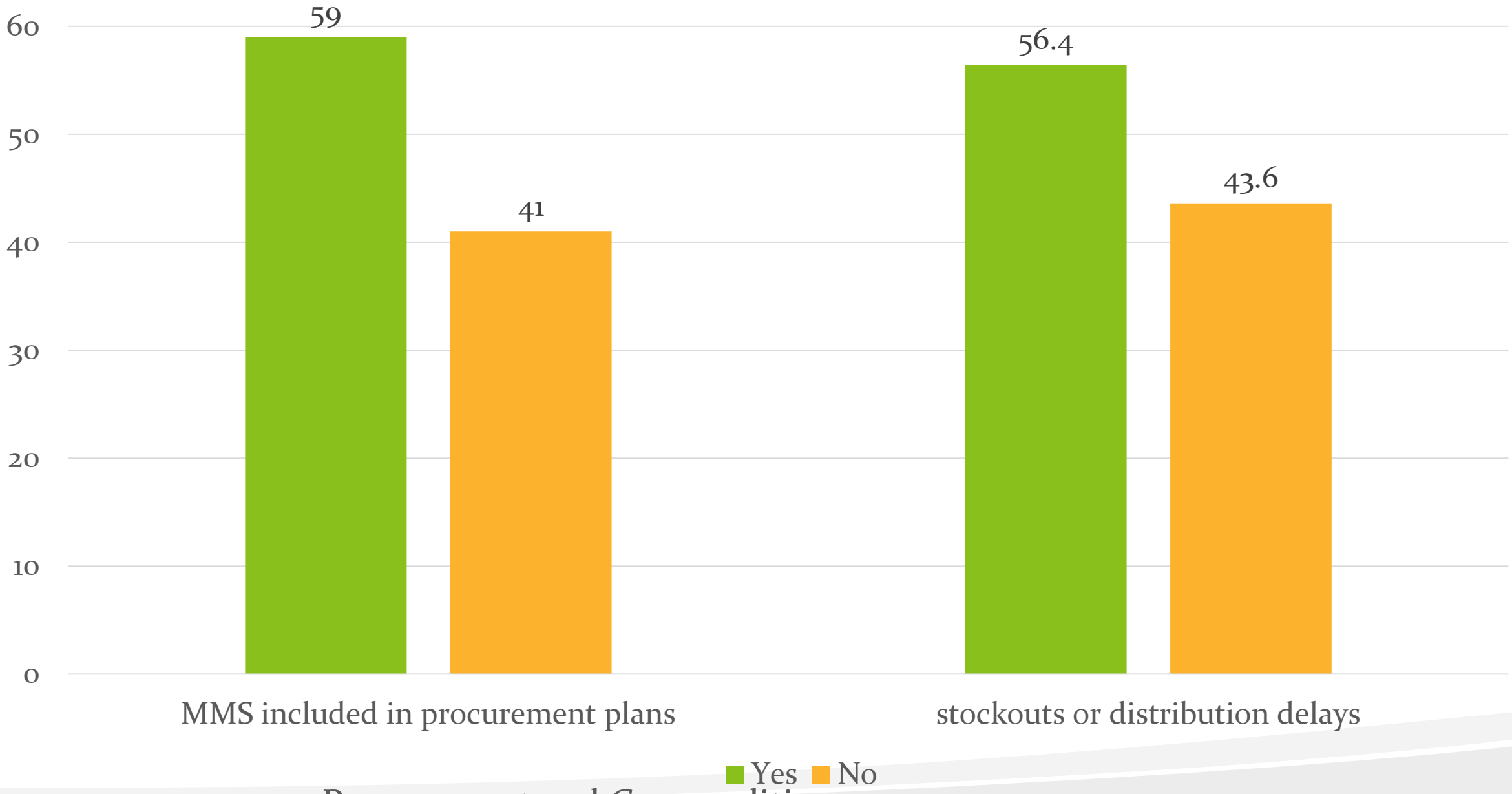
Source of information about anaemia or health in general



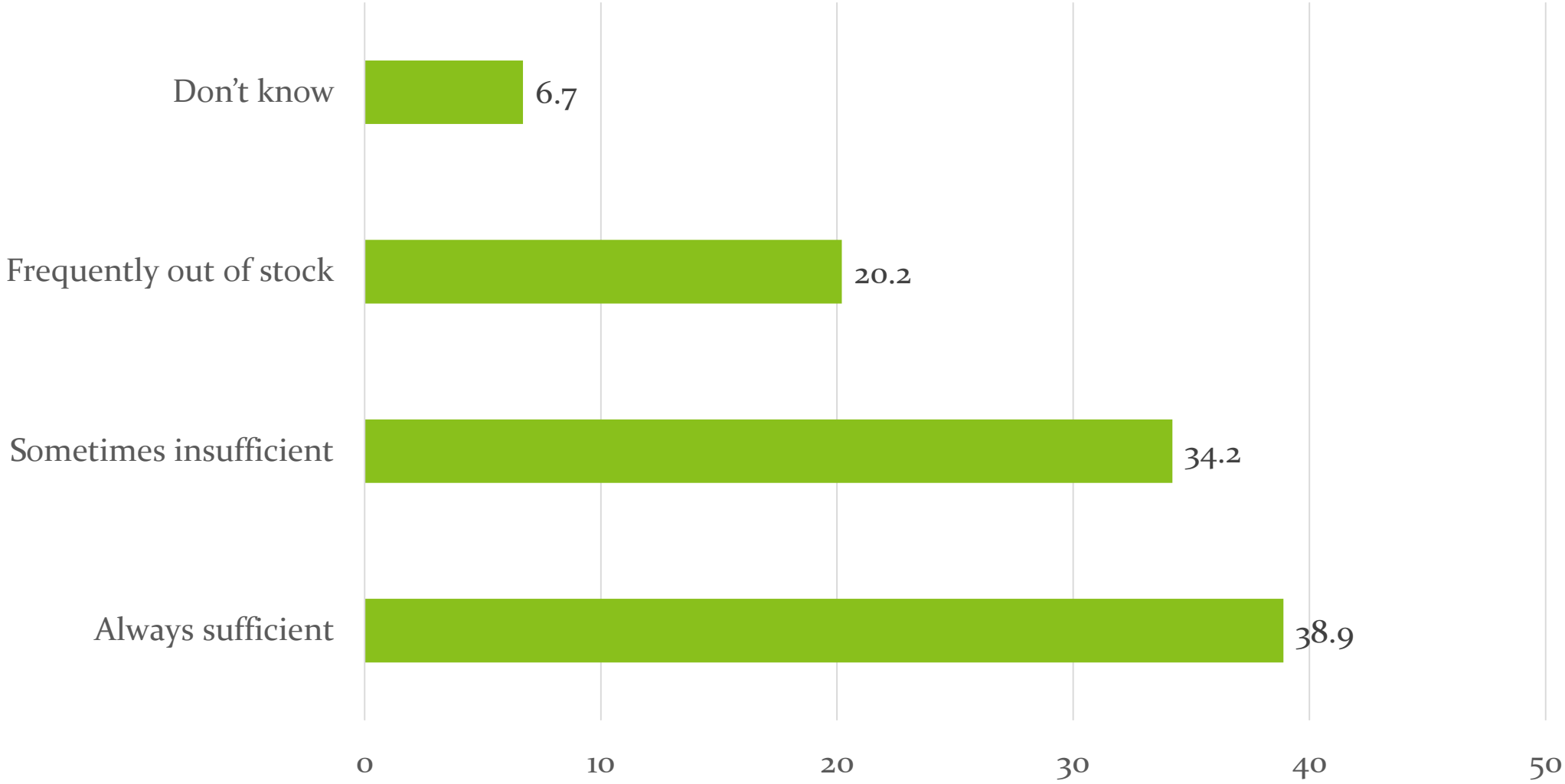
Period for anaemia screening during pregnancy in health facilities

Actions taken by facilities after diagnosing anaemia in a pregnant woman



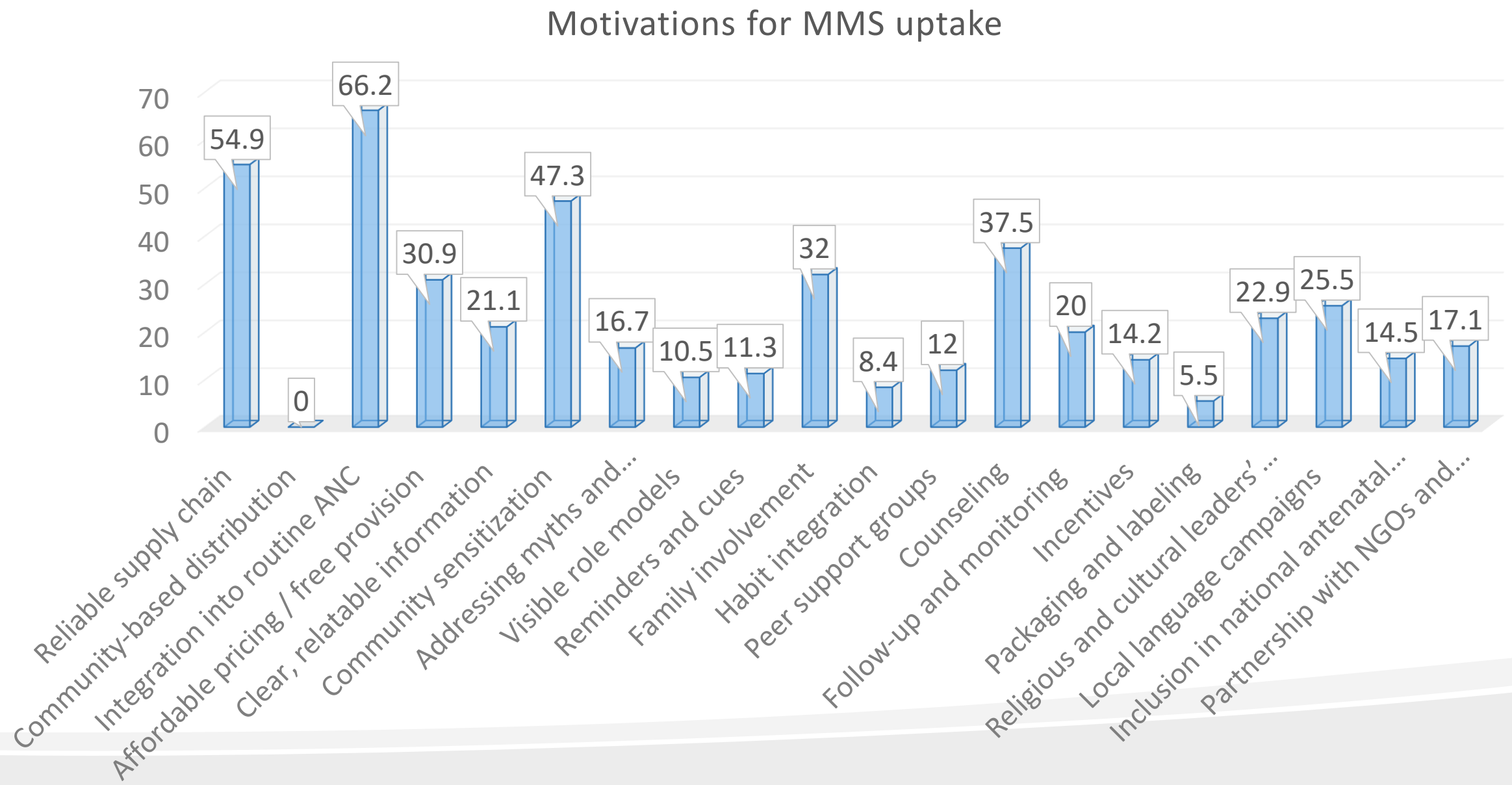


Procurement and Commodities

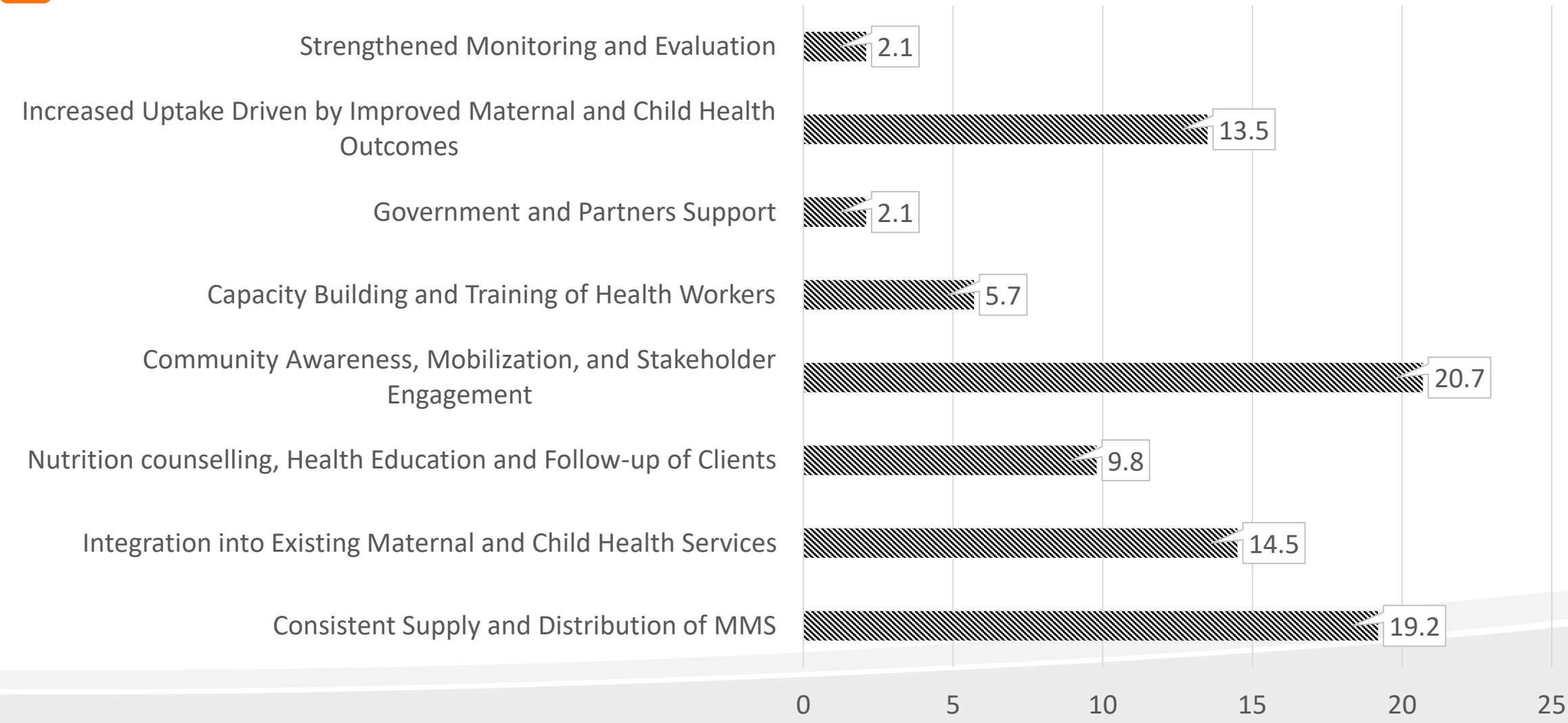


Health facility had sufficient MMS stock available to provide to pregnant women

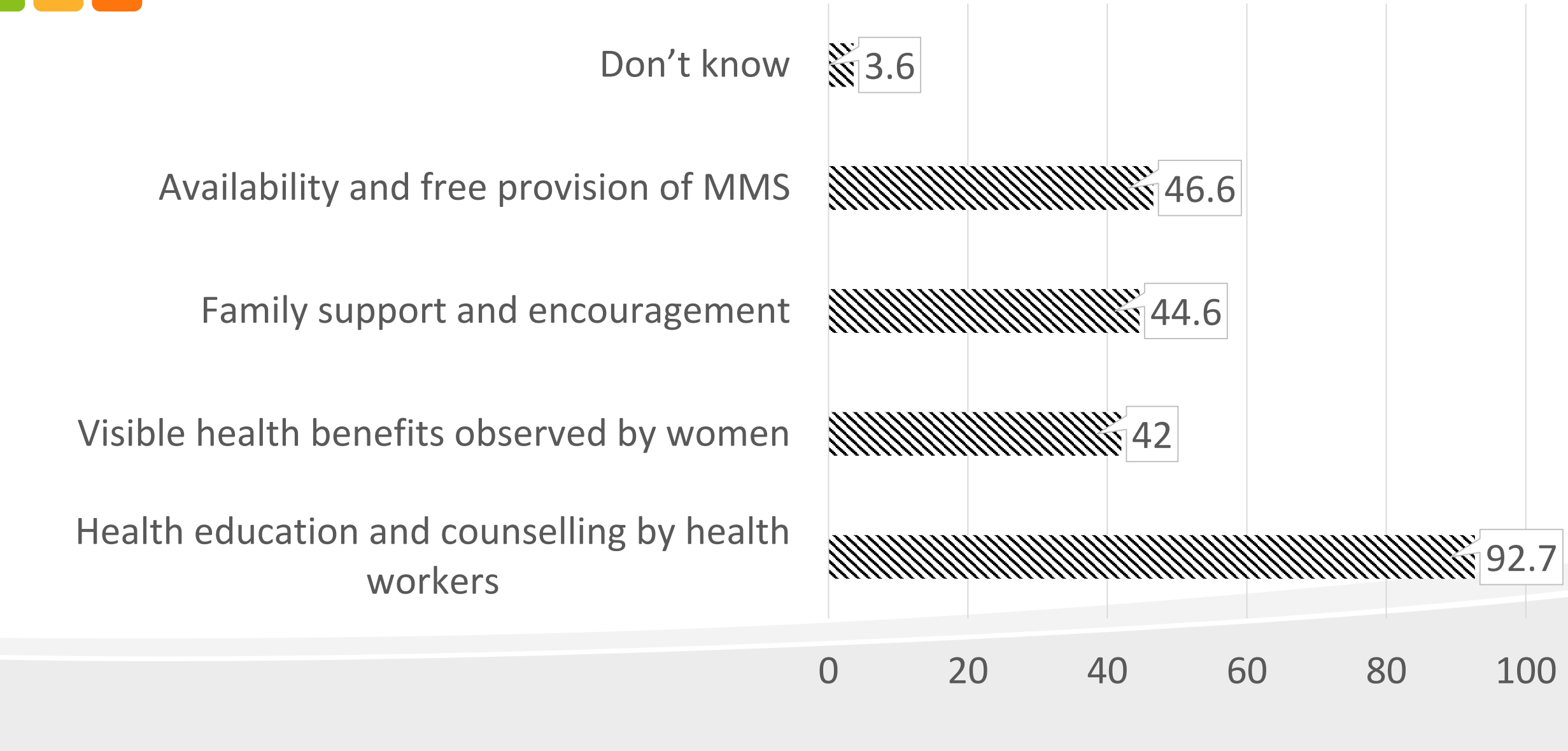
Barriers and Enablers Influencing MMS Delivery And Uptake


Motivations for MMS uptake
70
60
50
40
30
20
10
0
54.9
0
66.2
30.9
21.1
47.3
16.7
10.5
11.3
32
8.4
12
37.5
20
14.2
5.5
22.9
25.5
14.5
17.1
Reliable supply chain
Community-based distribution
Integration into routine ANC
Affordable pricing / free provision
Clear, relatable information
Community sensitization
Addressing myths and...
Visible role models
Reminders and cues
Family involvement
Habit integration
Peer support groups
Counseling
Follow-up and monitoring
Incentives
Packaging and labeling
Religious and cultural leaders' ...
Local language campaigns
Inclusion in national antenatal...
Partnership with NGOs and...

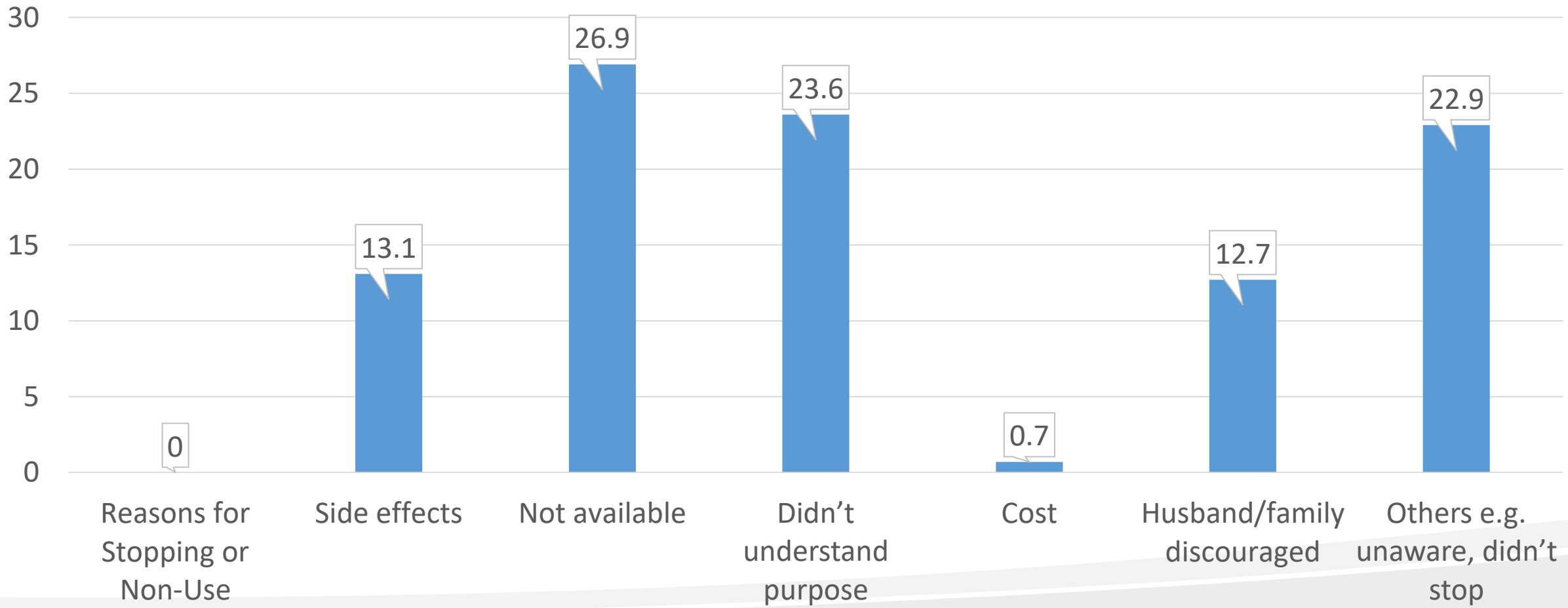
Key Success Factors for MMS Delivery to Pregnant Women



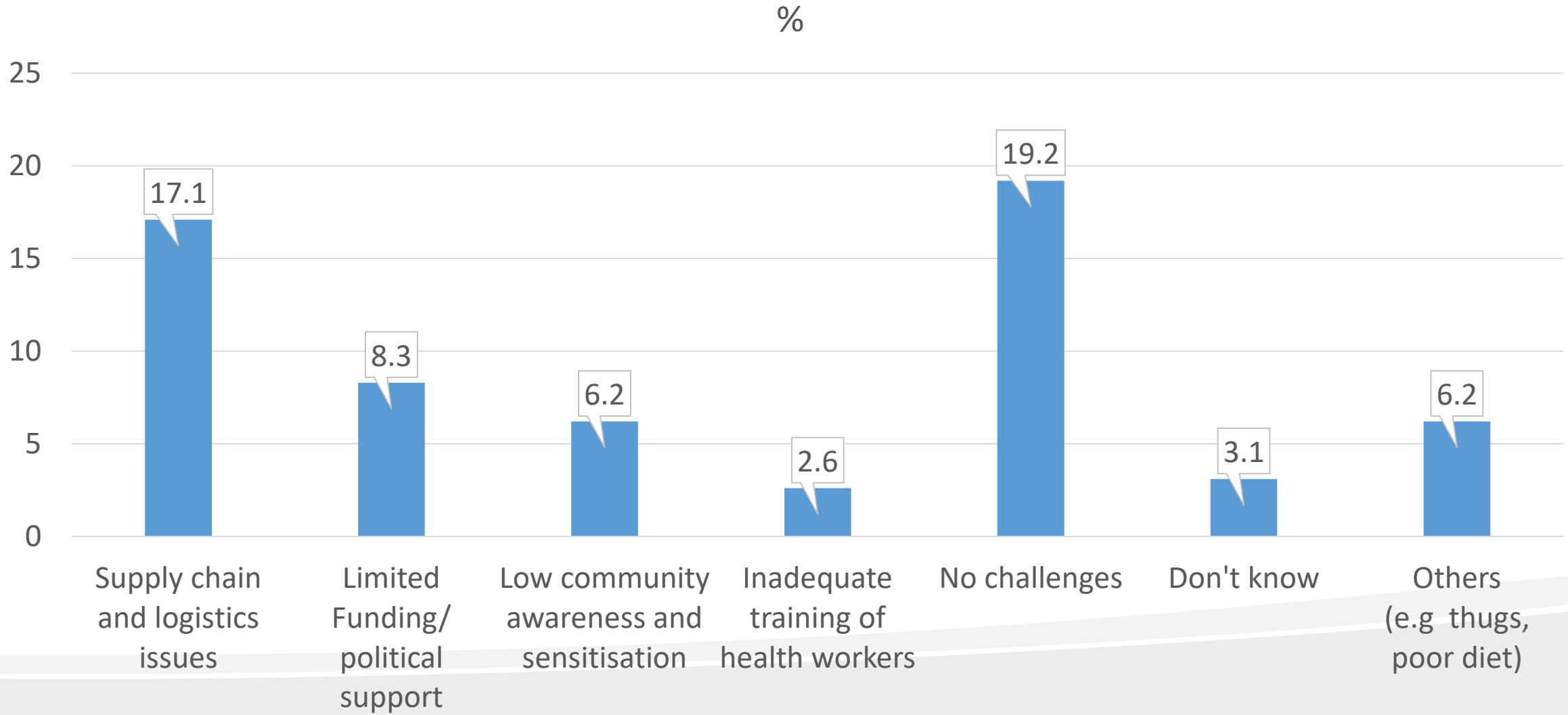
Perceived enablers of uptake and adherence to MMS



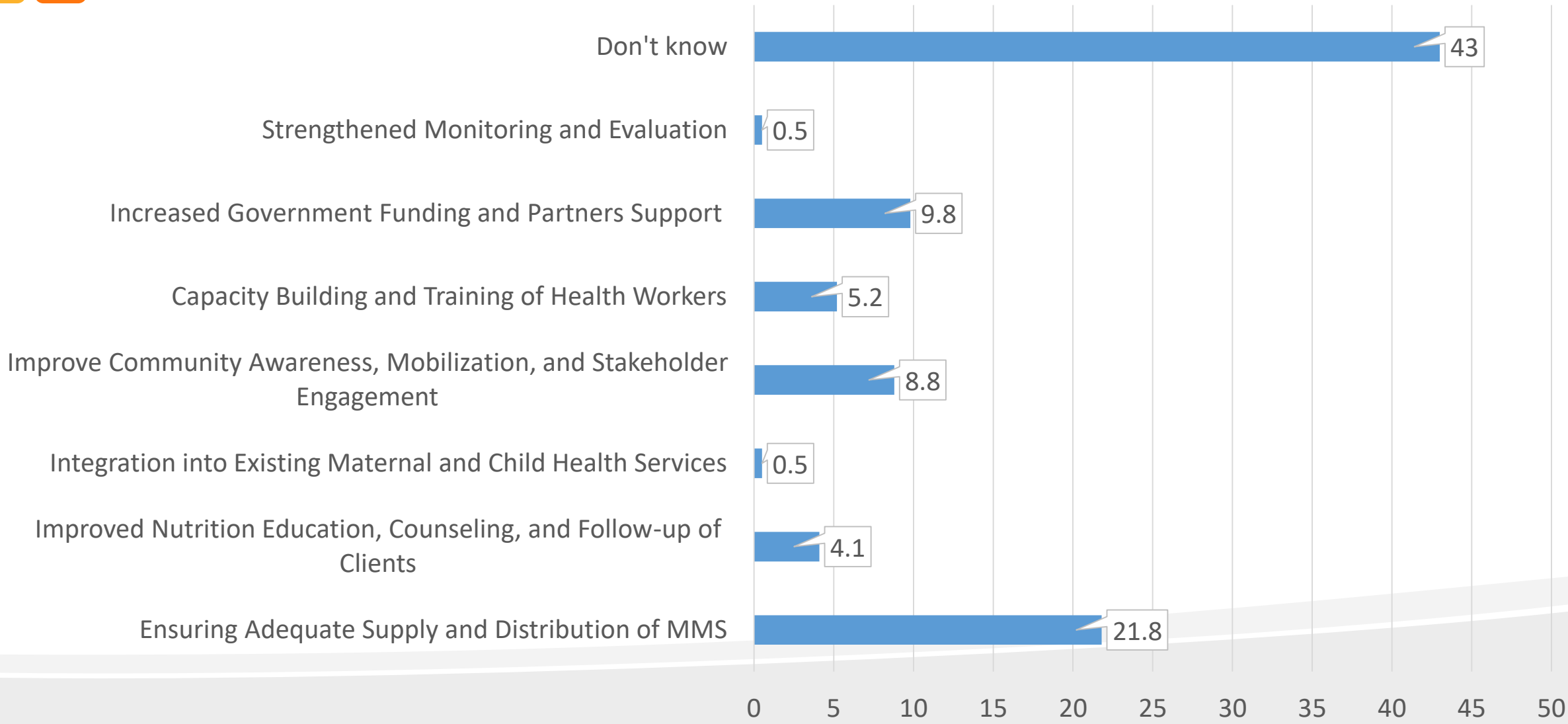
Barriers to MMS Use



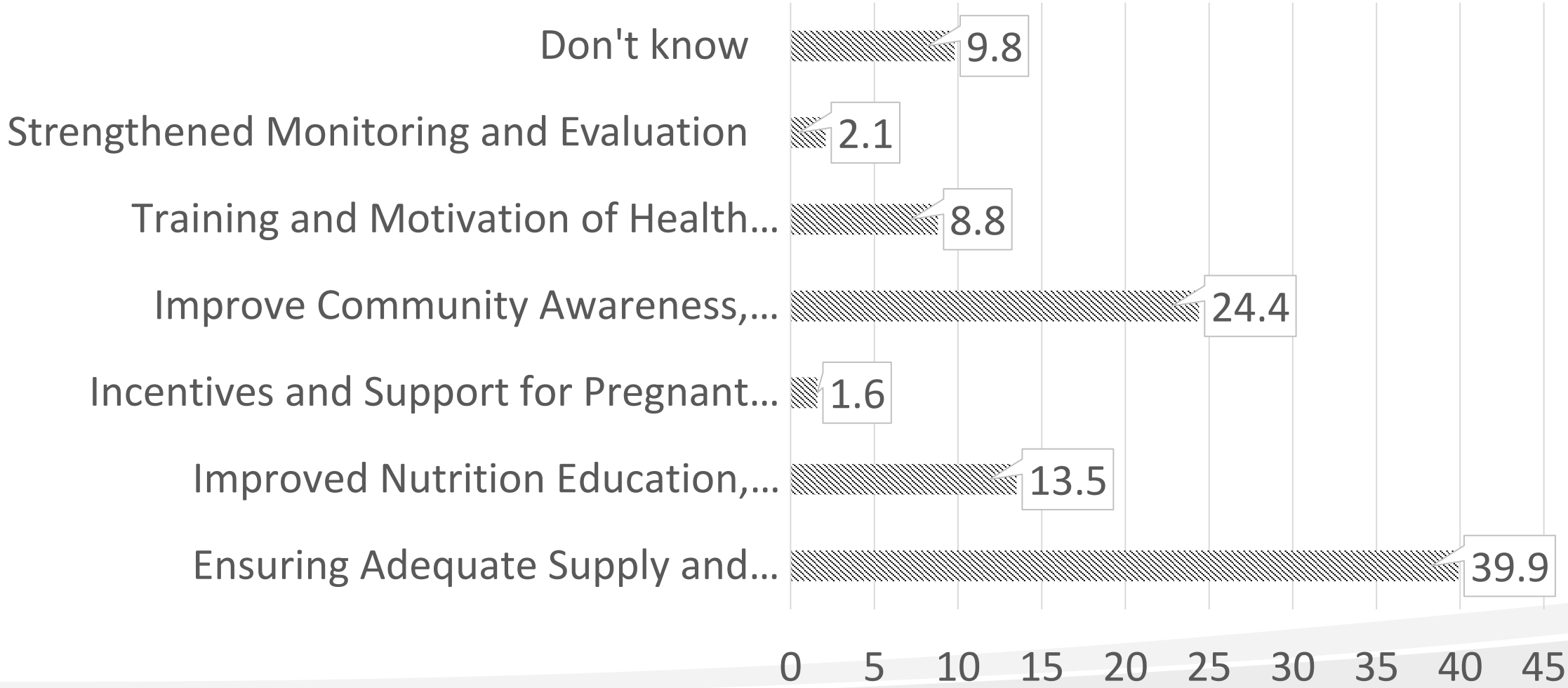
Challenges observed in the implementation of CNF-supported programmes or the use of CNF resources at the health facilities



Addressing Challenges in Prescribing/Administering MMS

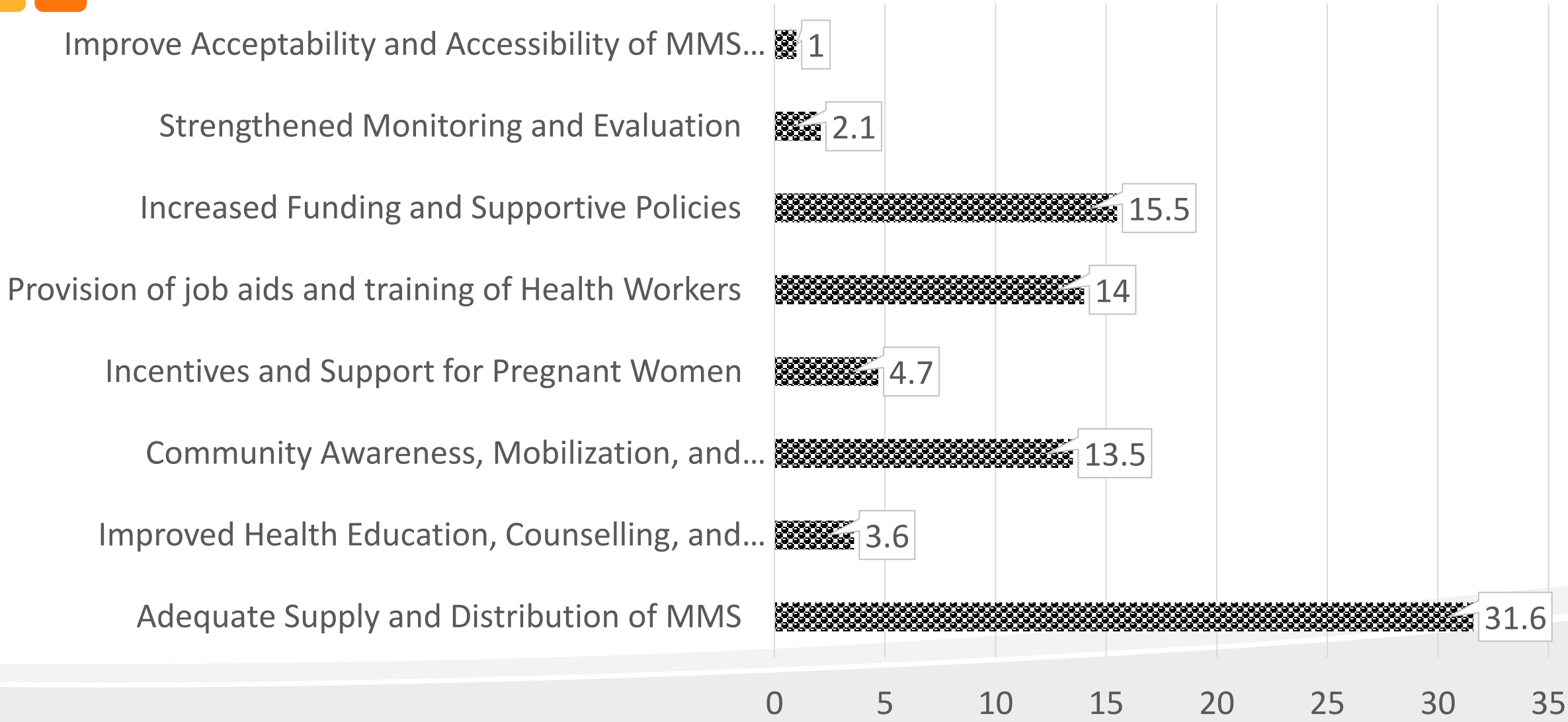


Factors to Improve Uptake of MMS

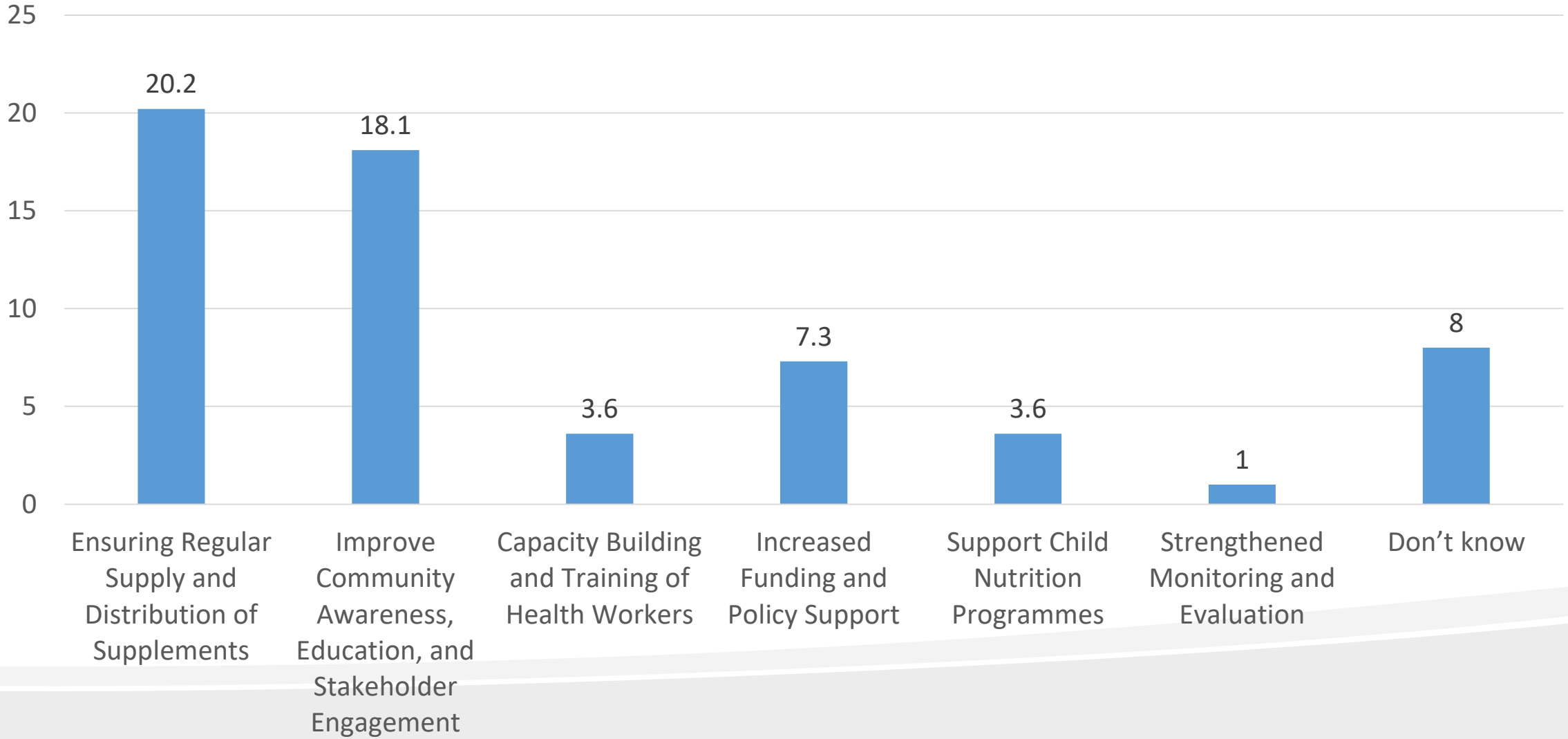


Recommendations to Strengthen Integration Of Iron And Folic Acid Supplementation (IFAS) with MMS

Recommendations for the health programme/ policymakers to enhance MMS delivery and acceptance



Suggestions to improve CNF impact



SUMMARY

- CNF contributions varied significantly across states from 2023 to 2025, with some states increasing allocations substantially (e.g., Adamawa, Nasarawa), while others remained stable (Bauchi, Jigawa).
- Budgets earmarked for nutrition and anemia intervention showed disparities, with many states allocating less than ₦100 million, though some committed higher funding.
- Program officers had full awareness of CNF objectives, with most recognizing procurement of nutrition commodities (MMS, IFA, RUTFs) and nutrition activities as primary uses.
- About half of the facilities benefited from CNF, but financial accountability was limited; many lacked audit reports or transparency.
- Regular supply of micronutrient supplements and training were key benefits recognized at facility level.

Summary

- Stockouts were common (reported by over half of facilities), and supply inconsistencies hinder availability.
- Uptake among pregnant women ranged from moderate to high, though irregular use and low uptake existed in some areas.
- Barriers to uptake included side effects, lack of awareness, cultural beliefs, stockouts, and poor counselling.
- Most women had heard of anemia and understood it primarily as a lack of blood, with knowledge that it disproportionately affects women during menstruation and pregnancy.
- Health workers demonstrated high knowledge of anemia screening methods and signs but noted barriers such as lack of supplies, limited facilities, patient costs, delays, and staff shortages.
- Job aids and operational guidelines were limited but identified as priorities for improvement.

Conclusion

- Overall, the results highlight significant progress in CNF financing, MMS training, and awareness
- But reveal persistent gaps in supply consistency, funding adequacy, health worker training, and community engagement that need strategic addressing to optimize child nutrition and anemia control interventions in Nigeria.

Thank you!