HEALTHY MOTHERS HEALTHY BABIES

# Country Profile: Nigeria

## Introduction

In Nigeria, pregnancy is associated with an elevated risk of micronutrient deficiencies, particularly anemia. In 2023, 45% of pregnant women were anemic.[1] While iron and folic acid (IFA) supplementation has been available for decades, both adherence and delivery remain inconsistent. In 2023-2024, 52% of pregnant women made at least four antenatal care (ANC) visits[2], and 67% received some form of iron-containing supplement.[2] However, adherence to the recommended 90 or more IFA doses remains low. The most recent available adherence data from the Nigeria Demographic and Health Survey show that only 25-32[3] of pregnant women met this benchmark in 2018[1], highlighting a significant missed opportunity for anemia prevention.

The impact of the persistently high prevalence of anemia among pregnant women and women of reproductive age (WRA) can also be observed in national birth outcome indicators. The preterm birth rate was 9.92% in 2020[4], and the low birth rate was 7.3 %[5] in the same year. The stillbirth rate was 23 per 1,000 total births in 2023[6], and the infant mortality rate was 60.1 per 1000 live births in 2023.[7] These figures underscore the continuing challenges in improving maternal and newborn health outcomes in Nigeria.

Nutrition International's policy brief lays out a compelling investment case for transitioning from IFA to Multiple Micronutrient Supplements (MMS) for preventative care. In Nigeria, the transition from IFA to MMS is expected to avert 3,502,446 disability-adjusted life years (DALYs)[2] over 10 years, prevent the deaths of an additional 52,475 children, and yield benefits 1,054 times the cost. The transition to MMS could lead to significantly improved perinatal health outcomes and is highly cost-effective, with a high return on investment and substantial long-term benefits compared to the costs incurred.[8, 21]

This country profile presents a concise overview of Nigeria's status in implementing and scaling up MMS. This document aims to inform policymakers, partners, and stakeholders on the current progress, challenges, and opportunities for scaling up MMS as a part of maternal nutrition and health strategies.

[1] Nigeria Demographic and Health Survey 2018, Table 11.14, Micronutrient Intake among mothers

[2] A Disability Adjusted Life Year (DALY) represents one lost year of perfect health. It is calculated by aggregating the effect of a health issue on mortality and morbidity. Interventions seek to avert DALYs.

## MMS Policy and Regulatory Status

Nigeria has introduced MMS into its nutrition policies, including the National Strategic Plan of Action for Nutrition 2021-2025[9], Ministerial Orders, and the Maternal, Infant, and Young Child Nutrition (MIYCN) Policy and Guidelines.[10] Most importantly, MMS is included in the Essential Medicines List (EML). MMS is also embedded into existing systems such as the Health Management Information System (HMIS), Nigeria's Health Logistics Management Information System (NHLMIS), and the National Guidelines for the Prevention and Control of Micronutrient Deficiencies in Nigeria 2021-2025.[11,12] The guideline recommends an MMS with 13-15 micronutrients, stating, "*MMS that contains 13 to 15 components has been found efficacious and thus approved for use in Nigeria.*"[12] The recommendation is to provide one MMS tablet containing 13-15 nutrients daily throughout pregnancy through ANC services at health facilities.[12]

Although the national guideline recommends replacing IFA tablets with MMS at all antenatal and postnatal clinics, implementation has leaned more towards introducing MMS alongside IFAS. In this context, the pending revision of the MNDC guidelines offers an opportunity to clarify the Federal Government of Nigeria (FGN) policy position on MMS and IFAS.

## Implementation Status

Following approval to substitute IFA supplements with MMS in the national guidelines, Nigeria has moved to a nationwide scale-up supported by evidence from implementation research.[13]

### Landscape/Situation Analysis

A supply readiness assessment was completed in 2015, followed by comprehensive analyses by multiple partners on the delivery platforms and cost-effectiveness of MMS in Nigeria. These efforts included assessing the national nutrition landscape and developing policy and regulatory frameworks to support the creation of advocacy tools and materials. Ongoing activities continue to support the transition, including exploring opportunities for local manufacturing, boosting awareness and consensus-building, and supporting the nationwide distribution of MMS.[10,22]

### Formative Research

Evidence Action conducted formative research during 2024-2025 to assess key barriers and enabling factors for the IFA supplementation program, aiming to inform its MMS pilot project. The findings indicated that IFA supplements were already distributed at 95% of the healthcare centers assessed, suggesting that the existing infrastructure could be leveraged to scale and distribute MMS.[10]

Additionally, Evidence Action, in collaboration with Nigeria's Federal Ministry of Health and Social Welfare, implemented an MMS pilot in six local government areas (LGAs) in Oyo State and the Federal Capital Territory (FCT) from July 2024 to December 2025. This initiative seeks to evaluate the feasibility, acceptability, and cost-effectiveness of introducing MMS across approximately 90 ANC

sites. The participating LGAs include: 1) **Gwagwalada (FCT),** 2) **Bwari (FCT),** 3) **Ibadan Southwest (Oyo State),** 4) **Oyo East (Oyo State),** 5) **Oyo West (Oyo State),** and 6) **Afijio (Oyo State).**

The pilot study has three **primary objectives**:[10]

1. To measure MMS coverage and adherence rates,
2. To compare these rates with baseline figures for current IFA supplementation in Nigeria,
3. To assess whether introducing point-of-care hemoglobinometer testing devices increases anemia testing rates at selected facilities.

The findings will guide Evidence Action's strategy for scaling the MMS program in Oyo, FCT, and additional Nigerian states to reach more pregnant women accessing ANC services in public facilities.[10]

Nutrition International (NI) collaborated with the Bauchi State Government and the Federal Ministry of Health on the first implementation research project titled "Optimizing Adherence to Multiple Micronutrient Supplementation for Pregnant Women in Nigeria," from July 2022 through June 2025, funded by the Gates Foundation. MMS has since been provided to eligible pregnant women as part of preventive ANC in three selected LGAs – Dass Ganjuwa, Giade - within Bauchi State. Approximately 53,000 pregnant women received at least one bottle of MMS during the project period.[21] The principal objective was to identify and assess strategic solutions to optimize adherence to MMS, while generating evidence to inform a sustainable national transition and scale-up. The research scope included a comprehensive assessment of the acceptability, feasibility, and cost-effectiveness of transitioning from IFA to MMS, ensuring that the proposed shift is evidence-based, operationally viable, and culturally appropriate for the Nigerian context. To conclude the research, a high-level dissemination meeting was convened in December 2025 with key government stakeholders. Research findings were formally presented and validated, providing a technical foundation for ongoing policy reviews. The evidence generated is informing national practices and the development of Nigeria's five-year MMS rollout and scale-up plan, ensuring that implementation decisions are grounded in local data and operational realities.

Concurrently, Results for Development (R4D) is collaborating to provide technical assistance and has contributed to the creation of a comprehensive 5-year, nationally costed roadmap, launched in December 2025. This plan, under the "Market Shaping for Multiple Micronutrient Supplements (MMS) for Antenatal Care" project, is funded by the Gates Foundation and encompasses market shaping, evidence generation, demand creation, and advocacy strategies to scale-up MMS at both the federal and state levels (notably in Kano and Kaduna).[16]

Additionally, Sight and Life is planning a study to examine the willingness to pay for MMS within public health systems and to assess the perspectives of state and local health authorities and pregnant women. Sensitization efforts are ongoing, including educating doctors and health workers about government-approved MMS information to support effective national rollout and scale-up of MMS.[10]

Regarding capacity building for frontline workers, NI, in partnership with the Bauchi State Government, developed and published a training package titled "Introduction of MMS through Antenatal Care in Bauchi State, Nigeria: Training for Healthcare Workers". These materials were used to support healthcare worker training during the implementation research and subsequently adapted to inform the national MMS training curriculum.[15] In addition, demand creation through advocacy, communication, and social mobilization (ACSM) activities, such as meetings, seminars, and/or workshops on MMS and maternal nutrition, and engagement of community and social influencers on MMS and maternal nutrition, were implemented as strategies to raise awareness to scale-up MMS programs in 2024.[17]

## MMS Coverage and Utilization

UNICEF (press release, 11 February 2025) reported that the Child Nutrition Fund (CNF) distributed three million bottles of MMS in 2024, and additional donations from the Kirk Humanitarian Foundation are planned. The distribution took place during the second round of Maternal Newborn and Child Health Week (MNCHW) in 2024.[18]

MMS for pregnant women in Nigeria was delivered free of charge through ANC facilities and community platforms. UNICEF NutriDash data reports that in 2024, a total of 2,323,508 women received MMS in Nigeria.[17]

## Key Program Actors and Partners

Nigeria has established the National Nutrition Taskforce for MMS (NNT4MMS) (FMoH&SW, 2025) to support the planning and implementation of MMS programs and activities across the country.[17] The Nutrition Department of the Federal Ministry of Health is leading these efforts. The government collaborates with health worker associations, research universities, donors, and international partners. [10]

UNICEF provides technical support across four key areas: policy and regulations, financing, product supply, and service delivery. It also leads the consortium managing Gates Foundation grants supporting MMS expansion in five target states. It coordinates the three-year project (2023–2026) with other grantees, including Nutrition International, Alive and Thrive, and Results for Development (R4D) and Civil Society Scaling Up Nutrition (SUN) Nigeria.[10]

Vitamin Angels supports the government of Nigeria with technical assistance and in-kind donations to deliver MMS to national and subnational stakeholders and partners for distribution to pregnant women. Likewise, Sight and Life is supporting efforts to establish manufacturing hubs, conduct research, and build the capacity of healthcare workers.[10]

Nutrition International provides comprehensive technical assistance to the Government of Nigeria to strengthen the maternal nutrition landscape. This includes leadership in developing national guidelines, evidence-based policies, standardized training manuals, and robust Behavior Change Intervention (BCI) strategies. To operationalize these frameworks, NI supported the integration of MMS into routine Antenatal Care (ANC) services within select LGAs of Bauchi State. This initiative prioritized increasing coverage for pregnant women, ensuring that they receive a full course of MMS through established health facility channels.

Furthermore, the list of national and international partners working together with the government of Nigeria is as follows.[10]

**Table 1:** List of national and international partners working to scale up MMS in Nigeria

| National Partners | International Partners |
|---|---|
| Ahmadu Bello University, Zaria | Alive & Thrive / FHI 360 |
| Association of Nigerian Nurses and Midwives | CHAI (Clinton Health Access Initiative) |
| Bayero University | Children's Investment Fund Foundation (CIFF) |
| Federal University of Health Sciences, Azare (FUHSA) | Church of Jesus Christ of Latter-day Saints |
| Nigerian Medical Association (NMA) | Civil Society Scaling Up Nutrition Nigeria |
| Nutrition Society of Nigeria (NSN) | Eleanor Crook Foundation (ECF) |
| Society of Obstetrics and Gynecology of Nigeria (SOGON) | Evidence Action |
| University of Ibadan | FCDO (UK Foreign, Commonwealth & Development Office) |
| University of Nigeria, Nsukka | Gates Foundation |
| | Helen Keller International |
| | Kirk Humanitarian |
| | Nutrition International |
| | USAID |
| | Results for Development (R4D) |
| | Sight and Life Foundation |
| | The World Bank |
| | UNICEF |
| | Vitamin Angels |
| | WHO (World Health Organization) |

## Supply Chain

Forecasting for MMS is being conducted at both the state and national levels. At the same time, local manufacturers are engaged to determine their capacity and potential to produce MMS locally. Delivery channels are being strengthened through the training and integration of healthcare workers. Nevertheless, challenges remain, including limited availability of MMS supplies and insufficient health worker capacity, while scale-up efforts remain donor-driven.[10]

At present, all MMS products are imported in collaboration with the government. Additionally, Sight and Life, in partnership with CIFF, ECF, and DSM-Firmenich, is supporting the establishment of the first three MMS manufacturing hubs in Nigeria. This initiative aims to facilitate local production and ensure the availability of MMS in multiple countries, including Nigeria, by 2026.[10,19]

## Monitoring and Evaluation

The indicator "percentage of pregnant women who received a daily dose of MMS for at least six months during pregnancy" will be measured and reported at the national level as stated in the National Guidelines for the Prevention and Control of Micronutrient Deficiencies in Nigeria.[12] MMS is partially integrated into DHIS2, with indicators tracking the number of pregnant women who receive MMS monthly. The National Health Logistics Management Information System (NHLMIS), the country's centralized digital platform for logistics data, now tracks the distribution and consumption of essential health commodities, including MMS.

## Financing and Sustainability

Efforts are currently focused on securing domestic and donor funding for the procurement of MMS, with simultaneous improvements to delivery channels through comprehensive training of healthcare workers and integration into the national logistics and data management system[20]. Discussions regarding financing are taking place at both the national and state levels.[10]

## Challenges and Next Steps

Nigeria faces multiple challenges in implementing and scaling up MMS. With only 52% of women attending 4 or more ANC visits, MMS supply remains insufficient, training and capacity among healthcare providers are inadequate, and scale-up efforts are currently donor-driven.[10]

Furthermore, current experiences highlight that political commitment, effective coordination, innovative financing strategies, and the integration of MMS into existing maternal and child health services are critical factors for successfully scaling up MMS implementation nationwide.[10]
Key priorities include addressing these obstacles by promoting MMS adherence via multiple platforms and developing targeted strategies to ensure equitable access. The next steps for scaling up MMS nationwide include expanding MMS provision across all health facilities and strengthening local manufacturing capabilities.

The National Social Behavior Change Strategy will be implemented starting in 2025 to foster community engagement, develop tailored messaging, mobilize social support, and build capacity at the individual, organizational, and system levels. Furthermore, the development of country-specific standards and regulatory frameworks is planned.[19]

## MMS- Related Tools and Resources

### 1. Costing and Economic Analysis Tools

These resources guide policymakers and health program managers considering a transition from IFA to MMS. They offer practical tools and costing aids to support effective decision-making and planning. International partners (NI and R4D) have developed country-specific cost-benefit analysis and costing tools.

a. Multiple Micronutrient Supplements (MMS) Introduction and Scale-up Roadmap Costing Tool
b. A policy brief for Nigeria, Cost-Effectiveness of Transitioning from Iron and Folic Acid to Multiple Micronutrient Supplementation for Pregnancy, Nutritional International, October 2019
c. A tool to aid decision-making for transitioning from IFA to MMS

### 2. Training and Implementation Materials

Nutrition International developed training resources to introduce MMS through ANC in Bauchi State, Nigeria. These materials provide context-specific guidance for healthcare workers and are designed to equip health professionals with the technical information and practical tools needed to introduce and use MMS as part of routine ANC. In addition, the resources include broader modules on nutrition during pregnancy to help strengthen comprehensive, quality counseling.

a. Introduction of multiple micronutrient supplements (MMS) through antenatal care in Bauchi State, Nigeria: Training for healthcare workers. Ottawa: Nutrition International; 2024. ISBN: 978-1-894217-40-8
b. Optimizing Adherence for Maternal Multiple Micronutrient Supplementation (MMS) in Nigeria, Introduction of MMS through antenatal care in Bauchi State, Nigeria: Training for healthcare workers, July 2024

### 3. Situation and Policy Analyses and Formative Research

These resources provide comprehensive insights into the procurement and production of multiple micronutrient supplements, the planning cycles for national health initiatives, and key formative research findings from MMS pilot programs in Nigeria. Together, they offer valuable context for strategic decision-making and effective implementation of MMS interventions.

a. Situation analysis of procurement and production of multiple micronutrient supplements in 12 lower and upper-middle-income countries
b. WHO Country Planning Cycles – Country national health planning cycles, health programmatic/project timelines, and information on key partners (Nigeria)
c. MMS Pilot Nigeria - Formative Research Findings

d. National Roadmap for the Rollout and Scale-up of Multiple Micronutrient Supplementation in Nigeria, 2025-2029
e. MMS Facilitators Guide: National Training Manual on MMS for Frontline Healthcare Providers in Nigeria
f. Master Trainers Manual for the Multiple Micronutrient Supplementation (MMS) Pilot in Nigeria
g. Nigeria MMS Pilot Facility Site Supervision Form
h. Draft National Policy on Food and Nutrition in Nigeria

### 4. Other Sources

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The information and country-level data provided herein were received from our partners as of 2025 and are shared with permission for public dissemination. This profile will be updated periodically. If you have updates or additional information to share, please fill out this feedback form. For questions, contact us at HMHB@micronutrientforum.org.

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