

July, 2022

COUNTRY UPDATES

INTRODUCTION

In 2016, Nigeria became a beneficiary as part of the second cohort of countries to access the GFF trust fund. An investment case (IC) 2017–2030 was developed for Reproductive, Maternal, New-born, Child and Adolescent Health and Nutrition (RMNCAEH+N) in line with Nigeria's strategic plans for achieving the Sustainable Development goals.

The IC as envisioned by the GoN, if properly implemented will bring all stakeholders together around RMNCAEH+N priorities to reduce;

- i. **Under-5 and Neonatal mortality rates;**
- ii. **The maternal mortality ratio;**
- iii. **Stunting rates;**
- iv. **The total fertility rate;**
- v. **Reduction of Adolescent morbidity and mortality**
- vi. **Reduction of morbidity and mortality in elderly**

See link to IC [here](#)

In a bid for the Government of Nigeria to achieve SDG 3, there is the urgent requirement for a strategic implementation of interventions which are sustainable to increase and improve the efficiency, address the social and physical determinants of health, reach the poorest and most vulnerable populations and leave no one behind.

This is the second edition of the Newsletter produced by the Federal Ministry of Health, aimed at keeping the government (both at National and Sub-national levels), the civil society, partners and the private sector informed about RMNCAEH+N services in Nigeria.

This will also highlight what the Government and its partners are doing to ensure how these essential health services are being maintained during the Covid19 pandemic.



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RMNCAEH+N IN NIGERIA

Nigerian RMNCAEH+N health status is still characterized by an unacceptably high Maternal Mortality ratio of 512/100,000 live births with Under-five and Neonatal Mortality Rates of 132 and 39 per 1000 live births respectively.

More than 50,000 women die during childbirth in Nigeria every year accounting for 20% of global maternal deaths. This is due to disproportionate access to health, especially RMNCAEH+N services.

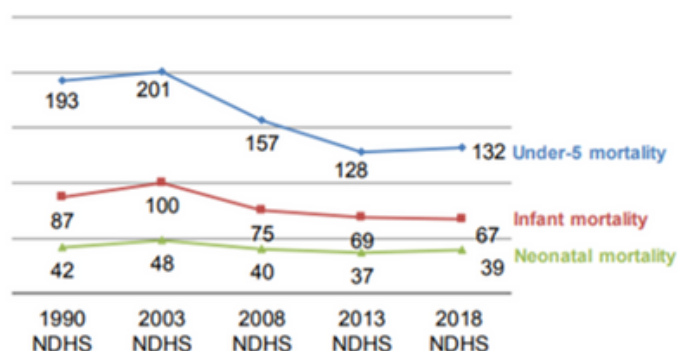
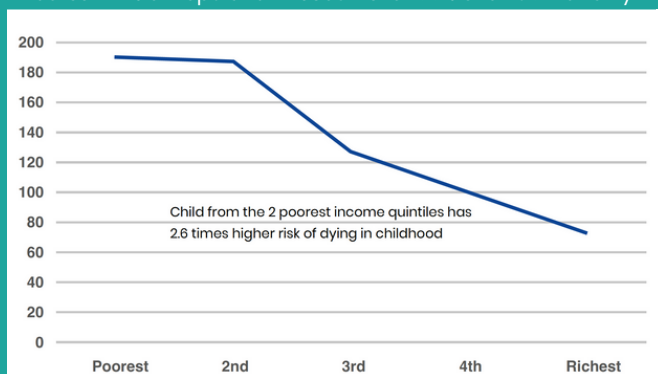


Figure 1 Trends in Under 5, Infant and Neonatal Mortality rates

The slow progress on RMNCAEH+N must be understood in the current country context. Government revenues have declined due to oil price reductions and economic growth has faltered significantly. This is made worse with & worsening inequality, so protecting the poor and vulnerable has become even more critical, necessitating more public resources invested in the health sector. An increase in rural poverty has translated not only to increased female poverty but also to poor health outcomes for their children.

Poorest 40% of Population Accounts for 56% of all U5 Mortality



FMoH -National Health Accounts (NHA) Study -2006-2016

The major demand side issues are financial barriers and low perceived (and actual) quality of care. The supply side issues arise from:

- lack of operating budget at the health facility level.
- inadequate management and supervision.
- weak governance and accountability; and
- inability to work effectively with the private sector that provides much of the curative care.

For Nigeria to achieve the SDG targets for maternal health (MNH) in 2030, the number of maternal deaths should be reduced by more than 90% to less than 3000 per year. The health of women and the future generation is vital to our human capital development and constitutionally the onus lies mostly on the State Governments, individuals and to a lesser extent the Federal Government.

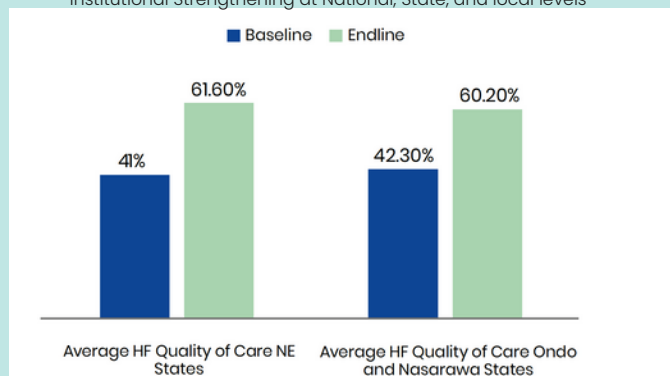
RMNCAEH+N INVESTMENT CASE (IC)

The Investment Case lays out a strategy that focuses on results and not inputs and is actively pro-poor. It targets initially the rural population where most maternal and perinatal deaths occur and offers delivery of free healthcare services to mothers and children at the service delivery points (SDPs), along with strategic purchasing mechanisms to increase efficiency.

Given the slow progress over the last two decades, business as usual is an unattractive option. Thus, the FGON had to deploy bold innovations such as results-based financing (RBF), inter-fiscal transfer and leverage private sector expertise. These approaches build on initial successes in Nigeria and elsewhere and will be carefully monitored and adapted during implementation.

The IC has seen implementation across the 3 projects supported by GFF grant financing. NSHIP US\$ 145 million (US\$125m IDA; US\$20m GFF grant) additional financing across the 6 States in the NE which closed in October 2020.

Institutional Strengthening at National, State, and local levels



NSHIP experience led to DFF adoption by the government as a national strategy for the provision of essential health care service at PHC level through the Basic Health Care Provision Fund. It also facilitated the implementation of PHCUOR policy in participating States. 7 of the 8 NSHIP states had PHCUOR scores 55% and above and Gombe had the highest score of 76%.

BHCPF (HUWE) implemented across the 3 Startup States of Abia, Niger and Osun, using \$20Million of GFF grant financing to pilot the operationalization of the BHCPF. This project has supported the biggest reform of Nigeria's health system. to ensure better delivery of healthcare services with greater focus on strategic purchasing, equity, quality and giving more autonomy to primary healthcare facilities. The pilot has set up a fully functional accreditation, payment, and verification mechanism and these mechanisms as implemented by the project remain the basis for nationwide scale up. Project closed June 2021.

ANRIN US\$ 232 million (US\$225m IDA; US\$7m GFF grant financing). Currently being implemented across 12 States. 20 out of 25 Non-State Actors have been recruited in 10 of 12 implementing states. As of December 2021, total of 50% women, 50% adolescent girls and 12.7% of children have received services from the Basic Package of Adolescent Health (in Kaduna) and Nutrition Services.

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KANO ANRiN PERFORMANCE SCORECARD

Performance against year targets- Monday 24th January, 2022

	PPFN	CHAI	IHVN	State Total	Target	% COV PPFN	% COV CHAI	% COV IHVN	"PPFN: IHVN % COV STATE"	"All NSA % COV STATE"
MIYCN	78,676	0	117,644	196,320	91533	43	0	64	54	36
IPTp	58,000	0	71,600	129,600	26825	108	0	133	121	81
IFA	62,435	0	90,469	152,904	29442	106	0	154	130	87
Vit A	180,774	0	177,716	358,490	107782	84	0	82	83	55
Albendazole	168,928	0	167,862	336,790	101037	84	0	83	83	56
MNP	76,682	0	79,094	155,776	46989	82	0	84	83	55
Zn/ORS	175,717	0	132,289	308,006	45523	193	0	145	169	113
Total			1,637,886							
	801,212		836,674							

UPDATES ON RMNCAEH+N ACTIVITIES

In May 2019 the GFF developed a systematic way to review the country platform, through an anonymous web-based survey and country self-assessment of GFF processes. It was following this that the RMNCAEH+N Multi-Stakeholder Partnership Coordination Platform (MSPCP) was launched 12th October, 2020. It was set to address the multi-pronged coordination issues affecting RMNCAEH+N services, non-inclusiveness of program areas such as adolescent, elderly and nutrition, weak subnational coordination and low-level commitments, at the top of the agenda in achieving UHC.

The Minister of Health is the Chair, and the Minister of Women Affairs is Co-chair, including a Vice chair and a Traditional champion.

To ensure coordination, RMNCAEH+N MSPCP will be instrumental in aligning government, partners, and civil society around women and children's health. The platform has 4 Committees Namely:

1. Leadership and Governance
2. Advocacy and Resource mobilization
3. Knowledge management and accountability
4. Quality and technical delivery

With the higher targets set by the (SDGs) by 2030, Nigeria has braced up to identify and develop a Road Map for Accelerated Reduction of Maternal and Neonatal Mortality to guide implementation especially in the high burden States. The goal of the roadmap is to mobilize political, financial, social and health system commitment to accelerate the current trend in maternal and newborn mortality reduction, heighten the sense of urgency and bring to bear the sustained attention of government, community, and religious leaders around eliminating preventable deaths.

The implementation of the roadmap is key because it identifies what is missing to achieve SDG target.

- i. High-level, persistent political commitment
- ii. Predictable disbursement of financial resources
- iii. Sustained unwavering focus on implementation compounded by human resource challenges.

Leadership and Governance

A country leadership program was held in Lagos May 16 – 19th with 50 participants primarily from government (PS' and Directorate cadre mostly) but including CSO and private sectors leaders in the health and nutrition arena. Participants were supported by the facilitators to apply the principles of Integrated Governance, Evidence/ Results-based Policy, Systems thinking and Change/Transformative leadership in identifying challenges and proffering solutions within RMNCAEH+N governance sphere A CLP management partner firm – Aspen Management Partners for Health has been engaged to serve as a delivery coach, supporting the goal setting and achievement of set goals in the sector, over the next 9 months.

Please members interested can please send an email to Nigeria.gff@gmail.com for approval on registration [GFF Knowledge and Learning Portal](#)



Quality and technical delivery

In 2017, Nigeria connected with eight (8) countries and partners, to join the WHO-led Quality, Equity and Dignity (QED) global network to improve Quality of Care to mothers and newborns. The aim is to reduce maternal and newborn mortality by half and improve the experience of care by 2030.

Consequently, Nigeria set up a National Technical Working Group and a Steering Committee to lead implementation of the initiative and has developed the following on Quality of Care;

- National Strategy for IRMNCAH, 2018
- National QoC For RMNCAEH+N Costed Annual Operational Plan (2021-2022)
- National Implementation Guide for RMNCAEH+N Quality of Care.
- National RMNCAEH+N QoC Monitoring, Evaluation, Accountability And Learning (Meal) Plan 2022-2027

RMNCAEH+N COVID Updates

RESPONSES FROM GOVERNMENT, PARTNERS, WB, PRIVATE SECTOR.

The GoN under the leadership of the Secretary to the Government developed the National Multi-sectoral COVID-19 Response Plan with responsibilities assigned to the relevant line Ministries and Parastatals. Federal Ministry of Health leading the health sector component of the National Plan, in collaboration with relevant stakeholders developed an Integrated Federal Health Sector Covid-19 Response Plan with the overall goal to reduce the health impact of COVID-19, both in terms of direct morbidity and mortality from COVID-19 infections, as well as minimizing preventable mortality and morbidity resulting from the indirect impact of COVID-19 on provision of essential services.

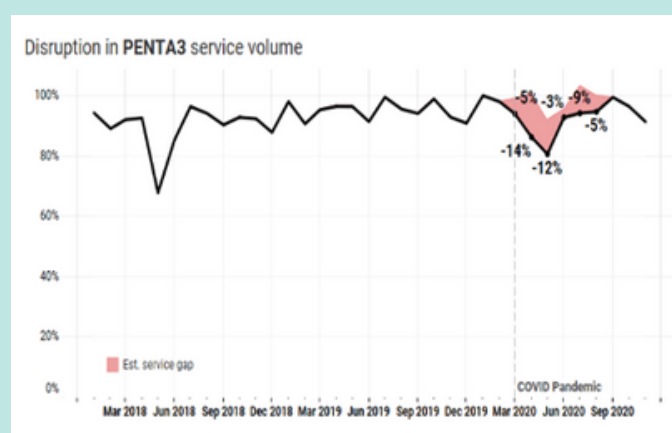
Furthermore, the RMNCAEH+N COSTED COVID-19 RESPONSE CONTINUITY PLAN 2020-2022 was developed to further operationalize the Integrated Health Plan and address challenges from the disruption of (RMNCAEH+ N) service delivery. Its implementation is key to providing the necessary foundations in addressing service gaps on the Essential Health Service packages; routine immunization; reproductive health services; care during pregnancy and childbirth; essential newborn care, care of young infants and under-five children, care of adolescents, older adults, and the elderly.

To enhance learning and knowledge management, the GFF held a Service delivery learning program (SDLP) to support efforts in the country to address maintenance of essential health services (EHS) in the context of Covid19. This action-oriented program was delivered through features such as (i) Webinars; (ii) cluster workshops; (iii) country sessions; (iv) online discussions; (v) country based coaching support. Following this, the country identified areas to address in maintaining the provision of Essential Health Services. The GoN with the support of the GFF Emergency Grant developed the

- Guidelines for maintaining health services in the context of covid-19 pandemic and other infectious epidemics and
- Policy dialogue on engaging patent and proprietary medicine vendors (PPMVs) in the provision of essential health services, commodities in the covid-19 pandemic and other infectious epidemics.

Other areas that the GFF is providing support in the context of Covid include the:

Monitoring of essential health services; rounds of facility surveys to understand the challenges in maintaining EHS during C19. HMIS analysis was also conducted which showed corroboration with findings from the survey.



FMoH – mEHS Study

Pentavalent 3 doses fell by 14% in April, and recovered to expected levels as of September 2020. Similar patterns observed for BCG. The number of children fully immunized has remained lower than expected. There has been no measured rebound in the number of children vaccinated which covers previous shortfalls.

DPG support for Covid response



On 23 March 2020, the national COVID 19 leadership of Nigeria met with the UN leadership and key bilateral donors to discuss the unfolding emergency. They agreed to adopt the "Four Ones" guiding principles of

engagement for national authorities and partners to respond to the pandemic:

- One agreed National COVID-19 Multi-Sectoral Pandemic Response Plan;
- One COVID-19 National Coordinating Authority with a broad-based multi-sector mandate;
- One COVID-19 M&E System for tracking and reporting progress; and
- One COVID-19 Financing and Investment Platform.

Consequently, the COVID-19 Basket Fund has been designed to serve as the One COVID-19 Financing and Investment Platform, through which the different stakeholders (including UN, other multilateral and bilateral donors, as well as private sector donors, foundations and philanthropists) channel their financial contributions to the multisectoral efforts of the Presidential Task Force on COVID-19 Response.

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National Council on Health

The Special National Council on Health (NCH) Meeting was held IN Abuja, FCT from 30th November – 3rd December, 2021. The NCH, as provided for in the National Health Act (2014), is the highest policy making body on matters relating to health in Nigeria. Came up with resolutions which include but not limited to;

- The adoption and implementation of the HIS policy at all level of overnance
- Use of a novel digital decision support system, called Algorithm for the Management of Childhood Illness (ALMANACH) by healthcare workers in Adamawa State was conditionally approved pending the provision of more information/data/evidence at the next NCH;

Monitoring of Essential Health Services Dissemination

A dissemination workshop of EHS monitoring taken from March 2020 during the C19 pandemic was held in Abuja with participants (health officials) from 12 states - Abia, Adamawa, Bayelsa, Edo, Ekiti, Enugu, Federal Capital Territory, Gombe, Jigawa, Kano, Lagos, and Plateau, that participated in the phone survey.

Through the workshop, the following objectives were achieved: reviewed and validated national and state-wide estimates of essential health service disruption throughout the pandemic; identified and prioritized barriers and facilitators to ensuring equitable continuity of essential health services; and proposed action plans for strengthening health systems. A post-workshop survey to participants representing all 12 states, 91% of respondents reported that the EHS results matched their experience on the ground, validating the analyses. A major benefit of the workshop as reported by states was the opportunity for state-state learning.



Civil Society

GFF CSOS in Nigeria roundtable discussion with Embassies, donors and the GoN. It is aimed at looking at what the priorities are for embassies and partners around RMNCAEH+N, as well as health systems strengthening, especially at the PHC level. One of the main areas of focus is the implication of the secondary health crisis around RMNCH + Nutrition and Gender as a result of Covid 19 Pandemic. How is Nigeria Responding? What can be done better? How do we ensure this is done?



Partner News

BMGF

Technical Advice Connect LTD/GTE (TA Connect) is a non-profit organization registered in 2021 and based in Nigeria to bring innovative solutions to the provision of Technical Assistance (TA) services across Africa. TA Connect was established by the Bill and Melinda Gates Foundation (BMGF) to deliver tailored and cohesive support for states in Nigeria by strengthening their PHC systems and enhancing PHC service delivery.

The Group Antenatal Care (G-ANC) model in their primary health care facilities is an innovative and high impact intervention which improves maternal and newborn outcomes as shown by increased completion of World Health Organization (WHO) recommended ANC contact for pregnant women.



GNAC Session (BMGF)

News from the GFF Secretariat

[#ReclaimTheGains @theGFF](#)

The event took place on April 22, 2022, in Washington DC. This high-level event, part of the Global Financing Facility's (GFF) "Reclaim the Gains" resource mobilization campaign, co-hosted by the Governments of Canada and Senegal, and the World Bank. It brought together leaders from countries, partners, civil society, and the private sector to highlight how COVID-19 has impacted health systems and communities and how governments are responding. It also focused on the role that GFF and partners are playing to help countries respond to the immediate needs for COVID-19 tools and vaccines while continuing to strengthen health systems and front-line responses that address the needs of women, children, and adolescents.

GFF Annual Report 2020 -2021 [Here](#).

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