



AMP HEALTH

Nigeria's Country Leadership Program: Management Partner Exit Report



May 2022 – May 2023

Foreword

It has been an incredibly rewarding year working with leaders in the Nigerian health sector through the Global Financing Facility for Women, Children and Adolescents' Country Leadership Program. I had the opportunity to serve as the AMP Health Management Partner working closely with the Family Health Department and other teams at the Federal Ministry of Health, along with health agencies, state ministries of health, and development partners. Together, we formed the *Multi-Stakeholder Partnership Coordination Platform for Reproductive, Maternal, Neonatal, Child, Adolescent, Elderly Health, and Nutrition*.

Navigating complex health system challenges is no easy task, but the dedication and commitment of the team I worked with inspired me. Thanks to the vision of Dr Salma Anas and the commitment from the various teams involved, a lot was achieved in this one-year leadership journey. Although Dr Anas transitioned to another department during the program, the new Director of the Family Health Department, Dr Boladale Alonge, ensured that the team continued to implement their transformative leadership commitments.

If I had to use one word to describe the team members I worked with, I would use *resilient*. Despite limited resources and challenging working conditions, the Federal Ministry of Health's staff have a shared desire to improve health outcomes and save lives. Given their many years of experience delivering healthcare services to countless Nigerians, it was humbling to see how the Coordination Platform's health system leaders exhibited an openness to change that enabled them to achieve their shared goals for transformative leadership.

This report provides an overview of the work accomplished with the teams over the year of the partnership, highlighting key achievements and opportunities for the future. I extend my sincere gratitude to AMP Health, the Global Financing Facility for Women, Children and Adolescents, Nigeria's Federal Ministry of Health, and all coordination platform team members. I value the opportunity I had to work with them and learn from each other. I look forward to seeing the continued progress of these teams and the impact their collaboration will have on the Nigerian health system.

Dr Shola Dele-Olowu

AMP Health Management Partner

Nigeria Federal Ministry of Health

Family Health Department

June 2023

List of Acronyms



| | |
|-----------|--|
| ANRiN | Accelerating Nutrition Results in Nigeria |
| CLP | Country Leadership Program |
| CU | Coordination Unit of Family Health Department |
| DPRS | Department of Planning, Research and Statistics |
| FHD | Family Health Department |
| FMoH | Federal Ministry of Health |
| GFF | Global Financing Facility for Women, Children, and Adolescents |
| L&M | Leadership and management |
| MEAL | Monitoring, Evaluation, Accountability, and Learning |
| MP | Management Partner |
| MoH | Minister of Health |
| MPDSR | Maternal and Perinatal Death Surveillance and Response |
| MPCDSR | Maternal, Perinatal and Child Death Surveillance and Response |
| NACA | National Agency for the Control of AIDS |
| NCH | National Council on Health |
| NHIA | National Health Insurance Agency |
| NPHCDA | National Primary Health Care Development Agency |
| QoC | Quality of Care |
| RMNCAEH+N | Reproductive, Maternal, Neonatal, Child, Adolescent, Elderly Health, and Nutrition |
| SMoH | State Ministry of Health |

Executive summary

From May 2022 to May 2023, AMP Health collaborated with the Global Financing Facility for Women, Children and Adolescents (GFF) under its Country Leadership Program (CLP) to enhance leadership and management (L&M) capabilities within Nigeria's health sector, aiming to improve health outcomes for women and children. This partnership involved embedding a Management Partner (MP) within the Family Health Department (FHD) of Nigeria's Federal Ministry of Health (FMoH).

The initiative aimed to enhance health system leaders' capacities, strengthen inter-agency coordination, and instil a culture of accountability and robust communication. Significant achievements included the establishment of a functional coordination platform which markedly improved collaboration across government and non-government entities. Additionally, there was enhancement in strategic planning and execution capabilities through intensive experiential learning workshops and continuous mentoring, leading to the successful development and approval of a comprehensive national strategy for reproductive and maternal health.

Despite these successes, the program faced challenges, notably transitions in leadership within the FHD and constraints due to limited resources, affecting the full implementation of activities. Insights gained from this year-long engagement highlight the critical need for stable leadership and clear role allocations within the health system to maintain momentum. It also underscored the importance of ongoing training and capacity building in achieving sustainable health system improvements.

While this partnership laid a solid groundwork for future advancements in Nigeria's health system management, sustained support and strategic enhancements will be crucial for realising long-term impacts. AMP Health recommends the establishment of a dedicated secretariat for the coordination platform to ensure continuous management and execution of health initiatives. It also advises the continuation of leadership development programmes and a greater focus on strategic planning and data utilisation to bolster decision-making processes within the health sector.

Background

The GFF, hosted by the World Bank, was launched in 2015 with the aim of accelerating global efforts to end preventable maternal, newborn, child, and adolescent deaths, and to improve the health and quality of life of women, adolescents, and children. The GFF has since provided financing and other support to 36 low- and lower-middle-income countries, almost 75% of which are in Africa.

Leaders from across the GFF's member countries expressed a need to further strengthen their leadership capabilities, and to build teams of local leaders capable of driving and sustaining long-term health systems change. To equip these leaders with the necessary skills to do so, the GFF established the CLP. The CLP enables countries to bring leaders together to collaborate, learn from each other, and develop the leadership skills needed to drive systemic change across health systems.

Interest in the CLP in Nigeria was spurred in 2020 with the publication of the GFF's annual report assessing key areas of its country engagement. This included an assessment of the country's progress around Reproductive, Maternal, Neonatal, Child, Adolescent, Elderly Health, and Nutrition (RMNCAEH+N). Nigeria's country report¹ showed gaps in the coordination of RMNCAEH+N activities. While there was some success at the national level, there was poor coordination at subnational levels.

Following this assessment, the FHD at the FMoH, led by Dr Salma Anas, came up with actions to address these issues. One of the actions was to establish a multi-stakeholder coordination platform for RMNCAEH+N which was launched by the Minister for Health (MoH) in October 2020, with the FHD acting as a secretariat responsible for driving the platform's functionality. An operational plan for the platform was developed with the expectation that the government and its partners would support the implementation of key activities.

Despite this progress, coordination remained an issue and the platform was not functional. Following a request for assistance from the FMoH, the GFF and AMP Health launched the CLP in Nigeria in May 2022. The goal was to support the Nigerian government in accelerating efforts for the effective delivery of RMNCAEH+N services in Nigeria. To ensure the sustainability of the program, the GFF partnered with AMP Health to provide ongoing coaching and mentoring support. To this end, an AMP Health MP was embedded within the FHD team in the FMoH.

This report provides an overview of the major achievements and outcomes of the partnership between AMP Health, the GFF, and the FMoH. These achievements include the establishment of a functional, active coordination platform, improved collaboration between the various government health agencies responsible for RMNCAEH+N programmes, and greater clarity of purpose amongst leaders on the vision of the platform.

¹ [Nigeria country report.docx](#)

The Country Leadership Program: driving systemic health systems change

“The program has levelled the playing field. [You] don't look at this person as a subordinate. All you are interested in is delivering and achieving your goals. It's a collective. And you know that you can't do it alone.” – Deputy Director, FMoH

The CLP enables countries to learn from their peers and equips participants with the skills and support needed to drive systemic change across health systems. It comprises an initial four-day training session followed by individual and team coaching, access to local experts and online resources, and ongoing support provided by an embedded MP working side-by-side with the team.

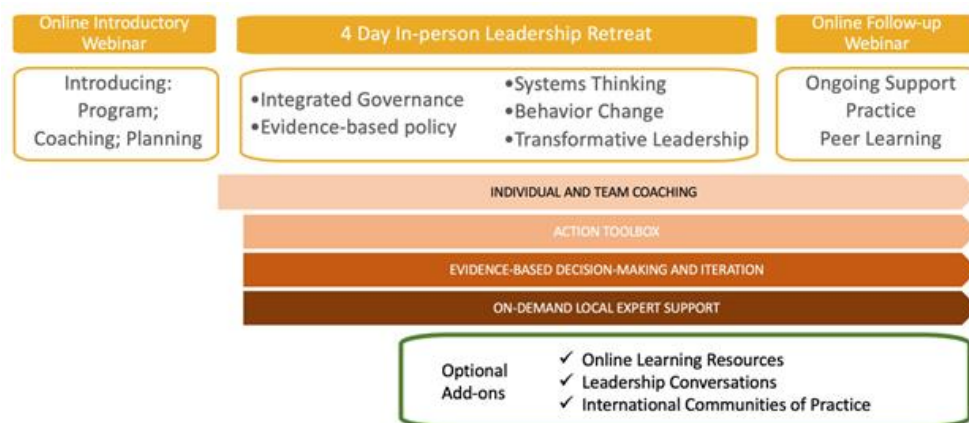


Figure 1: GFF CLP implementation model

AMP Health’s partnership with the Federal Ministry of Health

During the partnership period, an embedded MP worked with the FHD team to define and initiate processes aimed at strengthening the coordination platform for RMNCAEH+N. The MP provided coaching support to institutionalise the learnings from the initial CLP retreat into the team’s day-to-day work and enhance their L&M capabilities.

The MP achieved this by working with the team to identify innovative ways to apply these learnings and skills to address challenges faced by the coordination platform. She also helped the team initiate processes that enabled the participants to further institutionalise a transformative leadership approach into the organisation’s culture and structure.

AMP Health provided support to the FHD in the following ways:

1. Embedding support

The MP was placed within the FHD team with the primary role of strengthening capabilities through L&M training, coaching, peer learning opportunities, and self-directed learning tools.

2. Hosting in-country workshops and live learning sessions

Skill-building sessions were conducted and tailored to team needs. These were complemented by regular live learning sessions facilitated by the MP.

3. Facilitating distance learning

Team members were given access to CLP learning materials and courses. These were available remotely through digital platforms such as the GFF toolbox and Ubiquity University.

4. Providing one-on-one executive coaching

The MP coached ministry team members to improve strategic planning and team management.

The FHD committed to the CLP by:

1. Incorporating the MP as a member of the team

The MP was given a space in the FHD office and treated as a team member.

2. Committing to ongoing L&M skills development

The team lead, along with other key team members, scheduled time with the MP for coaching support. They also attended scheduled workshops and learning sessions, dedicating time and effort into improving their skills.

3. Participating in knowledge sharing

The team lead and key members cascaded learnings to other team members, coordination platform members, and state-level health officials.

4. Participating in monitoring and evaluation surveys and interviews

The monitoring and evaluation surveys and interviews were key indicators used to track the success of the CLP.

Summary of key team activities and achievements

Over the course of the partnership, the team, with the support of the MP, focused on four main objectives. These are outlined in the table below alongside selected high-level activities and achievements contributing to the realisation of these objectives.

| Objective | Team Activities | Achievements/Outcomes |
|--|--|---|
| Strengthen L&M Skills | <ul style="list-style-type: none"> Conducted a four-day in-person leadership retreat Provided ongoing coaching and mentoring by the MP | <ul style="list-style-type: none"> Enhanced decision-making and strategic planning among health leaders Significant improvements in leadership capabilities reported |
| Enhance coordination across health agencies | <ul style="list-style-type: none"> Operationalised the multi-stakeholder coordination platform Regular biannual coordination meetings were initiated | <ul style="list-style-type: none"> A functional coordination platform Improved collaborative projects across various government and non-government entities |
| Foster a culture of accountability and communication | <ul style="list-style-type: none"> Developed and disseminated clear communication channels and accountability frameworks | <ul style="list-style-type: none"> Increased transparency and accountability within the FHD Enhanced stakeholder satisfaction with improved communication mechanisms |
| Develop and implement a National RMNCAEH+N Strategy | <ul style="list-style-type: none"> Engaged consultants to update the national strategy Facilitated review sessions and finalised the strategy document | <ul style="list-style-type: none"> Finalised and approved the updated National RMNCAEH+N Strategy More focused and effective program implementations guided by clear strategic directives |

In-depth review of key partnership activities and highlights

In this section, we describe the key activities conducted and milestones achieved during the year-long partnership. This section is organised into three phases. In phase one, the partnership focus was on team building and refining the operational plan that would guide the work of the team. In phase two, the focus shifted to supporting the team to implement the workplan by coaching and mentoring team members on key L&M skills and the adoption of new tools and processes. In the final phase, the focus shifted to ensuring the sustainability of the partnership beyond the MP's tenure.

Phase 1 (May – July 2022): team building and workplan refinement

CLP in-person retreat:

About 50 participants were selected by the government for the initial four-day in-person retreat. Participants were from the FMoH and State Ministry of Health (SMoH), other government health agencies such as the National Health Insurance Agency (NHIA) and the National Primary Health Care Development Agency (NPHCDA), civil society organisations, academia, the private sector, traditional leaders, and development partners.

Participants were introduced to core approaches and competencies related to integrated governance, evidence-based policy making, systems thinking, behaviour change, and transformative leadership. The retreat involved a combination of talks from international experts and workshops for participants using an Action Toolbox supported by local experts². Three key priorities were identified by participants as 'impact points', which, if implemented, would allow the team to achieve their transformative leadership goals to drive systemic change in the country.

These impact points were:

1. Improve partnerships between stakeholders and strengthen collaboration across the multi-stakeholder coordination platform
2. Strengthen accountability at all levels for the RMNCAEH+N program
3. Strengthen communication and coordination among relevant stakeholders and technical working groups

Onboarding and situation assessment

To tailor the support for the team effectively, the MP conducted a situation assessment to understand the structure and function of the FHD and the extent to which it enabled the functionality of the coordination platform. This assessment also identified opportunities to strengthen the team's L&M capabilities.

After thorough analysis, the MP drafted a situation assessment report that:

1. Served as a guide to developing the partnership objectives for the CLP.
2. Provided insights into Terms of Reference (ToR) for the hybrid partnership objectives between the FMoH, the GFF, and AMP Health.

² The GFF's Action Toolbox is given to participants at their first CLP workshop. It is an actionable tool that provides tailored support for country leaders, helping them to analyse and respond to complex challenges based on new concepts and approaches. It includes a series of activities that enable participants to apply the ideas from the retreat and turn them into context-relevant action plans for their teams. It also acts as a visual guide with clear pointers for leadership action and competency development. This Action Toolbox remains available online as a collaboration tool for teams.

3. Summarised the strengths and weaknesses as identified by the team to guide efforts for improving the functionality of the Coordination Unit of the FHD (CU).
4. Offered recommendations, based strongly on input from the team itself, for strengthening L&M capabilities which were designed to contribute to the achievement of the strategic goals of the RMNCAEH+N coordination platform. A SWOT analysis (see Appendix I) was included to align the strengthening of L&M capabilities with the team's priorities.

Workplan revision

Following the CLP in-person retreat, the MP worked with the team to prioritise key activities and incorporate them into the existing operational plan. Additionally, the MP collaborated with the team to develop a tracking tool to monitor their progress against planned activities. Since the workplan outlined activities for the whole year, a six-month action plan was devised, focusing on short term and intermediate goals. By the end of the year-long program, the team made significant progress, achieving over 80% of their planned activities. Appendix II summarises the status of the work plan and partnership objectives by the end of May 2023.

Definition of roles

During the situation assessment, it became evident that there were no clearly defined roles and responsibilities within the coordination platform. Most FHD team members were expected to have dual roles; their primary responsibility within the department was their technical RMNCAEH+N role, and their secondary role was within the coordination platform. These secondary roles were not defined, leading to a lack of ownership and accountability for coordination platform activities. The MP had discussions with the team lead to define specific roles and then assigned these roles to three key team members, each one responsible for leading on one of the three impact points.

Coordination platform strengthening

To sustain momentum from the CLP retreat, the team began planning for its first biannual coordination platform meeting, along with other activities aimed at enhancing to partnership and collaboration among the coordination platform's team members. Although the platform was meant to meet twice a year, these meetings had been irregular. However, thanks to the renewed leadership commitment following the CLP retreat, a meeting was held in June 2022 with broad stakeholder attendance across government health agencies, development partners, and civil society organisations.

In preparation for the meeting, the MP provided strategic thought partnership to the FHD team. As a result, the agenda for the meeting was co-developed by all key members of the platform, leading to improved collaboration and stakeholder engagement. This was crucial considering the need to increase the functional effectiveness of Coordination Platform.

The MP worked with the team to develop reporting templates and provide training to the secretariat to improve their documentation processes. This extended to report archiving.

At the meeting, the Minister of Health (MoH) inaugurated the Maternal, Perinatal Death Surveillance and Response (MPDSR) Steering Committee, which was tasked with reviewing maternal and perinatal mortality surveillance and strengthening the use of data for decision-making regarding maternal and child health in Nigeria.



Phase 2 (July – December 2022): implementing workplan and partnership objectives

The team initiated activities to enhance partnership and coordination among health agencies and partners, fulfilling a key commitment made at the CLP retreat and the first platform meeting held in June. The MP worked with the team to ensure that all engagements involved collaborative planning and that agendas were targeted to address the impact points.

Workflow and information management tools

The MP introduced the team to tools and processes that they adapted and adopted to increase their functionality, such as scheduling weekly team meetings, creating a shared Google drive for key documents, and developing and using a workplan tracker (see Appendix III for sample tools).

One-on-one coaching and mentoring

The MP collaborated with the team lead to align on an engagement strategy for the directors and to ensure the adoption of team management tools by the rest of the team. One-on-one coaching sessions with CLP participants (provided by Hogan, a CLP partner firm specialising in executive coaching) commenced thereafter.

RMNCAEH+N retreat

Select leaders from the FMoH and the National Primary Health Care Development Agency (NPHCDA) embarked on a retreat in Abuja in July 2022. The NPHCDA is the implementing agency for primary health care at the federal level. The central objective of the retreat was to clarify roles and responsibilities, align on ways to strengthen collaboration, and jointly support policy guidance to aid in subnational implementation across three areas: quality of care, MPDSR, and family planning.

This was a major program milestone aimed at improving the relationship between the NPHCDA and the FHD. Previously this relationship had been characterised by confusion over roles and responsibilities, and a lack of alignment on how their respective mandates complemented one another.

Co-creation workshop

Held in Abuja in August 2022, this workshop brought together several FMoH health agencies including the NPHCDA, the National Agency for Control of HIV/AIDS, and the National Health Insurance Agency, along with development partners. The co-creation workshop provided stakeholders with an opportunity to collaboratively develop and align on innovative plans across key thematic areas, strengthening collaboration between the FHD and health agencies.



Image FHD: Interagency and inter department teams at the 2-day retreat

Peer-to-peer learning sessions

At least 30 dedicated training and learning sessions were conducted throughout the year: eight at the national level, 19 with smaller teams within the FMoH, and three with state-level leaders. These sessions, co-developed by AMP Health and the World Bank ANRiN program lead, supported the teams in implementing their defined impact points and encouraged peer-to-peer learning across states.

A key priority for the FHD was to update its RMNCAEH+N strategy. The first Integrated Maternal, Newborn and Child Health (IMNCH) Strategy was developed in 2007. An attempt to update it in 2018 was unsuccessful, leaving the government and its partners without a clear direction for implementing related family health policies across the country. To address this, the MP supported the team with the development of its new strategy by:

- **Assessing needs and existing strategy documents**
Since the team did not have the capacity to develop the new strategy, external consultants were engaged. However, there were no clear ToR documents for the consultants. The MP co-facilitated a meeting with the team to determine what gaps needed to be addressed with the new strategy and what support was required from external consultants.
- **Engaging strategy consultants**
The MP worked with the team to facilitate several meetings with the consultants to ensure they were aligned on expectations, specifically the framework for development, and on guiding principles and timelines.
- **Reviewing draft strategy**
The MP facilitated sessions with the team to review drafts of the strategy to provide ongoing feedback to the consultants and ensure the government team was fully involved throughout the process.

Program review and documentation:

At the end of the year, the MP facilitated sessions with the team to review the workplan, identify gaps, and assess learning needs in preparation for the next year. A key activity outlined in the workplan was to commence a process of reviewing and providing feedback on the coordination platform workplan, which had not typically been done before.

This session allowed the team to reflect on areas of progress and identify areas still requiring support. Subsequently, the MP worked with the team to develop an end-of-year report for the department, highlighting progress, challenges, and next steps. Based on the gaps identified within the team, a request was made for management training to improve the skills of the FHD team. This informed the plan for a learning workshop to be organised in the new year.

Institutionalisation processes

To ensure the institutionalisation of RMNCAEH+N coordination, the FHD's operational plan aimed to expand the RMNCAEH+N coordination platforms to the subnational state level. For this to become a reality, the National Council on Health (NCH), headed by the MoH, needed to approve the creation of RMNCAEH+N platforms at state level. The MP worked with the team lead to map out the process for securing this approval. With the MP's support, the team lead prepared a memo for the Minister's approval, which was granted in December 2022.

Resource mobilisation

The FHD has been advocating for dedicated domestic funding for coordination activities since the platform was set up in 2020. A dedicated budget for RMNCAEH+N was approved by the MoH for the 2023 fiscal year in Q3 2022. This is a critical achievement for the department as part of their efforts toward achieving sustainability for RMNCAEH+N coordination beyond the current leadership of the FHD.

Phase 3 (January – May 2023): phasing out embedded support and championing sustainability

Sustaining processes

To ensure the sustainability of L&M skills within the FHD, AMP Health organised an L&M workshop for the team focusing on team alignment and team effectiveness. This was in response to the team's request to address gaps identified following the end-of-year report. At the same time, there was a reorganisation of directors across the FMOH and the FHD team lead was moved to a new position. This posed a risk to the team's functionality and morale as the new director came from a different department and was not familiar with the ongoing projects and new direction of the team.

Given the government's key role as a driver for RMNCAEH+N activities in the country and the FHD's role as secretariat for the multi-stakeholder coordination platform, the workshop was successful in encouraging division heads within the FHD to define ways of working better together and align on moving forward with shared goals of the department.

Onboarding a new team lead

The MP worked with the outgoing team lead and FHD team to provide onboarding support for the new director. This involved developing transition documents, facilitating meetings with the GFF country team, and facilitating team meetings between the new director and the team to introduce her to the team's new system of engagement.

Biannual coordination platform meeting

The 2023 meeting was hosted by the new director, with the previous team lead also in attendance. The planning and coordination of this meeting was seamless thanks to the success and learnings from the previous meeting described above.

Strengthening interdepartmental collaboration

The relationship between the Department of Planning Research and Statistics (DPRS) and the FHD is key to improving accountability around family health indicators. Given the planning, communication, and collaboration challenges between these two departments, the MP facilitated sessions between them to work on the relationship. The result was a joint planning process for the RMNCAEH+N strategy finalisation meeting taking place in May 2023. The teams had several meetings to agree on the approach for data accountability and to incorporate this into the RMNCAEH+N strategy.

Concurrent health system progress

Several concurrent health system changes occurred during the partnership period. While not direct outcomes of the CLP, the following health system outputs were led by the participants of the CLP and the FHD with direct impact on RMNCH+N activity implementation for the country.

Improvements in RMNCAEH+N Quality of Care

Following the development of the first National Quality Strategy for Reproductive, Maternal, Newborn and Child Health in 2018, the FMOH has worked to strengthen the coordination of Quality of Care (QoC) implementation through the coordination platform. Some key activities and achievements in the second half of 2022 on QoC include the development of the country's QoC toolkit and technical resources, including a standard technical brief and national implementation guide. These provide technical guidance for the implementation of QoC standards for RMNCAEH+N.

The first RMNCAEH+N QoC Monitoring, Evaluation, Accountability, and Learning (MEAL) plan (2022–2027) was also introduced. This plan outlines a vision for the creation of a coordinated and efficient national system for the management and monitoring of strategic data on RMNCAEH+N QoC. It seeks to support the national vision to increase patient satisfaction, improve access to affordable care, and halve maternal and newborn mortality, preventable deaths, stillbirths, and elderly health rates nationwide by 2027.

The National RMNCAEH+N QoC implementation guide is a crucial move in the institutionalisation of evidence-based decision-making for health policy and ensuring equitable distribution of limited resources. It is also a key part of the team's commitment to improving accountability for RMNCAEH+N. At the state level, the MEAL strategy is also being adapted for implementation. In addition, more than 500 participants received national and state-level toolkit training by the end of Q3 2022.

Accountability: reduction of maternal and newborn morbidity and mortality

In 2020, a law was passed to enable efficient monitoring, review, and prevention of maternal and perinatal deaths, as part of efforts to reduce maternal and newborn morbidity and mortality rates. Recognising the strategic and evidence-based nature of MPDSR in enhancing the quality of maternal and newborn health, Nigeria aligned and integrated QoC for MNCH and MPDSR structures at the national, subnational, and facility levels. In 2022, Nigeria successfully incorporated a child mortality audit into the MPDSR.

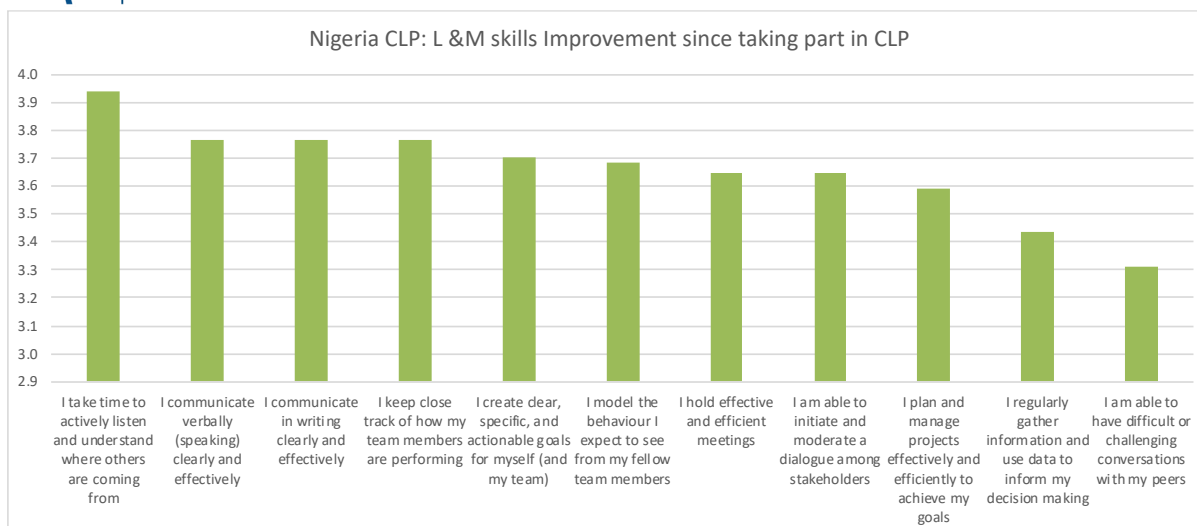
National Council on Health approval for state-level FHDs and RMNCAEH+N multi-stakeholder coordination platforms

The 63rd National Council on Health (NCH) meeting was held in Abuja from 5 to 9 December 2022. As stipulated in the National Health Act (2014), the NCH serves as the highest policy-making body on matters relating to health in Nigeria. Its membership includes the MoH, who chairs the Council, the Minister of State for Health, State Commissioners for Health from the 36 states, and the Secretary for Health and Human Services Secretariat. Among the 15 resolutions approved by the NCH was the directive for states to domesticate the RMNCAEH+N multi-stakeholder coordination platform and establish subnational FHDs. This resolution aligns with the objectives outlined in the FHD and coordination platform's 2022 workplan.

Monitoring and Evaluation: improvements in skills and confidence

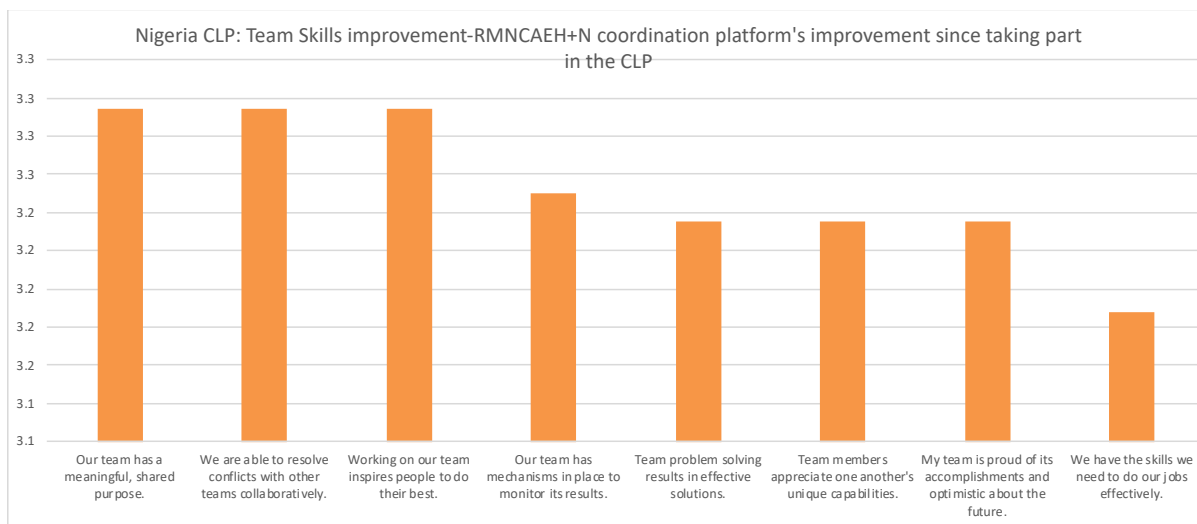
Members of the RMNCAEH+N CLP completed a self-reported survey at the end of the MP's engagement in May 2023. In total, 17 team members completed the survey. Participants were asked to rate the extent to which they had improved as individuals across several dimensions, using a scale from 1 ("not at all") to 4 ("a lot"). On average, the participants reported at least a moderate increase in all the dimensions measured.

The largest improvement (+3.9) was reported in taking time to actively listen for understanding. This is a core competency of transformative leadership, and it was a key focus for the MP. Verbal and written communication skills (both showing an improvement of +3.8) also scored very high. Team members reported significant improvements in performance monitoring, goal setting, and modelling desirable behaviours (all +3.7). Individuals reported large increases in their own ability to hold effective meetings, initiate and moderate dialogue with stakeholders, and manage projects (+3.6).



The survey also asked team members to rate their improvement as a team during the embedded partnership phase. The average increases were slightly lower than those across the individual dimensions, which is to be expected from a team that was recently brought together for the purposes of the coordination platform and the CLP. As with the individual capabilities, all skills showed some improvement, with 14 skills showing moderate improvement and two showing slight improvement.

The most notable improvements were seen in the team’s sense of purpose, ability to work collaboratively with other teams, ability to inspire strong individual performances, and performance monitoring (all +3.3). Many of these capabilities relate to the impact points set by the team at the start of the MP’s engagement (e.g. to improve collaboration and accountability). This suggests that the work of the MP and the team was focused on the impact points identified in the beginning of the engagement. Other areas of skill improvement include problem-solving, team pride, and conflict resolution within the team (all +3.2).



In the final section of the survey, participants were asked to identify tools and processes in which they had seen improvements in adoption rates or in how these tools were being used. The team indicated that in the case of about half of the tools (e.g. meeting documentation, team charter, job descriptions, and signed Memorandums of Understandings/ToR documents with partners, all +3.1), they had seen moderate improvements in adoption or regular usage. However, in the case of the other half of the processes, like written roles and responsibilities and costed annual workplan and budget templates, the

team indicated slight improvements in how the tools were used, or that the tools/processes had been developed but not implemented (+2.0).

In-depth interviews were conducted with some members of the coordination platform to understand their impressions of the CLP, with many remarking that the CLP had helped them see complex situations and projects from various perspectives. Participants also believe that the CLP will contribute to the continued development of public health in Nigeria through improved team cohesion, leading to better outcomes (such as a comprehensive review and revision of the reproductive maternal health strategy), which will positively impact public health at the national and subnational levels.

A non-government platform team member remarked, “[The CLP] gave us an opportunity to review the performance and progress of the Family Health Department as a secretary of the platform. It also helped us review the internal challenges that were impeding work while promoting coordination [within the team]. It was a very productive and comprehensive retreat.”

Although some participants believe that a direct correlation between the CLP and improved health outcomes is not currently possible due to lack of metrics, they did say that the opportunity to interact with and learn from colleagues and partners will indirectly impact the health system in a positive way.

A development partner who participated in the program said, “It’s too short to allude attribution but I will say qualitatively every learning opportunity would certainly indirectly impact the health system positively. The health system is huge, as we’ve learned, and it’s the communication of evidence or interaction with partners that is building that momentum.”

Several participants commented on the CLP’s impact on their relationships with colleagues and stakeholders with one stating, “I could see the improvement in the relationship and thoughts that we have gained over time through working together and relationship building. I can say that my expectation has been achieved. [We are] closer to the Ministry of Health and supporting them to achieve a common goal.”

Another respondent said, “We are all happy about our output for the year. It was a short period of time but what we achieved within that time is enormous. I could attribute a lot of this progress to the leadership skills that I’ve developed in the workshop.”

These survey findings indicate improvements during the phase of embedded support across a broad range of individual and team capabilities, many of them directly related to the original goals set by the team for their work together: to improve collaboration, communication, and accountability.

Key success factors

The highlights described were possible given three critical success factors:

- **Defining roles and responsibilities**
Most FHD team members were expected to have dual roles; their primary responsibility within the department was their technical RMNCAEH+N role and their secondary role was within the coordination platform. These secondary roles were not defined and led to lack of ownership and accountability for coordination platform activities.
- **Building strong relationships**

By re-establishing the responsibilities of the different stakeholders, it became clear which areas required attention and who was responsible for ensuring the necessary steps were taken. Building strong relationships through frequent interactions was a key success factor for the program.

- **Listening to relevant stakeholders for RMNCAEH+N**

With more open communication and improved listening, more team members were being heard. This was an important leadership skill that helped the team achieve some of their shared goals.

AMP Health’s recommendations

Despite macroeconomic challenges and limited human resources for health, the FHD of Nigeria’s FMoH worked over a 12-month period towards transformative leadership goals for improved RMNCAEH+N outcomes. While successful, there is much more to be done to achieve sustained and scaled progress.

To enhance and sustain the gains made during the program, the following actions are recommended:

1. The RMNCAEH+N coordination platform needs a dedicated secretariat team who can focus on ensuring that commitments and action plans are executed. Currently, all staff of the FHD also have full-time technical responsibilities within the department. This limits their ability to focus on the challenging responsibilities of the RMNCAEH+N coordination platform.
2. A dedicated team member within the department is needed to ensure that the best practices and team effectiveness efforts that were put in place over the course of this program are sustained (e.g. maintaining regular platform meetings, ensuring the newsletter is sent, inter-division and departmental communication, regular bi-weekly FHD team meetings, archiving and sharing documents in Google folders).
3. The RMNCAEH+N strategy, when finalised, needs to be adequately communicated and disseminated among all platform stakeholders and different governance levels to ensure it is implemented and tracked.
4. Subnational level RMNCAEH+N activities require proper guidance from the FMoH. The Nigeria Governors’ Forum has committed to advocating for this guidance, which is welcome news, but the team needs to ensure these commitments are followed through.
5. Emphasis on accountability and tracking of family health indicators is critical to the success of state-level FHDs. This also requires resourcing and improved relations between the FMoH, FHD, and DPRS.
6. Support for the FHD team is needed to sustain and improve visibility of its work within and outside the ministry (through its newsletter and other communications).

Appendix I: Situation assessment - SWOT analysis

| Strengths | Weaknesses |
|--|---|
| <p>S1– Clearly defined problem statement and articulated intention to embrace change within the FHD</p> <p>S2 – Good working relationship with other partners and stakeholders</p> <p>S3 – Workplan developed following CLP workshop with plans to improve partnerships/collaboration, communication, and accountability</p> | <p>W1– Limited human resources within the CU</p> <p>W2 – Limited program planning at national and subnational levels</p> <p>W3 – Limited linkages and coordination at the subnational level</p> <p>W4 – Absence of clear RMNCAEH+N strategy and M&E framework</p> |

| | |
|---|--|
| | <p>W5 – Lack of prioritisation with increasing demand from partners, stakeholders, and donors</p> <p>W6 – Limited use of data for planning/decision making</p> <p>W7 – Inadequate accountability systems due to lack of clarity on job descriptions and defined roles</p> <p>W8 – Limited knowledge management skills (documentation, tracking of activities)</p> <p>W9 – Absence of RMNCAEH+N coordination structures at the SMoH</p> |
| Opportunities | Threats |
| <p>O1 – Establishing new partnerships to further strengthen coordination for RMNCAEH+N interventions</p> <p>O2 – Subnational coordination structures being created and/or strengthened</p> <p>O3 – Plan to improve communication within the department and with subnational governments</p> <p>O4 – Change in political leadership with new government sustaining current efforts</p> | <p>T1 – Limited health financing and economic uncertainty</p> <p>T2 – Change in leadership at FHD could lead to revised priorities</p> <p>T3 – Change in political leadership could lead to the new government revising priorities</p> |

Appendix II: Summary status of impact points

| Objective | Previous status (May 2022) | Approach/workplan activities | Status by May 2023 | Outlook |
|---|----------------------------|---|--|--|
| Support team to improve the partnership between stakeholders to strengthen collaboration across the multi-stakeholder coordination platform | Poor | <ul style="list-style-type: none"> Review strategic documents and priorities within the context of the National Health Strategic Plan Strengthen functionality of the core group Strengthen advocacy, stakeholder consultations and re-engagements | Ongoing: 100% of national planned partnership engagements conducted for the period | On track: All planned partnership activities were on track to be completed by the end of 2023. |

| | | | | |
|--|----|--|-------------------------------------|---|
| Support team to strengthen accountability at all levels for the RMNCAEH+N program | NA | <ul style="list-style-type: none"> • Develop and communicate an accountability framework • Develop and communicate regular monitoring system (quarterly, biannual) • Provide evidenced-based feedback to states | Ongoing: 60% of activities on track | At risk: Success is contingent on the strategy document being finalised. This did not happen during the MP's tenure but was finalised in Q4 2023. |
| Support team to strengthen communication/ coordination among stakeholders and working groups | NA | <ul style="list-style-type: none"> • Establish clear communication channels • Establish a system for sharing knowledge/information on the platform goals, objectives and actions • Hold regular meetings with clear agenda/action points • Establish a feedback loop and disseminate reports | Achieved: 100% achieved in 2022. | On track: The team achieved 100% again in 2023. |

Appendix III: Examples of tools/processes introduced

| Tools | Description |
|--------------------------|---|
| Google Drive | The team has adopted Google Drive as their shared drive for knowledge management. Google Drive is helping the team archive and share access to documents. |
| WhatsApp group chat | WhatsApp groups have been set up following to allow the team to be in touch. It also allows the team to schedule meetings and send reminders when team members don't have email access. |
| Meeting report templates | Minutes from meetings have been standardised. This allows the team to capture the most valuable and relevant information from workshops or meetings. |

| | |
|-----------------------------------|---|
| Action/workplan tracker templates | An Excel-based tracker to follow up on action plans was created to increase accountability within the team and keep track of actions completed and pending. A departmental meeting action tracker and quarterly reporting template was also developed for the team's use. |
|-----------------------------------|---|

Workplan tracker template

| Activity | Objectives | Responsible person(s) | Status |
|---|---|-----------------------|--------------------------|
| Review of National RMNCAEH+N Strategy: activate focal persons from each FHD division to follow up on each consultant contract and timelines | Improve partnership between stakeholders to strengthen collaboration | CU | Completed |
| Develop performance monitoring tools and an action points tracker to be used by division heads for meeting updates | Improve partnership between stakeholders to strengthen collaboration | CU | Ongoing |
| Development of simple-to-use reporting templates and integration of online and real-time reporting via online media tools | Strengthen accountability at all levels for the RMNCAEH+N program | CU | Ongoing |
| Accountability Framework/M&E team from all subcommittees set up to liaise with the states and track outputs monthly | Strengthen accountability at all levels for RMNCAEH+N program | CU | Due Q4 2023 ³ |
| Conduct capacity building exercise on team effectiveness, management, documentation, and M&E for CU tentative 3rd week of Jan 2023 | Strengthen coordination/communication among stakeholders and working groups | CU | Completed |
| Updates from reports generated and disseminated to key audiences and relevant stakeholders | Strengthen coordination/communication among stakeholders and working groups | CU | Ongoing |

³ This due date for this objective was after our partnership had ended.

Appendix IV: Social media posts by FHD on some related activities

Health Promotion Nigeria
@HPDgov

2023 Bi-Annual Meeting of Nigeria Reproductive Maternal Newborn Child Adolescent and Elderly Health plus Nutrition, Multi-Stakeholders' Partnership Coordination Platform (RMNCAEH+N MSPCP) to commemorate a decade of call to action to improving maternal and child survival.



13:11 · 21/03/2023 from Earth · 530 Views

Health Promotion Nigeria
@HPDgov

@Fmohnigeria commenced a three day RMNCAE+N Leadership /Management SKILLS workshop happening @frasersuites in Abuja.



15:25 · 23/01/2023 from Earth · 44 Views