# IHP+ 2016 MONITORING ROUND

# COUNTRY REPORT

| | |
|---|---|
| COUNTRY | Nigeria |
| CONSULTANT NAME | Adesegun Fatusi |
| DATE SUBMITTED | 7 October 2016 |

## 1 Process of the 2016 IHP+ Monitoring Round

The IHP+ results monitoring exercise went reasonably well, but certain challenges were experienced. The main challenge was slow response on the part of several development partners (DPs) as well as the Federal Ministry of Health (FMoH), and some Civil Society Organisations (CSOs). Another challenge was inability to bring the private sector organisations together in a common forum for focus group discussion due to their geographical spread and immediate availability, leading to the use of the alternate strategy of in-depth interview. Non-availability of a readily accessible directory for CSOs in the health sector was a major constraint at the beginning, but we overcame this by linking up with a number of development partners to provide us with lists of CSOs they are working with, as well as some CSO networks. Those invited to participate included all members of the Development Partners' Group, virtually all professional groups in the health sector, and leading private sector groups that met the defined criteria, and almost all the key CSOs working in the health sector. Overall, more than three-quarters of those invited finally participated; rate of participation was lowest with the private sector group. The Federal Ministry of Health provided effective leadership in driving the process including facilitation of interaction with the Development Partners' Group and follow-up with the leadership, and providing list of some private sector groups they had relationship with, and contributing ideas on how the assignment can be completed successfully. On the other hand, the bureaucratic process in the Ministry itself also slowed things down in some ways, particularly in the timeliness of completing their own instruments. It is also relevant to mention that the leadership of the unit in charge of the IHP+ in the Federal Ministry of Health changed in the middle of the process, although the new officer-in-charge caught on quickly and bought enthusiastically and totally into the IHP+ agenda.

The greatest challenge in the process was the organisation of the dissemination forum. While we first shared the results with the Federal Ministry of Health (FMoH) and the Development Partners Group (DPG) in October 2016, the dissemination forum could not be held until April 2017, and only after several and persistent efforts. The primary reason for the long delay encountered was the great difficulty in finding an appropriate existing national platform that brings together various groups of developmental actors to host the event. On the one hand, the last quarter of the year is the time of peak activities for all government agencies in Nigeria as they struggle towards expending their annual budget to avoid returning the balance to the treasury. The fact that budgets are not released until almost mid-year puts enormous pressure on FMoH to implement several activities back-to-back. The situation cascades to other development actors, and as a result, it was virtually impossible to be able to commit the stakeholders to a programme that is outside their primary focus, and coordination meetings become irregular. Secondly, with the crowded schedule, the dates for several regular and periodic national forums were changed – and made it difficult to plan adequately or get the attention of the organisers of the programme towards hosting the dissemination forum.

Unfortunately, given the little amount of funds available from HERA to support such a forum, organising a dedicated dissemination forum that would bring the desired stakeholders together was totally out of the question.

Overall, we considered to use a number of forums but were not successful; these include: National Council on Health; the Development Partners Group; the Health Partners Consultative Committee; the platform for the development of a new National Integrated Reproductive, Maternal, Newborn, Child and Adolescent (RMNCAH); the National Adolescent Health Technical Working Group. Finally, in April 2017, we had a breakthrough to piggyback the dissemination forum on a 3-day programme convened by the Federal Ministry and Development Partners for the finalisation of the National RMNCAH Quality of Care Strategy. My central role in the Strategy Development programme as a consultant to the process, the support of the Honourable Minister of Health based on my strong and insistent appeal to him on the matter, the openness of the Director of the Department of Family Health of the Ministry and her team to the idea of the Forum, and the support of the DPG secretariat were the crucial factors that made it finally possible to have the event in April 2017.

Lists of DPs, CSOs and private sector representatives who were invited and contributed to this exercise are provided in the annex.

# 2 Commitment to establish strong health sector strategies which are jointly assessed and strengthen mutual accountability

## 2.1 EDC Practice 1: Partners support a single national health strategy

Nigeria developed the National Strategic Health Development Plan (NSHDP) as the national health plan for 2010-2015 period. The development of the plan as well as its periodic review (two Joint Annual Reviews [JAR] and a Midterm Review [MTR]) involved a broad cross-section of stakeholders, with Development Partners playing a major role; however, the involvement of private sector and CSOs appears not to have been adequate. The response given by the DPs agrees with that of the government regarding the existence and periodic assessment of the NSHDP, although the dates cited for the JAR and MTR differ somewhat between the two groups – this merely reflects a mistake in recollection of the dates on the parts of many DPs. There is an increasing consciousness on alignment with the national health plan among various DPs, and the various initiatives of the federal government are bringing greater focus on such alignment. Some partners reported undertaking further separate sub-sector analysis to improve their programme planning process, or in line with organisational reporting requirement.

## 2.2 EDC Practice 5: Mutual accountability is strengthened

Nigeria has a detailed M&E framework for the National Strategic Health Development Plan (NSHDP), and the framework includes mechanisms for strengthening mutual accountability (MA). Broadly, there are hardly any other MA mechanisms outside the JAR and MTR presently. On the one hand, DPs generally expressed acceptance of and support for the NSHDP. On the other hand, only the UN agencies indicated using an M&E system that is solely based on the national results framework, while other DPs indicated that what they use is “agreed results framework that is different from that of the national system.” The major constraints to the use of the national M&E system as indicated by the DPs include the weakness of the data system and resultant poor quality and non-timeliness of data are major constrains by DPs.

Strengthening mutual accountability requires that government be "in the driver's seat", with strong commitment and provision of proactive and effective leadership.

# 3 Commitment to improve the financing, predictability and financial management of the health sector

## 3.1 Practice 2a/b: Health Development Cooperation is more predictable

The Government of Nigeria currently has no rolling 3 year budget or MTEF in place, although there was one between 2010 and 2013. However, the Government plans to develop a new MTEF. The fiscal year for which DPs reportedly provided government with a comprehensive forward-looking expenditure was either 2016 or 2016 & 2017. Only GAVI indicated that it did not provide forward looking expenditure to the government, with the explanation that the delay was related to some lingering audit-related issues in its funded programme. The flow of financial information from DPs to government can be improved through improved functionality and use of the Federal Ministry of Budget and Planning's Development Assistance Database, strengthening of the Development Partners Group on Health platform; and, joint planning and review processes by partners and the Government.

## 3.2 Practice 2c: Health Aid is on budget

The contributions from individual DPs are not reflected in Nigeria's national budget, although the responses of UNFPA and JICA suggest that their own funds are captured in the budget. A major reason for not capturing DPs funds in the national budget is that there is no clear mechanism for recording external assistance resources in the national budget. There is significant under disbursement of allocated funds of both government and DPs. Improvement in public financial management and accountability processes within the Nigerian national health system may encourage DPs to have their resources captured within the national budget.

# 4 Commitment to establish, use and strengthen country systems

## 4.1 Practice 3: PFM systems are used and strengthened

Nigeria's public financial management (PFM) systems are widely perceived to be considerably weak with several inadequacies and poor fiscal accountability; the World Bank CPIA database reportedly scores the system as 3.5. As a result of the perceived inadequacies and lack of trust, DPs generally do not use the PMF except the UN organisations (UNFPA, WHO) and the World Bank that indicated using the public systems.

The Nigerian government recognises the weakness of the PMF and has initiated several policies in recent years aimed at strengthening the PFM. These include the Public Procurement Act (2007), the Fiscal Responsibility Act (2007), the Government Integrated Financial Management Information System (2013), and the Treasury Single Account (2015/2016). However, there are gaps in the implementation of most of these policies and initiatives, leading to sub-optimal results. Some of the obstacles to effective implementation of the PMF-related agenda include: 1) Inadequate governance financial monitoring; 2) Non-computerisation of the accounting system; 3) Poor support to strengthen the PFM system by DPs.

Overall, there has been no deliberate effort from DPs to help strengthen and eventually use the national PFM system, but the World Bank reported a new initiative, aimed at improving the public financial system. The initiative is presently at the 'diagnostic' stage whereby efforts

are on to identify the weaknesses in the system. The outcome of the diagnostic activities will provide the evidence base for defining required interventions.

## 4.2 Practice 4: Procurement systems are used and strengthened

Nigeria has a national supply and procurement plan in place but DPs were reported by the Government as not using the Plan because of lack of trust and perceived inefficiency of the system. Most DPs reported that they do not use a joint/harmonised procurement system, different projects and programmes have their own procurement and supply systems. In general, DPs prefer to use globally established systems because of their competitiveness and better prices, as compared to the national system that is perceived widely to be currently weak and still evolving. Part of the approaches used by DPs in this regard involve using the platforms that have been developed by other DPs that are recognised to have global reach, competitiveness and strength. For example, the procurement system of UNICEF is used to procure vaccines by other DPs.

Several DPs, including the USAID, GAVI, and the Global Fund for AIDS, Tuberculosis and malaria, are working along with the Government of Nigeria to build capacity and strengthen the procurement and supply systems for improved performance and greater efficiency, particularly by investing in a Nigeria Supply Chain Integration Project which aims to integrate the supply systems in the country by 2017. The World Health Organisation reported that a "Procurement and Supply Chain Management Technical Working Group" has already been set up to support the Government in strengthening the supply systems. Strengthening the government central procurement mechanism and use of pooled funding and joint programming can enhance the alignment of procurement system among the DPs.

## 4.3 Practice 6: Technical support is coordinated and SSC and TrC supports learning

Nigeria does not have an agreed national Technical Assistance plan for the health sector. Although almost all the DPs indicated that they provide some form of Technical Assistance (TA) to Nigeria, there is considerable variation in how DPs reported that they provide such TA. In general, provision of TA by the DPs are usually premised and shaped by the discussions with the government or government's request. The extent to which national institutions are engaged by DPs in the process of providing TA is debatable, and at best appears minimal. There is little evidence of effective or strong central coordination of the process of TA engagement, although the Ministry of Budget and National Planning has some roles relating to such coordination. The government has so far not indicated an interest in developing a National TA Plan. Suggestions on how the alignment and coordination of TA can be strengthened include through the development of a National TA plan by the government, analysis and identifying TA gaps and needs by government, and using the national donor coordination platform/consultations to align all TA to government priorities.

The Federal Ministry of Health participates in South-South cooperation (SSC), and most DPs indicated that they support SSC. The absence of a map of potential areas of SSC in the region as well as a dedicated policy/plan to promote SSC are some of the constraints reported as hindering the optimal use of SSC as part of TA. Opportunities for SSC in health sector cooperation include-cross capacity fertilisation; skills and knowledge transfer, and ability to use the mechanism as a stop-gap measure to address some shortages in human resources for health and skills. Strengthening the National task force on SSC in the National Planning Commission is one of the key suggested ways to strengthen SSC, while careful identification of needs and potentials of other countries to respond to those needs, and also using the network of partners in that process are ways that SSC can be used more effectively

# 5 Commitment to create an enabling environment for CSO and PS to participate in health sector development cooperation

## 5.1 Practice 7: Engagement of CSO

Most (but not all) DPs indicated that there are established institutionalised mechanisms for involvement of CSOs in programme development and oversight. FMoH is open to engagement with CSOs in general, and shares information with them as necessary. Using the example of the recent review of the National Health Policy, FMOH, for example, indicated that the government engaged the CSOs constructively through the Health Sector Reform Coalition, and the "Minutes of meetings and notices are shared with all stakeholders". However, the feedback mechanisms demonstrating how CSOs' inputs have been taken into account in health policy processes is deemed by most CSOs to be weak or non-existent, while FMoH also reported that such feedback mechanism does not exist at present. Opinions also differ among DPs as to the inclusiveness of the list of CSOs engaged in development planning and programme implementation processes. Furthermore, DPs differ considerably in the type of support they reported to provide to CSOs. Some of the areas for recommended support include capacity building for advocacy and preparation of budget analyses. The overall picture is that while CSOs are consulted in the development, implementation, and monitoring of national health sector policies, the number of CSOs engaged in such is quite low. The process of engaging CSOs in health policy processes can be improved through the use of electronic media for public consultation on health policies. Further opportunities to increase CSOs' participation include adequate mapping of CSO with updated database of where they operate and focus.

## 5.2 Practice 8: Engagement of PS

PS groups were reported by the government as being involved in health policy processes through mechanism such as Technical Working Groups. FMoH has been providing information to PS groups through their associations, such as the association of private healthcare providers. The number of PS groups engaged in the policy process is, however, small, but there are recent efforts to engage the wider private sector groups. Most DPs, on the other hand, indicated that they usually consult private sector organisations, including through the use of platforms such as Country Coordinating Mechanism, Country Dialogue, and involvement in Program Implementation activities. There are currently no feedback mechanisms to demonstrate how PS' inputs have been taken into account in the health policy processes. Information from the private sector health providers are hardly captured in the National Health Information System Management presently, but the new National Health Act (2014) makes it mandatory for private sector health service providers to provide their data to the national system, and prescribe fees for failure to do so.

DPs hardly provide financial or technical support to private sector organisations, and only few PS organisations are supported by DPs to participate in the health policy dialogue. Creating an enabling environment through Public-Private Partnership framework, and more dialogue and provision of enabling environment for collaboration by government are possible ways to increase PS organisations' participation in health policies, and planning. However, the profit orientation of the private sector as well as the poor economic situation that is adversely affecting the private sector organisation may dampen the enthusiasm of private sector organisations to actively participate in health sector programmes.

# 6 Discussion of findings

The Dissemination was held in the context of a special meeting of the Development Partners' Group called specifically for the purpose of the dissemination of the IHP+ Survey results, and nested within a National Reproductive Health Quality of Care Technical Working Group Meeting. The discussion meeting went well and involved 45 participants from the following groups:

- Government entities: Federal Ministry of Health [Department of Health Research, Planning and Statistics , and Department of Family Health); National Primary Health Care Development Agency, Federal Ministry of Women and Social Development; Regulatory Bodies (Medical and Dental Council of Nigeria, Nursing and Mdwifery Council of Nigeria, and Community Health Practitioners Registration Council of Nigeria) State Ministry of Health/State Primary Healthcare Development Agency (of Ebonyi, Delta, Kano, Kogi, and Yobe States
- Development Partners : UNFPA, UNICEF, WHO, Global Affairs Canada, Bill & Melinda Gates Foundation, CDC, JICA
- Civil Society Organisations & Implementing Agencies: Centre for Integrated Health Programmes; Population Council Clinton, White Ribbon Alliance Nigeria (WRAN), Health Access Initiative (CHAI), MNCH2 Project, Maternal and Child Survival Programme (MCSP)
- Private Sector & Professional Associations : Association of Public Health Physicians of Nigeria (APHPN), Society of Gynaecologist and Obstetricians of Nigeria (SOGON), Nigerian Society of Neonatal Medicine (NSOMN), Society for Adolescents and Young Peoples Health in Nigeria (SAYPHIN).

Some key observations and lessons learned were raised at the meeting as follows:

A. Data Collection Instrument and Processes:

There is a need to:

1. Ensure that an in-country meeting of all entities participating in an IHP+ monitoring takes place first, specifically to discuss the questions in the data collection instrument to afford DPG members and other participating organisations the opportunity to have face-to-face interactions on the instrument so as to achieve better understanding and clarify relevant issues before the process of completing the instruments
2. Obtain data from development partners database with the National Planning Commission (which has been populated with information from Development Partners) and triangulate with the information provided to IHP+ to improve the validity and robustness of data and findings
3. Differentiate between bilaterals (funders) and multilaterals (implementers and sub-funders at times) in the survey design to better ensure that the questions are fitted to the mode of operation of each development partner and ensure that the answers given and the analysis provided have the correct and complete context. Bilateral organisations, for example, may have given funds to a UN agency rather than government entities directly. The UN agency then in turn may fund a government entity and report on the use of country PFM systems. The survey answer from the bilateral organization will however not show this but the fact remains that funds were provided with understanding that country PFM systems will be strengthened through them. It is the flow of funds that must be reflected. Bilateral funders whose internal

risk requirements do not allow direct funding of government may use this approach to build the capacity of country PFM systems.

4. Each participating organisations should ensure that the individual tasked with the responsibility of completing the IHP+ data collection instruments has good enough knowledge of the organisation and its operations or/and ready access to information that would enable him/her provide as much detailed and accurate answers as possible

B. Actions

5. The need to strengthen government systems (data & M&E system, public financial management, and procurement systems) considerably to improve the country's absorptive capacity and fund disbursement rates and engender greater Development Parners' confidence in the system
6. The need for improved engagement between the government and the Development Partners and greater openness of DPs to government in terms of its funding and operations plan
7. The need for the government to develop a National Technical Assistance Plan and strengthen the coordination mechanism for South-to-South Cooperation
8. The need to draw relevant lessons from the IHP+ results to review and strengthen the partnership engagement between the government and the development partners as a whole
9. Commitment to present the result at other fora, including another special meeting of the Development Partners' Group, the Health Partners Consultative Committee, as well as develop a brief for the Minister of Health to enable him take an appropriate decision on presenting the IHP+ result at the National Council on Health and other highranking policy- and decision-making fora

## Annex 1: list of DPs that were invited and those that participated

| Nr | List of DPs active in the health sector | DPs invited to participate in 5th IHP+ Monitoring Round (please add an X if the DP was invited to participate) | DPs that participated (please add an X if the DP participated) |
|---|---|---|---|
| **1** | WHO | X | X |
| **2** | UNICEF | X | X |
| **3** | UNFPA | X | X |
| **4** | World Bank | X | X |
| **5** | DFID | X | X |
| **6** | JICA | X | X |
| **7** | Global Affairs Canada | X | X |
| **8** | GFATM | X | X |
| **9** | GAVI | X | X |
| **10** | European Union | X | X |
| **11** | Gates Foundation | X | X |
| **12** | USG/USAID | X | X |
| **13** | UNAIDS | X | |
| **14** | Germany GIZ | X | |
| 15 | AfDB | X | |
| 16 | UN Women | X | |
| 17 | Belgium | X | |
| 18 | China | X | |
| 19 | Netherlands | X | |
| 20 | Norway | X | |
| 21 | Sweden | X | |
| 22 | Switzerland | X | |

# 7 Annex 2: list of participating CSOs

| Nr | List of CSOs active in the health sector | CSO participated in online survey (please add an X if the CSO participated) | CSO participated in focus group discussion (please add an X if the CSO participated) |
|---|---|---|---|
| 1 | Health Reform Foundation of Nigeria (HERFON) | X | |
| 2 | AIDS Prevention Initiative in Nigeria (APIN) | X | |
| 3 | Association for Reproductive & Family Health (ARFH) | X | |
| 4 | Community Health and Research Initiative (CHR) | X | |
| 5 | Planned Parenthood Federation of Nigeria (PPFN) | X | X |
| 6 | Population Council | X | |
| 7 | Coalitions for Change (C4C) | X | |
| 8 | Education as Vaccine (EVA) | X | |
| 9 | One Campaign | X | |
| 10 | Comprehensive Community Mental Health Programme | | X |
| 11 | ActionAid Nigeria | | X |
| 12 | Nigeria Urban Reproductive Health Initiative Project (NURHI 2) | | X |
| 13 | Centre for the Right to Health | | X |
| 14 | Centre for Communication Programs Nigeria (CCPN) | | X |
| 15 | Academy for Health and Development | | X |
| 16 | Adolescent Health and Information Projects (AHIP) | | X |
| 17 | Hygeia Foundation | | X |
| 18 | LIFEBUILDERS | | X |
| 19 | Marie Stopes International Organization Nigeria | | X |
| 20 | Save the Children | | X |
| 21 | Cedar Seed Foundation | | X |
| 22 | Action Health Incorporated | | X |
| 23 | Deaf Women Association of Nigeria, Abuja Chapter | | X |
| 24 | Pathfinder International | | X |
| 25 | Heartland Alliance International | | X |
| 26 | Disability Rights Advocacy Center (DRAC) | | X |

## 8 Annex 3: list of participating private sector organisations

| Nr | **List of private sector active in the health sector** (as per the definition in the PS tool) | **Private sector organisation participated in focus group discussion** (please add an X if participated) |
|---|---|---|
| **1** | Association of Public Health Physicians of Nigeria | X |
| **2** | Guild of Medical Directors | X |
| **3** | Healthcare Federation of Nigeria | X |
| **4** | Professional Association of Public Health Nurses of Nigeria | X |
| **5** | Nigerian Medical association | X |
| **6** | Nigeria Society of Physiotherapists | X |
| **7** | Nigerian Union of Health Professionals | X |
| **8** | Society of Public Health Professionals of Nigeria | X |
| **9** | National Association of Nigerian Nurses and Midwives | |
| **10** | Private Health Sector Alliance | |
| **11** | Pharmaceutical Society of Nigeria | |
| **12** | Medical Laboratory Society of Nigeria | |
| **13** | Association of General Private Medical Practitioners of Nigeria | |
| **14** | Pharmaceutical Manufacturers Group of the Manufacturers Association of Nigeria | |
| **15** | National Association of Community Health Practitioners of Nigeria | |
| **16** | Medical and Health Workers Union | |
| **17** | Health and Managed Care Association of Nigeria | |
| **18** | Health Care Providers Association of Nigeria | |
| **19** | | |
| **20** | | |