



Developing capable leaders, strengthening management systems, and improving governance structures for improved health and HIV services in Nigeria





Photo by Gwenn Dubourthoumieu

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EXECUTIVE SUMMARY

The five-year Program to Build Leadership and Accountability in Nigeria's Health System (PLAN-Health) is funded by the US Agency for International Development (USAID) and the President's Emergency Plan for AIDS Relief (PEPFAR) and implemented by Management Sciences for Health (MSH). PLAN-Health is a long-term transformative program designed to strengthen the institutional capacity of public sector institutions and civil society organizations for improved health and HIV & AIDS service delivery at the federal, state, and local levels in Nigeria. It operated in three states – the Federal Capital Territory, Gombe, and Akwa Ibom – and trained 1,570 health professionals from 52 organizations.

Key accomplishments:

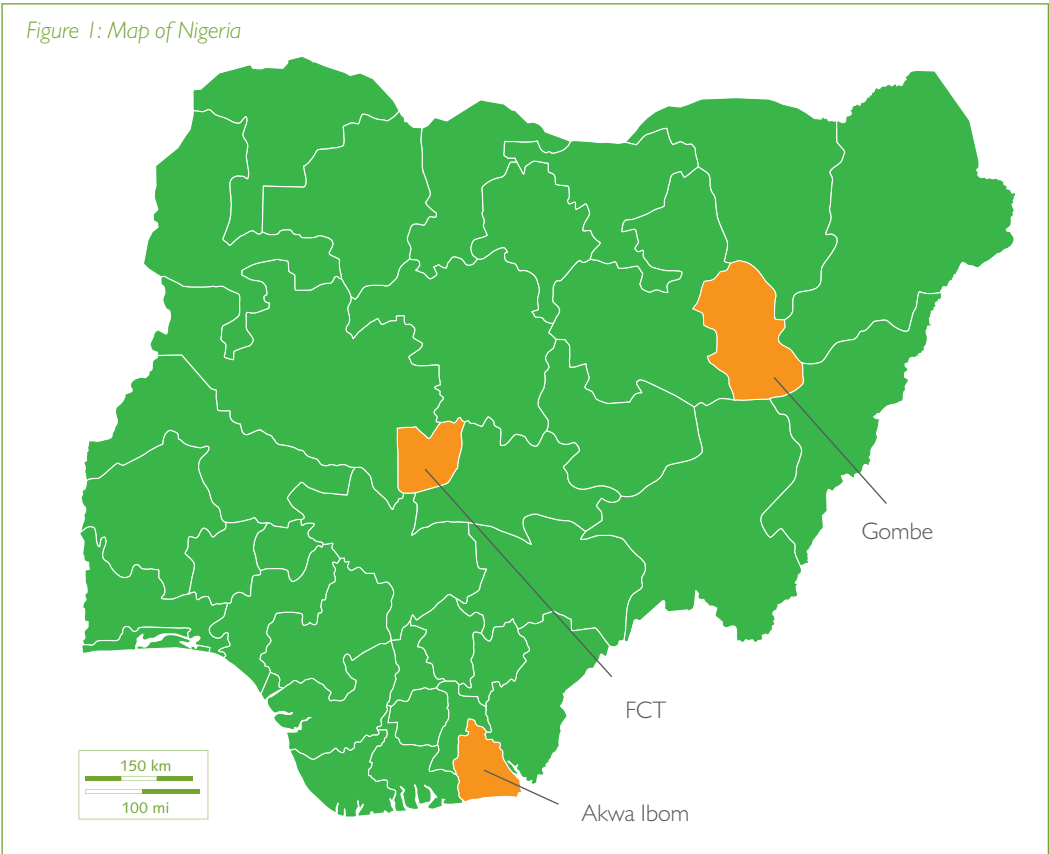
- PLAN-Health introduced, adapted, and implemented MSH's global Leadership Development Program (LDP) in Nigeria. A total of 299 managers from 38 organizations strengthened their leadership and management skills through the LDP.
- Reporting of health statistics by state governments significantly improved:
 - FCT - 0% reporting rate to 60%
 - Gombe State - 39% to 77%
 - Akwa Ibom State - 22% to 86%
- Resource mobilization training for civil society organizations in Gombe, Akwa Ibom, and the FCT led to \$49.8 million in additional resources from the Government of Nigeria and international donors to implement health and HIV projects.
- The PEPFAR Health Professionals' Fellowship was institutionalized at two Nigerian universities, leading to the training of 310 health professionals, impacting 4.4 million people through the fellows' community outreach activities.
- The project designed and developed the first community-based, -funded, -owned, and-governed health insurance scheme in Nigeria (in Akwa Ibom).

OVERVIEW

Program name	Program to Build Leadership and Accountability in Nigeria's Health System (PLAN-Health)
Duration	June 2010 to December 2015 ¹
Focal states	Gombe, Akwa Ibom, ² and the Federal Capital Territory (FCT)
Funding mechanism	Associate Award, Global Leadership, Management, and Sustainability (LMS) program
Cooperative agreement amount	\$24,995,963

The Program to Build Leadership and Accountability in Nigeria's Health System (PLAN-Health) (2010-2015) is funded by the US Agency for International Development (USAID) and the President's Emergency Plan for AIDS Relief (PEPFAR) and implemented by Management Sciences for Health (MSH). The project was designed to strengthen the institutional capacity of public sector institutions and civil society organizations for improved health and HIV & AIDS service delivery across the three tiers of the Nigerian health sector - federal, state, and local. PLAN-Health built on the success of its predecessor project, the Leadership, Management, and Sustainability (LMS) Capacity-Building (CB) project in Nigeria (2006-2010), a USAID/Nigeria-funded buy-in to the LMS leader award.

Figure 1: Map of Nigeria



Over the life of the project, PLAN-Health introduced numerous innovations that helped develop capable leaders, strengthen management systems, and improve governance structures – contributing to improved health and HIV service delivery.

Developing strong local leaders. The project adapted MSH's successful Leadership Development Program (LDP) and LDP-Plus to the Nigerian context and introduced health managers to leading, managing, and governance practices to improve capacity to respond to change for improved health outcomes. In addition, the PEPFAR Health Professionals' Fellowship Program, the first of its kind in Nigeria, developed change agents by equipping them with the requisite leadership and management skills to tackle challenges and achieve positive health outcomes.

Building sustainable management systems. PLAN-Health applied key management practices for both its civil society organization (CSO) and public service/sector institution (PSI) clients to help streamline processes and improve efficiency and effectiveness of health service delivery. With CSOs, PLAN-Health focused on financial management, monitoring and evaluation, and human resources management and planning to enable CSOs to plan, organize, and implement their activities; track their budgets and expenditures; monitor and showcase program results; and manage their staff and manpower. For PSIs, the project focused on health policy, planning and management, and coordination. Interventions were aligned with the national and state health plans, specifically components pertaining to health management information systems (HMIS) and human resources for health.

Improving governance and accountability. PLAN-Health supported CSOs to develop plans that set the strategic direction of the organizations, strengthen governance boards and their oversight capacity to ensure accountability, and enhance resource mobilization capacity to attract additional resources and utilize them wisely to promote sustainability.

Activities with PSIs helped to develop policies and strategic plans that set the policy direction and create an enabling environment for health development. The project strengthened PSIs' coordination and oversight capacity to engage and synchronize with multiple partners and stakeholders to achieve shared goals. PLAN-Health also established structures and models for implementation of community-based health insurance (CBHI), ensuring effective stewardship of scarce resources, and increasing access to health services. Lastly, the project worked with the Global Fund's Country Coordinating Mechanism to improve its oversight capacity to monitor principal recipients.

PLAN-Health Key Achievements

In the past 5 years, PLAN-Health has worked with 1,570 people at 52 organizations



Background

When the PLAN-Health project commenced in 2010, the Nigerian health system was fragmented, with little coordination and dialogue between the federal and state levels. Implementation of national policies at the state level was inadequate, and health reporting rates were very low. In response, the Federal Ministry of Health, together with USAID, identified the need to improve governance as one of the foundations to increase the Nigerian government's capacity and financial commitment to health services and, specifically, HIV & AIDS. USAID's strategy included programs that would work with civil society, the private sector, and other donors to strengthen service delivery systems and increase transparency and accountability. The PLAN-Health project was one avenue employed to improve governance through strengthened leadership and management and increased coordination between the federal and state levels as well as between the public and private sectors.

PLAN-Health’s approach to CSO and PSI institutional capacity-building

To build the capacity of its clients, PLAN-Health's technical approach combined workshops, internships, embedded consultants, technical assistance, hands-on coaching, and mentoring. The approach was composed of three elements:

- 1. Developing stronger leaders and more capable managers;
- 2. Creating more efficient, coordinated systems and processes; and
- 3. Continuing to increase participating institutions' commitment to positive change and ownership of the processes and the outcomes.

The combination of both strengthening individuals and systems simultaneously enables organizations to function more effectively and efficiently to implement their mission and provide better and more health services. The approach for each organization, while employing the three basic elements, was tailored to that organization's mission, challenges, needs, and desired outcomes.

Strengthening leadership, management and governance in the Nigerian health system

Leadership, management, and governance are interdependent and reinforce each other. All three interact in a balanced way to achieve results. PLAN-Health interventions included these three elements to address some of the health challenges the Nigerian health system faces. PLAN-Health adopted and adapted the leading, managing, and governing for results framework developed by the USAID-funded Leadership, Management, and Governance (LMG) global project, implemented by MSH. **Figure 2** includes the key practices that people and/or organizations must employ to effectively lead, manage, and govern. These practices lead to improved health system performance, which, in turn, leads to better health outcomes.³

Figure 2: Leadership, Management, and Governance conceptual framework

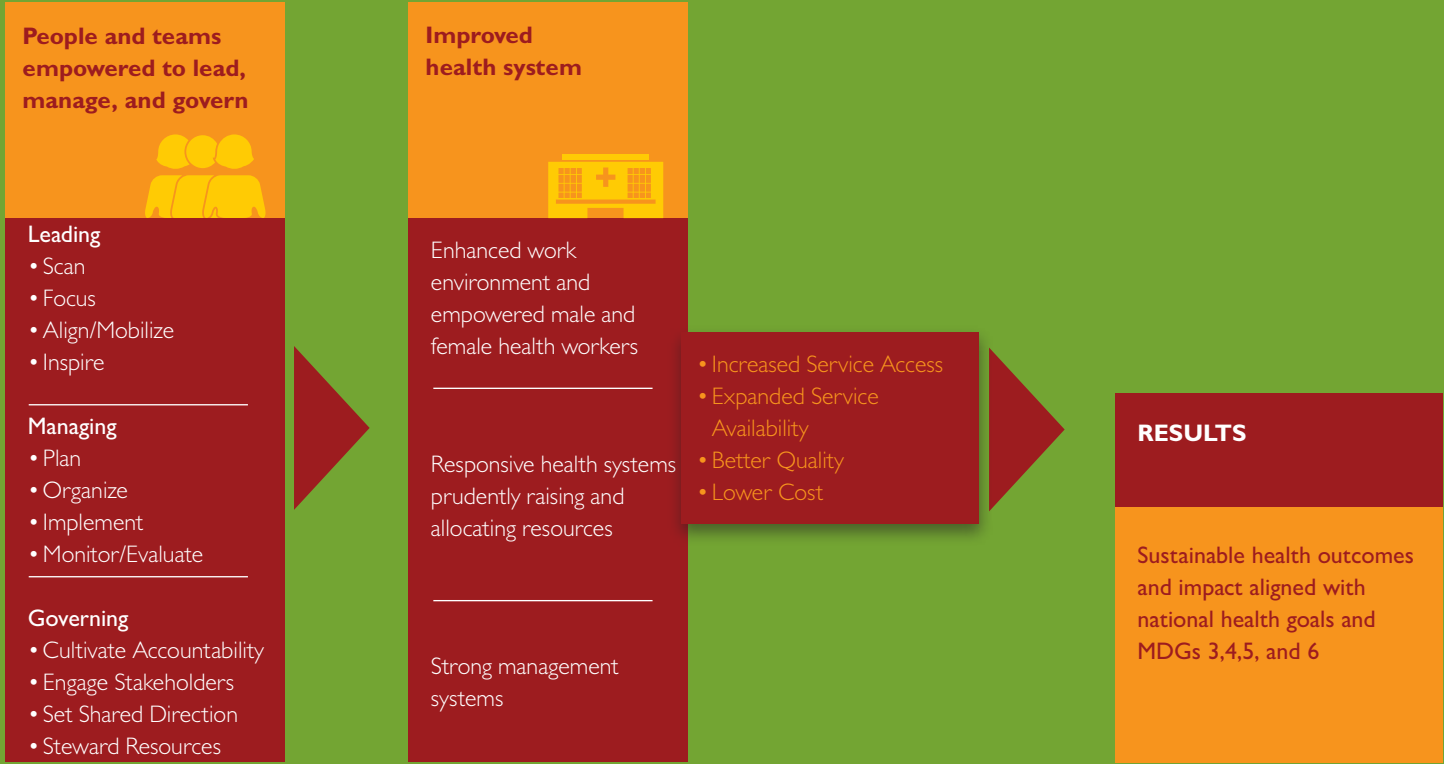


Photo by MSH



PART A. Developing strong local leaders

PLAN-Health strengthened leading practices to enable health managers to translate policies and policy directions into action, provide clear policy directions for health development, and overcome challenges in their resource-constrained environments to improve service delivery at the federal, state, and local levels.

MSH's Leadership Development Program and LDP-Plus

MSH's Leadership Development Program (LDP) and LDP-Plus introduced participants to leading, managing, and governance practices – leading to enhanced capacity to respond to change for improved health outcomes. The LDP, developed in 2002 and continuously improved upon by MSH, empowers teams to set clear goals and achieve measurable results. Participants learn leading and managing practices that make it possible to face challenges and achieve measurable results. The LDP-Plus, the enhanced version of the LDP, was developed in 2012 and builds on the LDP with a quality improvement component.

The LDP and LDP-Plus improve performance by empowering teams to:

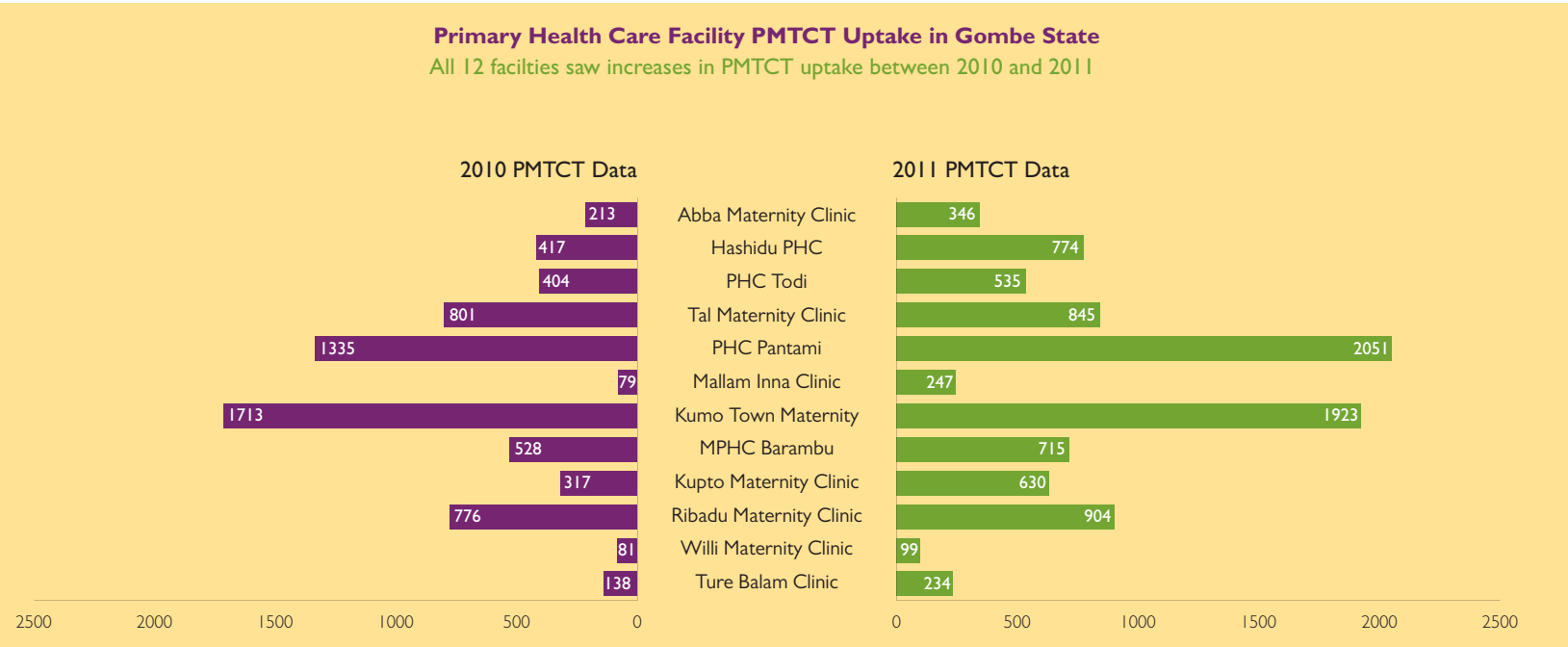
- **Create an inspiring shared vision** to accomplish their organization's mission
- **Apply leading and managing practices** to improve teamwork and effectiveness
- **Use a challenge model process** to identify and achieve measurable results and tie them to health priorities
- **Align stakeholders** around a common challenge
- **Rely on standards of care** to propose indicators and interventions that local teams can adapt and implement to face their local challenges
- **Impact public health results** by developing common indicators in order to achieve public health impact
- **Identify and scale up local best practices**
- **Use effective governance practices** to scale these up in the larger system
- **Ensure gender equity** by empowering local teams to evaluate gender access, opportunity, and involvement in decision-making

LDP/LDP-Plus results

PLAN-Health trained 299 managers from 38 organizations to apply leading and managing practices to achieve measurable results. Some results are as follows:

- The Federal Capital Territory (FCT), AIDS and Sexually Transmitted Infection (STI) Control Program activated 10 additional PMTCT sites in 2013 and increased the number of women accessing Prevention of Mother-To-Child Transmission (PMTCT) services from 4,918 to 6,001.
- Seven local AIDS control agencies in Gombe State increased uptake of PMTCT services by pregnant women in 12 select facilities by an average of 37%.⁴ The results are shown graphically in Figure 3.

Figure 3: Increase in PMTCT uptake in Gombe State post-LDP



- The Medical Laboratory Science Council of Nigeria (MLSCN) utilized the WHO Regional Office for Africa checklist to improve the quality of services in over 30 laboratories around the country. MLSCN subsequently won a grant of over \$2.5 million from the US Centers for Disease Control and Prevention to assess and mentor laboratories in Nigeria for accreditation. MLSCN also opened a laboratory to assure the quality of all laboratory reagents entering Nigeria.

The first global pilot of the LDP-Plus was conducted by PLAN-Health in 2013 for the FCT Gwagwalada Area Council health team.⁵ Some key results include:⁶

Facility	Baseline	End line
Ibwa Health Facility	0% men attended ANC with partners and received HCT	60%
Township clinic	89% of pregnant HIV positive women received ART	100%
Old Kutunku PHC	17 pregnant women attended ANC per month	61 (over 300%)
PHC Tungan Maje	23% partners of HIV positive pregnant women received HCT	100%
PHC Gwako	18% women delivered in the facility 36% partners of HIV positive pregnant women received HCT	42% 100%
PHC Zuba	25% partners of HIV positive pregnant women received HCT	100%

Antenatal care (ANC); HIV counseling and testing (HCT); Antiretroviral therapy (ART)

SASCP ACTION PLAN

ACTIVITIES	PERSON RESPONSIBLE	RESOURCES REQUIRED	TIMELINES				
			DEC 2010	JAN 2011	FEB 2011	MAR 2011	APR 2011
1) ADVOCACY	SAPC (MR HASSAN)	• Advocacy Committee Members • Advocacy Tools • Money for Logistics	X	X	X	X	X
2) SUPPORTIVE SUPERVISION	Alhaja UWANI	HCT Personnel • Approvals • Check List • Money for Logistics	X	X	X		
3) AWARENESS CREATION	MRS ASABE	• Social Mobilization Committee Members • Pamphlets • Posters, Flyers • Corners, Etc • Money for Printing Materials & Logistics	X		X		
4) CAPACITY BUILDING (TRAINING OF PERSONNEL)	SAPC (MR HASSAN)	• Participants & Facilitators • Training Materials • Training Venue • Logistics	X	X	X		
5) SUPPLIES	SAPC (MR HASSAN)	• Logistics • Transport & Collect Logistics Personnel (2 of them) • Fund for Continuity	X		X		

Photo by MSH

The PEPFAR Health Professionals' Fellowship Program – building change agents and leaders for the future

The PEPFAR Health Professionals' Fellowship Program provides in-service training that develops change agents with leadership and management knowledge and skills to tackle challenges in Nigeria's health sector and produce positive health outcomes.⁷ The Fellowship succeeded in creating change agents who applied skills gained from the program to affect far-reaching changes. Unlike many technical training programs, the Fellowship program emphasized and reinforced soft skills such as interpersonal communication, listening, emotional intelligence, and empathy in addition to technical skills.

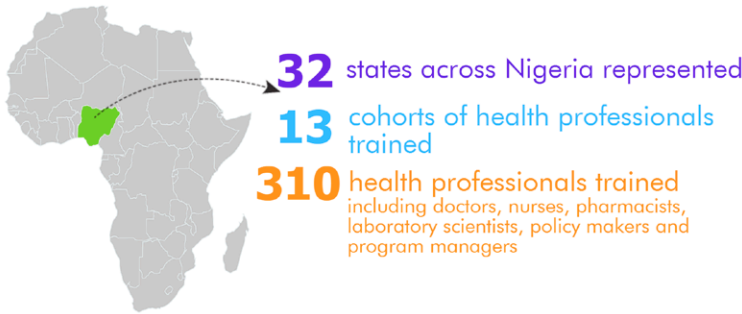
PLAN-Health trained health professionals through classroom and hands-on learning via community outreaches. The classroom component included lecture-based instruction on topics critical to the quality of service delivery. Since participants join the program as adult learners with many years of post-qualification experience, facilitators utilized the wealth of participants' experience by using real challenges from local hospitals, clinics, and community organizations.

Participants practiced the skills throughout the duration of the program with the guidance and support of their mentors. Participants were required to provide weekly reports to their individual mentors, who then provided them with feedback. This process helped them develop report writing skills. Provision of services to the community during weekend activities helped participants understand the importance of giving back. Community assessments were an opportunity for conducting practical community research, and the practicum experience enabled them to learn from other professional colleagues at work. The process of developing and implementing an improvement plan in their organizations and communities gave participants the confidence to tackle bigger challenges and achieve positive results.

In the last two years of the project, PLAN-Health partnered with two tertiary institutions - Benue State University and Obafemi Awolowo University - to institutionalize the Fellowship program as a fee-paying program. The process of transitioning the program to local institutions involved training facilitators from both institutions on the different fellowship modules. The PLAN-Health team also coached them on experiential adult-learning techniques. To ensure standardization of the program and maintain quality, PLAN-Health, together with Obafemi Awolowo University, developed the program curriculum as a guide for implementation. Lastly, to ensure the sustainability of the program, PLAN-Health helped both institutions identify resource-mobilization strategies to continue the program for sustainability.

Health Professionals' Fellowship Program Achievements

The Fellowship, by numbers, since 2008:



Fellows have accomplished far-reaching changes in their facilities and communities, including:

- Increased TB case detection
- Improved organizational efficiency through quality improvement initiatives
- Increased access to HIV counseling and testing at HCT sites
- Increased PMTCT uptake
- Established water & sanitation programs

Mobilizing over \$400,000 And reached 4.4 million Nigerians



“I want to really thank USAID and PLAN-Health. The project has improved me as an individual. I am no longer the same person. My capacity has been built on PMTCT. I work with so much passion, because if I am not infected, I am affected. It also has helped me to ensure that my staff is also being built to translate the same to the community by changing attitudes to work, and our interactions as staff to patients and to the community. Our relationships have improved laterally and vertically.”

— Victoria Ibanga, PEPFAR Fellow, Director Primary Health Centre, Ini Local Government Area, Akwa Ibom State



Photo by MSH

PART B. Building sustainable management systems

Working with civil society organizations to strengthen management systems

During the life of the project, PLAN-Health supported 33 civil society organizations (CSOs) that offer HIV & AIDS services and other health services to strengthen their management systems. Six of these CSOs were national-level umbrella bodies while the others were state-based CSOs that provide community services.

The steps to engaging CSOs were as follows:

- **Call for expressions of interest:** PLAN-Health targeted CSOs wishing to receive support to strengthen their institutional capacity. To qualify, a CSO needed to have been providing HIV & AIDS services for at least three years.
- **Screening:** CSOs that responded were screened using criteria like proof of registration with the appropriate bodies, a physical office address in PLAN-Health focal states, proof of previous work done in the field of HIV & AIDS, and proof that they employ at least two staff members.
- **Assessing organizational capacity:** PLAN-Health assessed the baseline management capacity of each organization with tools such as the MOST (Management Organizational Sustainability Tool) which was developed by MSH, the Nigerian National Harmonized Organizational Capacity Assessment Tool (NHOCAT), the USAID pre-award survey tool, and the MSH-developed Financial Management Assessment Tool (FinMAT).
- **Providing technical assistance to tackle gaps:** After each assessment, PLAN-Health supported CSOs to develop and implement action plans to tackle their capacity gaps. PLAN-Health's priority areas were financial management, monitoring and evaluation (M&E), and human resources management and planning. These activities enabled CSOs to plan, organize, and implement their activities; track their budgets and expenditures; monitor and showcase program results; and manage their staff and manpower.
- **Providing small grants based on performance:** PLAN-Health provided performance-based grants to 20 CSOs, ranging from \$10,000 to \$20,000, to provide PMTCT demand-creation services in Akwa Ibom State and in-school youth HIV-prevention services in Gombe State and the FCT. The grants were a tool to test the effectiveness of their systems as CSOs had to provide quarterly program and financial reports highlighting progress toward meeting their targets. One of the conditions for the release of the final tranche of funds was an improvement in CSOs' organizational systems capacity from the NHOCAT baseline results implemented at the beginning of the grant to the NHOCAT end-line administered at the close of the grant.

The NHOCAT measures nine different organizational dimensions: governance; experience, knowledge and skill in service delivery; working with networks and referral systems; resource mobilization; human resource management; provision of health service delivery; procurement and financial management systems; gender management systems; and monitoring and evaluation.

402 individuals from CSOs were trained on monitoring and evaluation, financial management, and human resources management

16 CSOs passed the USAID pre-award survey which indicates an organization's capacity to manage donor funds

19 CSOs improved on their baseline NHOCAT scores

Implementing HIV prevention activities and increasing PMTCT uptake

Akwa Ibom, Gombe and FCT

560 male partners attended at least one ANC visit and there were 309 meetings conducted for stakeholders to create an enabling environment for PMTCT access



883
tested for HIV and
received counselling

1,417
completed a
minimum of 4 ANC
visits

1,553
Completed PMTCT
referrals by a
traditional birth
attendant (TBA)

14,806
Students received
HIV prevention
messages

28
Health clubs
established and
strengthened in
secondary schools

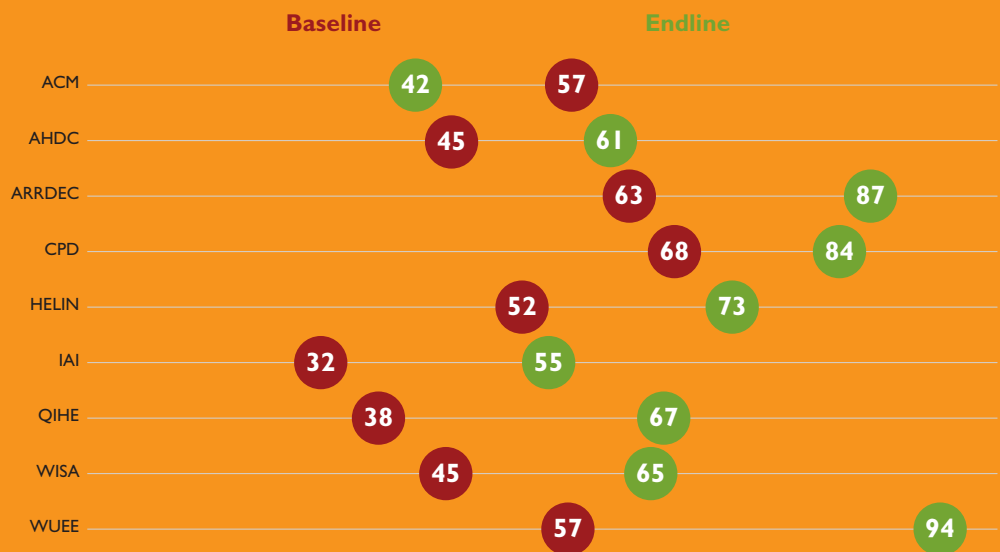


Gombe State and FCT
Small grants were
awarded to CSOs for
in-school youth HIV
prevention services

Figure 4: Pre- and Post NHOCAT scores

NHOCAT Score Improvements from Baseline to Endline in Akwa Ibom State

9 of 9 organizations saw improvements in scores



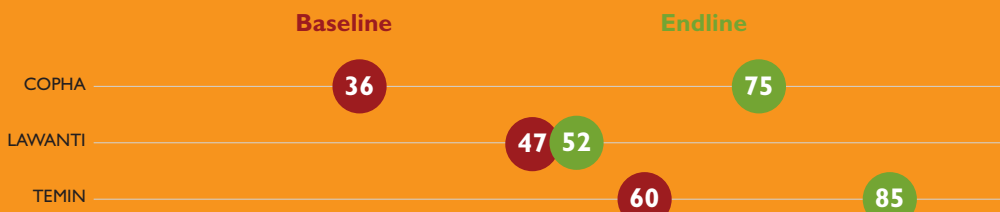
NHOCAT Score Improvements from Baseline to Endline in FCT

8 of 9 organizations saw improvements in scores



NHOCAT Score Improvements from Baseline to Endline in Gombe State

3 of 3 organizations saw improvements in scores



Strengthening public sector policy, planning, and management systems

PLAN-Health's interventions with public sector institutions (PSIs) enabled them to engage with their stakeholders to set a shared policy direction necessary to align and implement state and national policies, thus creating an enabling environment for health development. The project supported 18 PSIs at the federal and state levels and built the capacity of 366 managers on various organizational system areas throughout the life of the project. Activities focused on health policy development, planning and management, reporting and human resources for health.

Strengthening health management information systems and reporting

PLAN-Health supported its PSI clients, particularly the Department of Planning Research and Statistics and state AIDS and STI control programs, to improve health and HIV & AIDS reporting by training personnel on proper reporting using the health management information system (HMIS) forms and the district health information system (DHIS) platform. Health workers were trained on M&E and on the process of collecting data for DHIS indicators using DHIS tools.

PLAN-Health also supported the Federal Ministry of Health (MoH) to revise and update national HMIS tools. PLAN-Health worked with federal- and state-level PSIs to ensure that the state-level personnel had access to data and were able to input it into the national DHIS platform. The DHIS reporting minimized multiple data reporting by implementing partners and the MoH, ensuring valid and uniform data at the state level. PLAN-Health also worked with PSIs to improve their capacity to analyse data and utilize it for decision-making and provided technical assistance to state-level PSIs to conduct health data consultative committee meetings.

PLAN-Health's efforts resulted in several PSIs improving significantly in their reporting rates from 2011 to 2014 as shown below:

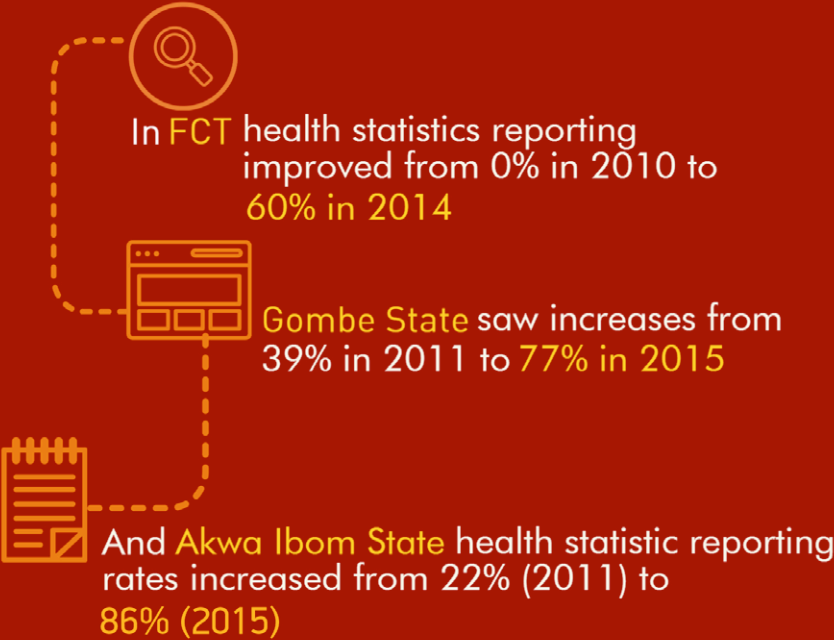
Table 1: Improved HIV & AIDS reporting rates

	GomSASCP		FACA		AKSASCP	
	2011	2014	2011	2014	2011	2014
PMTCT	0.2%	65.6%	0.2%	65.6%	0.1%	86.0%
HCT	0.6%	67.8%	0.6%	67.8%	0.4%	68.3%
ART	0.2%	79.3%	0.2%	79.3%	0.2%	83.8%

Please see pages 35 and 36 for full names of organizations

Training personnel on proper DHIS reporting...

resulted in improved health statistics in the DHIS platform



Improving planning and operations

PLAN-Health helped PSIs to translate their strategic plans to actionable operational plans by facilitating PSIs to structure the planning process. The project also helped PSIs to develop and adapt templates for components of the plans, ensure that objectives and actions were aligned to the strategic plans, and finalize the plans after the technical assistance. With PLAN-Health support, PSIs achieved the following:

- AKSASCP implemented 71% of the activities in its 2013-2014 operational plans. Prior to this AKSASCP did not have any operational plans.
- GomSACA also implemented 70% of the activities in its 2013 operational plan. Like AKSASCP, GomSACA did not have an operational plan prior to 2013.
- PLAN-Health also supported GomSASCP to develop its first operational plan for 2012 to 2013. GomSASCP implemented 62% of the activities in the plan.
- FACA showed a progressive increase in the implementation of activities in its operational plan from 37.9% implementation in 2011-2012 to 53% in 2013.

Enhancing client satisfaction through interpersonal communication skills development

With the understanding that client satisfaction is as important to clinical outcomes as following treatment protocols and guidelines, PLAN-Health supported the Government of Gombe State and the FCT to conduct baseline client satisfaction surveys in 2012. This was followed by interventions to improve the interpersonal communication skills of health workers and enhance the quality of service they provide. The follow-up surveys were conducted in Gombe in 2014 and in FCT in 2015. In Gombe, client satisfaction in the area of communication increased by 63%, while in the FCT, there was a 46.9% improvement compared to the 2012 client satisfaction survey baseline figures.



“For FACA, the technical support from PLAN-Health really helped to strengthen the FCT system in terms of coordinating and programme monitoring of health and non-health interventions. The data is now a true reflection of what is happening. The best practices are keeping us up to date. Some of these things are what we are carrying over and beyond.”

— FACA M&E officer



Photo by MSH

PART C. Improving governance and accountability

Improving CSO governance

Strategic planning: Strategic plans are long-term plans that guide the organization to its desired future. Their formation and implementation to help organizations to actualize their vision through goals and objectives that support the goals. During the life of the project, PLAN-Health supported 12 CSOs to develop and implement costed strategic plans that that helped them to clarify their mission and vision as well as identify their strengths, weaknesses, opportunities and threats.

Board governance: Governing boards play an important role in providing fiscal oversight, formulation of policy and objectives, selection of strategies, and evaluation of management performance, thus ensuring accountability. The presence of a strong, functional board helps to ensure organizational sustainability. PLAN-Health worked with the boards of governance of 24 CSOs to strengthen their oversight and promote sustainability. The project also supported the CSOs to develop and apply criteria to recruit effective, gender-sensitive boards.

Resource mobilization: CSOs' capacity to attract additional resources and utilize them wisely is essential for their continued survival and sustainability. PLAN-Health focused on building the proposal writing and fundraising skills of 26 CSOs. The project used an innovative approach during which CSOs learned how to write proposals by responding to live proposals within the workshops. As a result of PLAN-Health's efforts, 19 CSOs wrote 88 proposals that were successfully funded by the Government of Nigeria and local and international donors. These CSOs were able to mobilize \$49.8 million in additional funding for health services.

“Plan-Health is leaving behind a formidable Jumorota Community Care Initiative (JCCI) that can compete with its counterparts, within the country and outside Nigeria, and a CSO that can withstand the developmental challenges of the contemporary world.”

— Talatu Shanwa (AKA Mama HIV), JCCI founder

Strengthening PSI governance capacity

PLAN-Health's governance interventions were geared toward enabling individuals and organizations to develop, strengthen, and imbibe governance practices to ensure strong governance systems. PLAN-Health's interventions with PSIs enabled them to engage with their stakeholders to set a shared policy direction necessary to align and implement state and national policies, thus creating an enabling environment for health improvement.

Strategic planning and policy development: PLAN-Health provided technical support for the review and development of cardinal health sector documents. One of these was the National Health Sector Strategic Plan for HIV/AIDS (2010–2015) which guides the effective implementation of national policies, guidelines, and standard operating procedures for the prevention of new HIV infections as well as treatment, care, and support for those infected and affected by the virus in Nigeria. The project also supported its focal states (Akwa Ibom, Gombe, and the FCT) to develop operational plans that align with the states' strategic health plans.

The project supported its partner PSIs to formulate policies aligned at the state and national levels to develop and retain human resources for health (HRH) in Nigeria. PLAN-Health's interventions supported the formulation of policies and plans for HRH for health development. PLAN-Health also helped the FMOH to develop and pilot test the first national HRH training manual, and to conduct a training of trainers on the use of the manual. PLAN-Health's activities have resulted in an increase in awareness of the gaps and priorities for HRH development and retention in Nigeria.

PLAN-Health worked with the National Agency for the Control of AIDS to harmonize the NHOCAT and adopt it as its national tool for assessing both public and private organizations and CSOs providing HIV & AIDS services.



Photo by MSH

Coordination and partnerships: PLAN-Health's activities included providing technical expertise for the development of coordination and partnership guidelines and other coordination tools. These coordination guidelines clearly defined the roles and responsibilities of all stakeholders at all levels. They also defined the coordination process, how it would be carried out, and tools for coordination. For example, the 2012 National Health Sector HIV Coordination Framework developed in collaboration with the National AIDS Control and Prevention Program articulates and unifies existing structures and practices, as well as defines mechanisms of engagement among HIV&AIDS CSO partners and stakeholders.

Another example is PLAN-Health's support to AKSASCP, a department within the Akwa Ibom State Ministry of Health, to conduct bimonthly PMTCT alignment meetings to ensure coordination of activities for increased uptake of PMTCT services within the state. The meetings enabled partners to map out the distribution of their services across local government areas (LGAs) and identify gaps to be tackled to ensure effective PMTCT service utilization in the state. As a result, the state was able to increase PMTCT sites from 34 in 2011 to 393 in 2014. The number of persons accessing PMTCT services rose from 18,000 in 2011 to 117,000 in 2014.

“I would like to thank PLAN-Health as they have impacted positively on management and coordination responsibilities. The way we do things now in AKSASCP is different on the positive side and I can ascribe 65% to 70% of the improvement to Plan-Health between 2013 and now.”

— State coordinator, AKSASCP

Strengthening the oversight capacity of the country coordinating mechanism (CCM): PLAN-Health provided technical support to the Global Fund Country Coordinating Mechanism (CCM) secretariat to develop and implement financial management policies and manuals to maintain internal controls over its assets and resources and properly account for donor funds. PLAN-Health also built the secretariat's staff capacity to develop, implement, and monitor budgets. This assistance helped the CCM to coordinate with other stakeholders, align its activities with national plans for HIV & AIDS, TB, and malaria, and health systems strengthening. PLAN-Health's assistance ensured that the CCM had the capacity to plan, mobilize, and provide oversight for the effective and efficient use of Global Fund resources to produce results and show accountability to its stakeholders.

Increasing MNCH uptake and PMTCT referral through the engagement of traditional birth attendants in Akwa Ibom State

In Akwa Ibom State 57.2% of pregnant women attend four or more antenatal care sessions, 49.7% deliver in health facilities, while only 39.7% deliveries are attended by skilled birth attendants.⁸ Traditional and faith-based attendants were taking the majority of deliveries and not referring women to health facilities. In response, the Akwa Ibom State Ministry of Health turned to PLAN-Health to help the government engage with and regulate the activities of traditional birth attendants (TBAs) in the state.

PLAN-Health worked with the Akwa Ibom State government to review, adopt, and adapt best practices from other states in Nigeria (Jigawa and Lagos) and other countries to engage TBAs for increased PMTCT uptake and improved MNCH outcomes. The Akwa Ibom commissioner for health constituted a technical working group to implement action plans and recommendations. The TWG, with PLAN-Health, developed a framework and institutional arrangements for regulating, coordinating, training, monitoring, and supervising TBAs in Akwa Ibom. PLAN-Health supported the development of eight policies to regulate TBAs and improve maternal and child health outcomes in the state. This is the first policy framework ever developed in the state for engaging TBAs.

The following documents were developed for TBA engagement with PLAN-Health's support:

- Trainer and participant manuals and guidelines for the training of traditional and faith-based birth attendants
- Guidelines on the regulation of activities of traditional and faith-based attendants
- Coordination guidelines for traditional and faith based attendants
- Guidelines for the monitoring and supervision of traditional and faith-based birth attendants
- Guidelines on prevention of mother- to-child transmission of HIV and AIDS
- Hospital internship logbook for traditional and faith-based birth attendants



Community-owned, led, and funded Community Based-Health Insurance in Akwa Ibom State

In Nigeria, 95.8% of health expenditure is paid out-of-pocket and only 5.2% of the population has health insurance.⁹ In light of this, USAID expanded PLAN-Health’s original scope of work and mandated the project to support the National Health Insurance Scheme (NHIS) to establish and implement CBHI structures in its focal states (Akwa-Ibom, the FCT, and Gombe).

PLAN-Health shared MSH’s experience in the implementation of community-based health insurance (CBHI) and performance-based financing (PBF) in Rwanda, ultimately leading to the NHIS roll-out plan for commencement of a CBHI scheme in Nigeria. PLAN-Health also provided technical support to the NHIS to cost the benefits package for the CBHI program using the Cost and Revenue Plus (CORE Plus) analysis tool developed by MSH. The results of the costing exercise were used to develop CBHI premiums, design insurance reimbursement mechanisms and levels, and produce accurate scenarios for health financing options, including insurance reimbursement, input-based financing, and PBF.

In Akwa Ibom State, PLAN-Health’s support resulted in the successful launch of the Ukana West Ward II CBHI scheme in August 2014. This is the first community-owned, community-led, and community-funded CBHI scheme in Nigeria.

The scheme is managed by a board of trustees from the ward with support from the NHIS, state MoH, and local government and community groups. The board is registered with the Corporate Affairs Commission and has nongovernmental organization status. The project also supported the development of policy guidelines and operational procedures to ensure seamless implementation of the CBHI scheme in the ward and its possible scale-up to other wards. The project worked with the Akwa Ibom MOH to ensure sustainability of the scheme through a community health development fund. The fund is a mechanism for obtaining and pooling subsidies from different funding sources, paying for referrals, and eventually empowering the community members economically.

PLAN-Health conducted community mobilization and sensitization activities to create demand for the CBHI in Akwa-Ibom State. PLAN-Health supported participatory meetings facilitated by the board of trustees, using local languages and “pidgin” English for ease of understanding. Information on the CBHI scheme was aired on two radio stations, a medical outreach to sensitize community members on the need for health insurance was also conducted. The website www.ukanawestcbhi.org was launched in August 2015 to increase transparency of the scheme and information sharing.

As of October 2015, 500 individuals enrolled into the Ukana West Ward II CBHI scheme. Utilization of the PHC tied to the CBHI scheme increased from an average of 10 patients per month to 120.

Figure 5: The Ukana West Ward II CBHI model

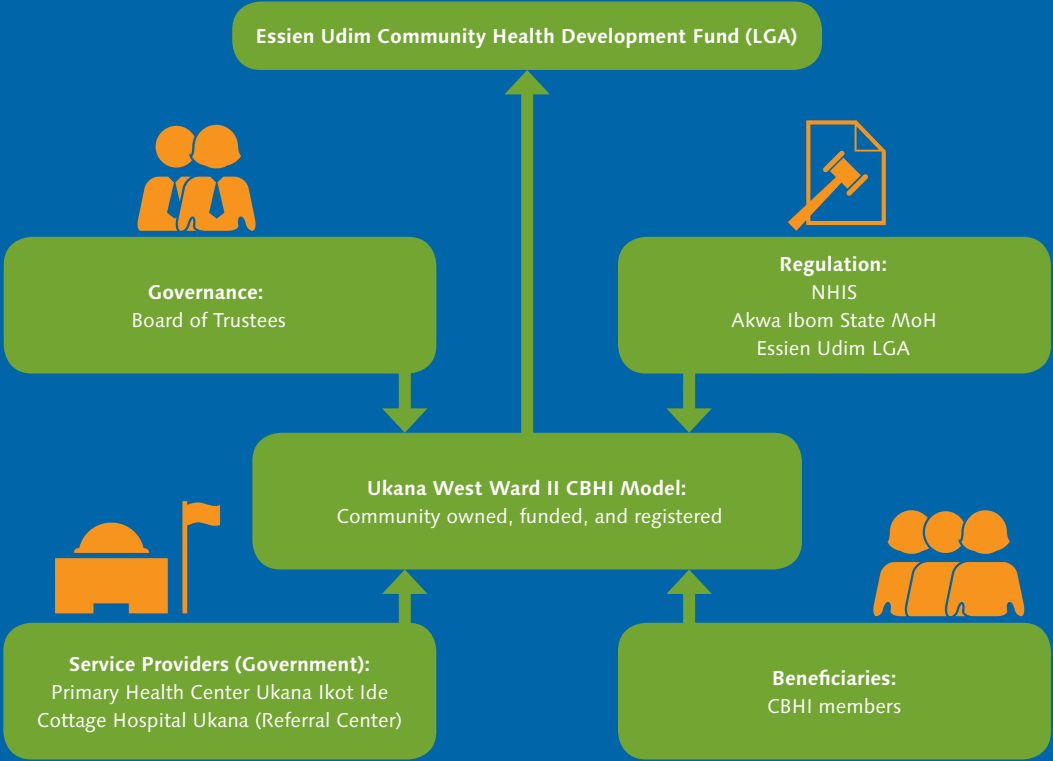


Photo by MSH

Snapshot of the Ukana West Ward II CBHI Scheme

Category	Details
Launch date	August 2014
Location	Ukana West Ward II, Essien Udim LGA, Akwa Ibom State
Ownership	Community-owned, led, and managed by a board of trustees elected by the community
Membership	Residents of Ukana West Ward II and its environs
Type of scheme	Voluntary. No person can be excluded from membership
Premium	Individual: 3,000 Naira /year (\$15) Family of 6: 2,400 Naira /year (per person) (\$12) Additional family member: 1,800 Naira /year (\$9)
Unit of enrollment	Individual, family
Benefit package	National Ward Minimum Package
Health facilities	Primary services are provided by Ukana Ikot Ide PHC and referral services by Cottage Hospital Ukana
Referral package	Customized package
Co-payment	50 Naira (\$0.25) per visit at PHC. None at referral
Payment/contribution period	Annual single payment or payments in two instalments
Provider payment system	Capitation for PHC and fee for service for referral hospital
Waiting period	One month after registration and completion of payment

Public-private partnership to promote CBHI

PLAN-Health collaborated with the Shell Petroleum Development Company (SPDC) to strengthen the organizational systems of the SPDC-supported CBHI facilities in Rivers State on financial management, M&E, and data management. PLAN-Health facilitated the design and deployment of the Community Health Insurance Enrollment Authentication System (CHIEASY) web-based application to strengthen the enrolment system of the CBHI program in two facilities and improve financial transparency of the scheme. The utilization of CHIEASY increased the enrollee base of the program from 556 people in April 2014 to 5,656 people by December 2014. PLAN-Health also facilitated the design and roll-out of a unique PBF model for the SPDC CBHI program in Obio-Akpor LGA, Rivers State. Unlike many PBF models that rely on external funding sources or the MoH, the primary source of funds for Obio-Akpor PBF is the health facilities themselves (Obio Cottage Hospital and Rumuokwurusi Model PHC) through the Obio Cottage Foundation.



Community-Based Health Insurance impacting the lives of its beneficiaries in Akwa Ibom State

Nse is a 56-year-old man with a family of five. He provides for his family through subsistence farming and occasional menial jobs while his wife is a petty trader. He is also the village town crier and a member of the village development committee (VDC). He and his wife together barely earn up to 700 naira a day (less than \$3.50). As a member of the VDC, he felt compelled to sign up for the CBHI scheme even though he had to borrow the money to do so. Nse paid 9,500 naira (\$38), the annual premium for the scheme, that provided coverage for him and his family, and they started accessing services at the primary health center in ward.

Soon after signing up, Nse had pain in his groin which affected his ability to walk. As a result, he could no longer work on his farm or do his job as the town crier. When he visited the PHC, he was referred to the cottage hospital where he was diagnosed with a hernia. He had to undergo surgery and was admitted for eight days. His total bill was 70,500 naira (\$353) but because he was insured he did not pay anything out of pocket. Nse recovered rapidly after his surgery and resumed his normal activities. He is now a fervent advocate for the scheme.



Nse, CBHI beneficiary (right) with CBHI Board of Trustees Chair. Photo by MSH

“At the cottage hospital, they gave me a bed for eight days and treated me like a king. Imagine, me who has no food to eat. Tell me where I would have gotten the money to pay the bills? God brought CBHI people to help me. Last Sunday, I stood before my church and testified how God used CBHI to save me. I show people this umbrella and bags [CBHI promotional items] and tell them to go and register. The other day, I brought my neighbor to register. People have been asking me how I paid my bill because they were waiting to hear that I am dead or that I will sell my land to them to pay the hospital bill, but God saved me through this scheme.”

— Nse, CBHI beneficiary



Photo by MSH

PART D. Moving forward

Over the life of the PLAN-Health project, the importance of strong leaders, capable managers, and transparent governance structures has increased. In 2010, the system was fragmented, with little coordination and dialogue between the federal and state levels. Implementation of national policies at the state level was inadequate and health reporting rates were very low.

With the project's conclusion in 2015, coordination and partnerships between health regulatory agencies and other actors in the health sector have improved. Reporting of health data increased as a result of better understanding of the national HMIS. Roles and responsibilities of federal, state, and local government actors are clearer and well defined. CSOs recognize their role in the health field and their relationship with the public sector and have enhanced institutional capacity to raise and manage funds. Health care workers have stronger leadership and management skills and are better equipped to deal with the challenging environments they face.

Despite these advancements obstacles remain. For example, only 6% of the national budget is allocated to health, the system is plagued with frequent strikes by health professionals, and the ratio of doctors, nurses, and midwives to patients has not changed in the past decade - creating a need for future technical assistance and capacity development.^{10, 11} Some considerations for future interventions include:

- 1. Support to the government of Nigeria to strengthen coordination and oversight between federal and state levels to implement the 2014 Nigeria Public Health Act
- 2. Scaling up a program like the Fellowship Program to enhance the leadership and management skills of policy makers and health professionals in order to facilitate the process of translating policy to action
- 3. Supporting CSOs to make them sustainable and provide more and better services for the populations they serve
- 4. Providing technical assistance to the government to engage with and regulate TBAs and other informal health care providers for improved health of the population
- 5. Providing technical assistance to the government to budget and allocate more domestic resources to health and implement CBHI and other health financing programs across the country

Investing in health system strengthening projects like PLAN-Health will deepen the impact of the Government of Nigeria and US Government relationships in improving access to quality health care for the poor and vulnerable.

PLAN-Health Client Organizations

Civil Society Organizations

Gombe	Akwa Ibom	FCT	National Networks
Advancement for Women and Youth Initiative (JOWYO)	AIDS Care Managers (ACM)	African Health Project (AHP)	Association of Positive Youth Living with HIV/AIDS in Nigeria (APYIN)
Community Oriented Health Providers Association (COPHA)	African Human Development Center (AHDC)	Centre for Health Education, Economic Rehabilitation, and Social Security (CHEERS)	Association of Women living with HIV and AIDS in Nigeria (ASWHAN)
Federation of Muslim Women's Associations In Nigeria (FOMWAN)	Antof Rural Resource Development Center (ARRDEC)	Community Life Advancement Project (CLAP)	Civil Society for HIV/AIDS in Nigeria (CISHAN)
Guidance and Counseling Development Association (GCDA)	Community Partners for Development (CPD)	Centre for the Right to Health (CRH)	Network of People Living with and HIV/AIDS in Nigeria (NEPWHAN)
Lawanti Community Development Foundation (LCDF)	Heal the Land Initiative in Nigeria (HELIN)	Gede Foundation	Nigerian Association of Religious Leaders Living and Affected by HIV and AIDS (NiNERELA)
Redox Carisa Development Initiative	Integrated Aid Initiative (IAI)	Health Initiative for Safety and Stability in Africa (HIFASS)	Nigerian Youth Network on HIV/AIDS (NYNETHA)
Teenagers' Empowerment Initiative (TEMIN)	Queenette Initiative for Health and Education (QIHE)	Jumorota Community Care Initiative (JCCI)	
	Women's Initiative for Self-Actualization (WISA)	Lift Up Care Foundation (LUCAF)	
	Women United for Economic Empowerment (WUEE)	Positive Action for Treatment Access (PATA)	
		Redeemed AIDS Programme Action Committee (RAPAC)	
		Sustainable Health Care Initiative (SHI)	

Public Sector Institutions (PSIs)

Gombe	Akwa Ibom	FCT	National
Gombe State Agency for the Control of AIDS (GomSACA)	Akwa Ibom State Agency for the Control of AIDS (AKSACA)	FCT Agency for the Control of AIDS (FACA)	National Agency for the Control of AIDS (NACA)
Gombe State AIDS/STD Control Programme (GomSASCP)	Akwa Ibom State AIDS/STD Control Programme (AKSASCP)	FCT AIDS/STD Control Programme (FASCP)	National AIDS/STD Control Programme (NASCP)
Department of Planning Research and Statistics (DPRS), Gombe State Ministry of Health	Department of Planning, Research, and Statistics (DPRS), Akwa Ibom State Ministry of Health	Department of Planning Research and Statistics (DPRS), FCT Health and Human Services	Department of Planning, Research and Statistics (DPRS), Federal Ministry of Health
Gombe State Health Insurance Scheme	Akwa Ibom Health Insurance Scheme	FCT Health Insurance Scheme	National Health Insurance Scheme (NHIS)
			Medical Laboratory Science Council of Nigeria (MLSCN)
			Medical and Dental Council of Nigeria (MDCN)

Multisectoral Organizations

The Global Fund Country Coordinating Mechanism (CCM) for Nigeria

Acronyms

AKSASCP	Akwa Ibom State AIDS/STD Control Programme
CCM	Country Coordinating Mechanism
CSO	Civil society organization
FACA	FCT Agency for the Control of AIDS
FCT	Federal Capital Territory
FMOH	Federal Ministry of Health
GOMSASCP	Gombe State AIDS/STD Control Programme
LDP	Leadership Development Program
MSH	Management Sciences for Health
NASCP	National AIDS Control and Prevention Programme
PMTCT	Prevention of mother-to-child transmission
PBF	Performance-based financing
PSI	Public service/sector institution
USAID	United States Agency for International Development

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Endnotes

- 1 The project was originally scheduled to end on June 10, 2015, but USAID granted PLAN-Health a no-cost extension till December 6, 2015.
- 2 Akwa Ibom was added to the project in July 2012.
- 3 Management Sciences for Health, "How to Govern the Health Sector and Its Institutions Effectively," The eManager, No. 1, 2013. p.3
- 4 Source: Gombe State health facility records
- 5 The LDP-Plus pilot was implemented in collaboration with the USAID-funded global LMG Project.
- 6 Source: Gwagwalada Area Council health facility reporting
- 7 The PEPFAR Health Professionals' Fellowship started under the PLAN-Health predecessor project in 2008 and continued under PLAN-Health.
- 8 National Bureau of Statistics, Nigeria Multiple Indicator Cluster Survey 2011 Main Report, http://www.unicef.org/nigeria/Multiple_Indicators_Cluster_Survey_4_Report.pdf (accessed 2 September, 2015)
- 9 S. Eferara, '17.8 million Nigerians have health Insurance', National Mirror, 13 August 2014, <http://nationalmirroronline.net/new/17-8-million-nigerians-have-health-insurance/>, (accessed 4 September 2015).
- 10 World Health Organization, 'Health System Financing Profile by country', WHO Global Health Expenditure Database [website], 2014, Countries: Nigeria, http://apps.who.int/nha/database/Country_Profile/Index/en, (accessed 4 September, 2015)
- 11 Density of Physicians (per 10,000 population) was 4 between 2000 – 2009 and 4.1 between 2007-2013. Density of nurses and midwives (per 10,000 population) was 16 between 2000 – 2009 and 16 between 2007-2013. Source: World Health Statistics





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