






NIGERIA RMNCAH+N GFF INVESTMENT CASE: THE ROLE OF CIVIL SOCIETY



WHAT IS THE GOAL OF THE RMNCAH+N INVESTMENT CASE?








To reduce maternal, neonatal, child and adolescent morbidity and mortality in Nigeria and promote universal access to comprehensive MCH, sexual and reproductive health services for adolescents and adults throughout their life cycle.

WHAT ARE THE STRATEGIC OBJECTIVES?

	Promote demand and increase access to sexual and reproductive health services
	Reduce maternal mortality and morbidity through the provision of timely, safe, appropriate and effective healthcare services before, during and after childbirth
	Reduce neonatal and childhood mortality by promoting optimal growth, protection and development of all newborns and children under five years of age
	Improve access to health information and services for all adolescents and youths
	Improve the nutritional status of Nigerians throughout their life cycle with a particular focus on vulnerable groups especially children under five years, adolescents, and women of reproductive age
	Improve birth and death registration

HOW WILL RESULTS BE MEASURED

Results will be measured annually and based on progress of targets set for the following indicators

A.	Vaccination coverage among young children (Pentavalent3)	
B.	Contraceptive prevalence rate (modern methods)	
C.	Vitamin A supplementation among children 6 months to 5 years of age	
D.	Skilled birth attendance	
E.	HIV counselling and testing among women attending antenatal care	
F.	Use of insecticide treated nets by children under five	
G.	Improved quality of care index at health centre level	

INNOVATION AND FUNCTION AREAS SUPPORTING IMPLEMENTATION

1.) Private Sector Innovations

THE ROLE OF GOVERNMENT

The FMOH will leverage on capacity and expertise of the private sector to provide innovative service delivery models to serve populations in remote rural areas.

THE ROLE CSOs WILL PLAY IN ACHIEVING IT

- CSOs should also be involved in the development of the rules for private sector engagement
- Track and review the effectiveness and efficiency in the innovative approaches
- Share findings/feedback with government to improve the process

2.) Financing Priority Investments

THE ROLE OF GOVERNMENT

- The main financing strategy is from the government budgetary appropriations and IDA
- The RMNCAH + N IC will be funded by the government through the Basic Health Care Provision Fund (BHC PF comprising 1% Consolidated revenue Fund (CRF) and State counterpart fund contribution
- Incentives in the BHC PF will be strategically used to leverage donor funds and mobilize private capital to deliver RMNCAH + N services

THE ROLE CSOs WILL PLAY IN ACHIEVING IT

- Conduct needs assessment in selected States and communities
- Generate a charter of demand for the attention of politicians, that clearly prioritizes the health of members of the community
- Conduct review of health financing options and develop policy briefs to support financing for health
- Engage in Monitoring and Evaluating for performance from budgeting, appropriation to implementation
- Advocate to GON to cost the Nigerian Health Financing Strategy
- Conduct a comparative analysis on funding sources (Private, GON and Donors)
- Create public awareness through the social media, radio, TV and films on the financing investment for RMNCAH + N

3.) Monitoring and Evaluation Framework

THE ROLE OF GOVERNMENT

- The investment case is a sub set of the National Strategic Health Development Plan II (NSHDP II) and is supported by a results framework to measure and monitor progress on results, track efficiency and effectiveness, and identify deficiencies and propose improvement measures for needed course corrections
- The DHIS2, NDHS and MICS will be sources of data to measure progress

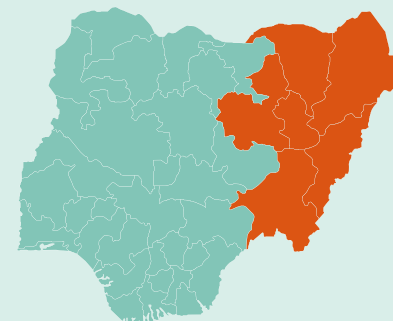
THE ROLE CSOs WILL PLAY IN ACHIEVING IT

- Develop and use scorecards to track implementation against indicators
- Provide feedback from the scorecards or from groups to influence programmes and policy.
- Build capacity of community based groups to provide oversight on the implementation of the strategy
- Support community reporters to collect data on the use of funds

PHASE I

HUMANITARIAN CRISES AND EMERGENCY RESPONSE (NORTH EAST)

The implementation phase is from 2017 to 2023



Sources of funding include:



Details of the intervention:

This is the scale-up of the Nigeria State Health Investment Project (NSHIP) which is implemented in all the States in the North East. It is implemented by the National Primary Health Care Development Agency (NPHCDA). The NSHIP was developed to increase delivery and use of high impact maternal and child health interventions and improve quality of care at selected health facilities through performance-based financing (PBF).

It is implemented in line with the principles of NSHIP using the PBF model. NSHIP builds on the principle of fiscal decentralization to support health system reforms both at primary and secondary levels. Additionally, the Minimum Package of Activities (MPA) provided in the project contains thirteen (13) services out of twenty (20) that are pertinent to RMNCAH.

Role of CSO's in delivering Phase 1 of the intervention:

- Advocate to NPHCDA for the development of an accountability framework, if unavailable
- Use accountability framework to track the performance indicators using scorecards
- Support the development of a sustainability index
- Track implementation progress of the MPA
- Engage policy makers with performance report and provide feedback at all levels of government
- Strengthen the voices of the communities within the NSHIP facilities to effectively engage with the facilities
- Build capacity and create awareness on the Investment case for RMNCH+N with CSOs at sub-national levels
- Carry out programmes on community-specific Maternal Perinatal Death Surveillance and Response (MPDSR)

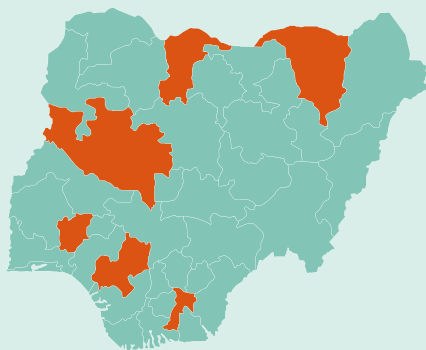
PHASE 2

START-UP OF MATERNAL, NEWBORN AND CHILD HEALTH (MNCH) BASIC MINIMUM PACKAGE OF HEALTH SERVICES (BMPHS)

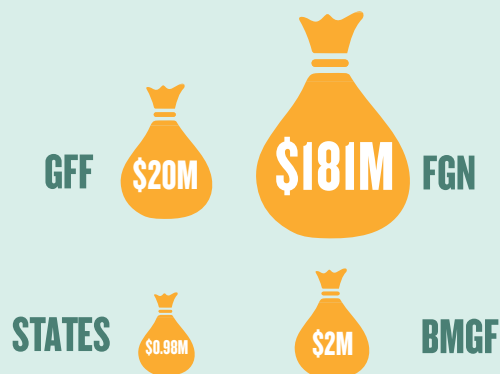
This is being piloted in 2018

The BMPHS will be piloted in the rural-poor communities of the 6 selected States:

Abia, Niger, Osun, Katsina, Edo and Yobe States.



Sources of funding include:



Details of the intervention:

The States were selected based on some eligibility criteria viz - Political economy/will, pre-existing service delivery monitoring systems, presence of a functional State Supported Health Insurance Scheme (SSHIS), State Primary Healthcare Development Agency (SPHCDA) and availability of partner support.

The programme also provides operational budget for identified primary healthcare facilities in the States and will guarantee the provision of the services which will generate a 'proof of concept' for nationwide scale-up.

Role of CSO's in delivering Phase 2 of the intervention:

- Advocate to NPHCDA for the development of an accountability framework, if unavailable
- Use accountability framework to track the performance indicators using scorecards
- Support the development of a sustainability index
- Track implementation progress of the BMPHS
- Engage policy makers with performance report and provide feedback at all levels of government
- Strengthen the voices of the communities within the BMPHS participating facilities to effectively engage with the facilities
- Build capacity and create awareness on the Investment case for RMNCH+N with CSOs at sub-national levels

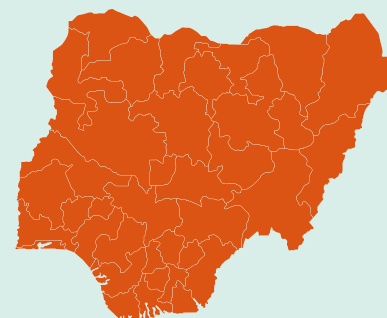
PHASE 3

NATIONWIDE SCALE UP OF BMPHS MATERNAL, NEWBORN AND CHILD HEALTH (MNCH)

BASIC MINIMUM PACKAGE OF HEALTH SERVICES (BMPHS)

The implementation phase is from Jan 2019 to Jan 2021

The scale-up of BMPHS to the remaining 33 States and FCT after pilot in 6 States of **Abia, Niger, Osun, Katsina, Edo and Yobe**.



Sources of funding include:

Source of funds will be mainly the BHCPE. 100m USD is projected.

It is hoped that the GFF will continue to support FGN, having demonstrated successes from the pilot.



Details of the intervention:

Lessons learnt from the start-up phase will inform scale-up of interventions to the remaining States and FCT.



Role of CSO's in delivering Phase 3 of the intervention:

- Support community education and awareness on provisions of the BMPHS
- CSO involvement in review of pilots and advocacy for implementation of lessons learnt in the scale-up
- Advocate for CSO involvement at the review of pilot and end of project review and dissemination
- Advocate on use of cartoons, radio drama to simplify and disseminate findings for wider reach
- Develop the content of these cartoons and drama on insurance package to inform beneficiaries
- Monitor service package delivery and the details of benefits and availability of package at the facilities
- Identify gaps in service delivery and advocate for compliance

PHASE 4

SCALE UP OF HEALTH SECTOR SPECIFIC NUTRITION AND ADOLESCENT HEALTH SERVICES

The implementation phase is from Jan 2018 to Jan 2023.

Participating States will be selected based on high burden which is yet to be determined



Sources of funding include:

Source of funding is the \$350M from IDA and \$10M from the GFF

Advocate for State specific services based on needs assessment



Details of the intervention:

This intervention will address malnutrition crisis by implementing high impact nutrition interventions in the health sector aimed at reducing child stunting, anaemia, iodine deficiency and other nutritional conditions that impinge on productivity and human capital.

Role of CSO's in delivering Phase 4 of the intervention:

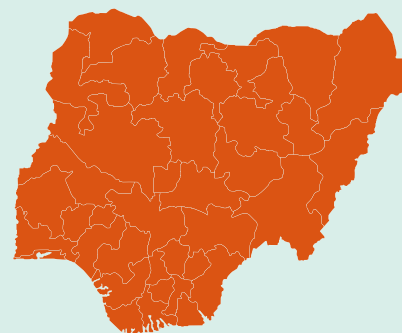
- Conduct advocacies for the integration of Youth Friendly Services in the PHCs including trained health care providers to provide services
- Advocate for the provision of micro nutrients for female adolescents
- Build community awareness on nutrition literacy to prevent malnutrition
- Conduct nutrition surveillance
- Monitor and track funding for the implementation of the strategy
- Use social media to inform the public on level of implementation



PHASE 5

EXPANSION OF SERVICES IN THE BASIC MINIMUM PACKAGE OF HEALTH SERVICES (BMPHS)

The period of the intervention will be from Jan 2020 to Jan 2030



Sources of funding include:

Source of funding is mainly the BHCPF and \$1 Billion is projected.

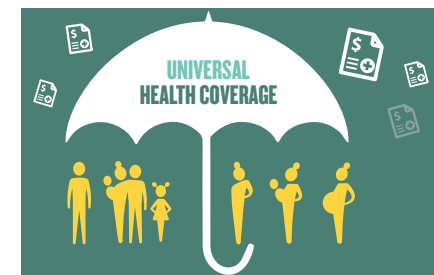


Details of the intervention:

This is the expansion of services provided under the BMPHS after a successful scale up to all 36 States including FCT

More services will be incorporated into the initial package offered during the pilots and scale-up phases.

The expanded package will be implemented nationwide.



Role of CSO's in delivering Phase 5 of the intervention:

- Monitor, track and use lessons learnt in phase 3 to recommend for expansion in phase 5
- Collaborate with implementing partners and relevant stakeholders to develop accountability mechanism on the scale up of services nationwide
- Conduct beneficiary audit amongst implementing communities to inform choice of scale up services on BMPHS
- Conduct community awareness on the service package for beneficiaries

NOTES:

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