HEALTH STRATEGY AND DELIVERY FOUNDATION

Additional Financing Nigeria State Health Investment Project (AF-NSHIP) Case Study

Background

Maternal mortality refers to the deaths of women and/or children due to health complications from pregnancy or childbirth. According to the United Nations International Children's Emergency Fund (UNICEF), the global Maternal Mortality Ratio (MMR) reduced by 38 percent – from 342 deaths to 211 deaths per 100,000 live births between 2000 and 2017. This translates into an average annual reduction rate of 2.9 percent. While this is significant, it is still less than the expected 6.4 percent annual reduction rate required to achieve the Sustainable Development Goals (SDG) global target of 70 maternal deaths per 100,000 live births.

In Nigeria, the MMR remains relatively high compared to the global average despite several efforts by the government targeted at reducing maternal mortality across the country over the past two decades. According to the Journal of Global Health 2020 Reports, Nigeria accounts for about 20 percent of global maternal deaths with an estimated MMR of 814 per 100,000 live births. While improving the overall quality of healthcare is crucial to addressing the high maternal deaths in Nigeria, some country-specific issues such as poor health infrastructure, poor health-seeking behaviours, lack of skilled workers, and so on, need to be tackled.

Project Description

In 2011, the World Bank launched the Nigeria State Health Investment Project (NSHIP) to improve the quality of care in health facilities and increase the delivery of high-impact maternal and child health intervention through a Performance-Based Financing (PBF) approach. The PBF provided funding directly to health facilities based on the quantity and quality of services delivered. Funds were transferred electronically to each facility's bank account, giving them substantial autonomy in how they use the funds. Furthermore, the project was designed to strengthen accountability mechanisms at the LGA Primary Healthcare Authority and State Primary Healthcare Development Agencies (SPHCDA) through a collective package of institutional and operational-level results-based financing approaches. The three primary objectives are highlighted below:

- ·Increase the utilization and improvement of quality of care at participating facilities with a focus on maternal and child health services and provision to disadvantaged and underserved communities
- ·Improve health facility management of participating facilities and increase their financial and operational autonomy with viable business plans

1. Maternal Mortality – UNICEF
2. Reducing maternal mortality in Nigeria: addressing maternal health services' perception and experience – Journal of Global Health Reports

- ·Enhance staff motivation and human resource management of health facilities and regulating authorities in the contracted LGAs.

Following its success in three pilot states (i.e., Ondo, Adamawa and Nasarawa states), the project was scaled-up to five additional states in northeast Nigeria namely ¬¬¬¬¬Bauchi, Borno, Gombe, Taraba and Yobe states, which had been affected by banditry and insurgency. This gave birth to the Additional Financing for NSHIP (AF-NSHIP).
In 2018, Health Strategy and Delivery Foundation (HSDF) was engaged by the World Bank and the National Primary Health Care Development Agency (NPHCDA) as the Contract Management and Verification Agency (CMVA) for the project in Taraba State. HSDF worked across eight Local Government Areas (LGAs) and 200 facilities in the state from April 2018 to March 2020.

Program Approach /Methods

- Verification: HSDF visited all the participating health facilities monthly to verify the number of health services each facility had submitted after which we processed their monthly invoices.
- Coaching / Mentoring: HSDF coached and provided hand-holding services to the facility staff (Officers-in-Charge and other workers) on various performance-based financing indicators. The coaching covered several domains including Ante-Natal Care (ANC), laboratory services, family planning, financial management, essential drug management, waste management, and general facility management.
- Managing Performance Frameworks: The performance of Primary Health Care Departments (PHCDs) in the eight Local Government Areas (LGAs) was assessed using a pre-designed checklist. In our approach, we utilized a performance management cycle in our engagement with the LGA PHCDs and coached their staff on how to manage data received from the facilities (including data entry, analysis, and presentation) and develop reports and course content.
- Contract Management: We worked with the health facilities and SPHCDA to review and finalize their business plans. Business plans were designed each quarter to help the facilities set targets for the quarter. This was aimed at ensuring that the facilities achieved financial autonomy, improved service delivery, and guaranteed the sustainability of the project gains.
- Stakeholder Management: HSDF worked closely with different stakeholders during this project and was able to drive engagement through participation. For instance, we had representatives who attended quarterly meetings with the Officers-In-Charge (OIC) of the facilities in each LGA. During these meetings, health facility performance was reviewed and discussed across key Maternal, Newborn and Child Health (MNCH) indicators.
- Data Tracking: We also developed and utilized an interactive dashboard to track the performance of the participating facilities and provided evidence-based feedback monthly.

Program Outcomes/Results

In the two-year implementation period, HSDF successfully –

- Coached and mentored facility staff on basic financial management tools (including the use of cash books, compilation of receipts, invoices), drug management (stock keeping, disposal of expired drugs), data collection, analysis, and interpretation.
- Reviewed the business plans of the facilities and provided insights on additional revenue-generating strategies.
- Trained over 200 healthcare workers across the eight LGAs.
- Improved the minimum package of activities at the PHCs from 7-8 percent in Q1 2018 to 83 percent in Q1 2020. Within the same period, the complimentary package of activities for secondary PHCs also improved from 81 percent to 88 percent.
- Worked with the Hospital Services Management Board to enhance their oversight duties to secondary health facilities. This increased performance from 82 percent in Q1 2018 to 100 percent in 2020.
- At the end of the project, the participating health facilities earned over N900 million (about $2.3 million) cumulatively through performance-based financing.

Key Success Factors

- **Community Participation:** Community involvement was a big contributor to the success of the AF-NSHIP. According to one of the OICs:

> "The project has strengthened accountability mechanism at the community level. Community members are now more involved in decision-making at health facilities. For instance, they are involved in deciding the price for drugs by agreeing on the percentage markup bearing in the mind the cost price of these drugs."

- **Facility Autonomy:** The project was designed to give autonomy to the PHC facilities, which helped in increasing accountability and a sense of ownership. Commenting on this, one of the facility managers stated:

> "This project gave our facility autonomy which meant that money realized through service delivery went straight to the facility – instead of going to the SPHCDA and the LGA department. This has really helped us to direct our own financial activities in terms of human resources, drug management, and community engagement. This has also increased our manpower because we can now employ staff on a contract basis to meet our needs."

LESSONS LEARNED

- **Stakeholder Engagement:** During the project, we realized that meaningful engagement with stakeholders and high-level advocacy enhanced project acceptance and support. In his remarks, the Project Lead stated:

> "We found out that high-level engagement in dialogue and advocacy went a long way in enhancing the acceptance and support of this project by the community. It also encouraged them to conform to the laid down rules and regulations governing the implementation of the project."

- **The Role of Community Structures:** Community structures such as the Ward Development Committees and Facility Health Committees play a significant role in enhancing facility utilization. According to the Project Lead

> "These community structures serve as middlemen between the community and the facilities, this helps the facility staff understand certain behaviors of community members such as their poor health-seeking behaviour. It also gave the community members the opportunity to convey their challenges or grievances to the facility."

CHALLENGES AND MITIGATION

- **Corruption:** One of the major challenges experienced during the project was corruption. According to the Project Lead

> "There is an accountability system which ensures that facility staff cannot withdraw money from the facility account without approval from the facility manager and the Ward Development Committee (WDC). But we had instances where there was connivance between the facility staff and the WDC Chair to withdraw money and share among themselves. They also colluded to inflate the prices of drugs, equipment, and other items needed at the facility and shared the proceeds among themselves at the expense of the patients. To mitigate this, we set up countermeasures such as randomly scrutinizing budgets based on inquiries about the quoted prices directly from vendors. We also employed advocacy by engaging some of the key personnel at both the State and LGA PHCDA in a dialogue, enlightening them on the negative impact and ripple effects of corruption on the overall health outcome of the community and this has helped to reduce the corruption."

- **Project Management (Challenges with NPHCDA):** Several services were not offered during the project due to the unavailability of relevant tools and/or training sessions by the NPHCDA such as assisted deliveries, psychosocial support, and so on. Delays in information sharing (for instance, document updates, meetings, and tasks).

- **Shortage of Funds:** The field allowance provided for verifiers in the AF-NSHIP budget was insufficient for hard-to-reach terrains. In subsequent projects, it will be important to ensure that proper budgeting is done, and adequate provisions are made for such critical cost items.

NEXT STEPS

The next critical step is ensuring that the gains of the project are not only sustained across the eight states but replicated across other states with a view to improving the overall quality of healthcare delivery across the country.

The CMVA assessors and LGA team reviewing the assessment checklist assessors during the post assessment meeting in Takum PHC Department Q3,2018

HSDF participating in Gassol's March OIC meeting and training session Q1,2019

CMVA core team (State Program Manager and M&E officer) conductive Supportive Supervision at Dutse PHCC, Takum Q1, 2019

hSDF team at introductory visit to Ardo Kola Local Government Area Primary Health Care Department

The HSDF team at introductory visit to the Hospital Management Boar