

PROGRAMME CONCEPT NOTE

Nigeria : Strengthening systems for improved health outcomes

Background

Nigerians experience poor health outcomes according to the health related international development targets, even if the prevailing levels of poverty are taken into account, and the Nigerian health system is rated by WHO as one of the worst five in the world. Public health services have collapsed in many areas, most poor people are reliant upon the traditional and informal private sectors, which offer services of very variable quality.

Poverty increases people's risk of ill health, and decreases their access to effective treatment. Ill health, and the search for treatment can push people and communities further into poverty. Improving health services was identified by urban and rural poor people as one of their top five priorities in the voices of the poor study.

Throughout the Abacha years DFID was active in the health sector, working with NGO and local governments on discrete projects. Good informal links were established with individuals in government, and with other donors, and DFID is now in a position to consolidate these and establish effective partnerships.

Politically there is a need for Nigerians to see some benefits of the transition to democracy, and an improved situation under the current administration. Within the health sector there are certain interventions which can have rapid impact without compromising the broader objective of developing sustainable systems for health care delivery.

Proposition and Budget

This programme will be developed in two phases. The major programme will operate in the four DFID focal states, with participation in a joint donor programme of reform at federal level. £25m over five years is requested for this. Experience in Bènhue state is demonstrating the fundamental importance of developing effective financial and managerial systems, and mechanisms for effective communication between providers and consumers of health care, as a pre requisite to further reform, or interventions to improve health outcomes. Processes such as public expenditure reviews, capital and human resource audits and public consultation take time and money, and £700 000 for appraisal is requested, which will include the early initiation of these processes, in order to expedite the implementation of other activities once the main programme is approved.

In addition there will be a rapid impact component. This will focus upon insecticide treated mosquito nets and immunisation and be developed and implemented in close conjunction with UNICEF. Obviously it is important to proceed rapidly with the development and implementation of this phase, and £3m are requested to cover the first eighteen months. Thereafter there is an expectation that these will merge into the larger programme.

Although the delivery of basic health services is the responsibility of the state and local government, federal level is responsible for policy and co ordination. Over the last few years, the inability to work at federal level was a significant constraint to effective implementation at local level and the dissemination of lessons learnt. A joint donor programme to explore the scope for reform at federal level is being proposed by DFID - links with the World Bank and WHO are already well established. This will be crucial if DFID activities are to have a significant impact on IDT across the country.

It is anticipated that the programme will be based around the following components. In each case we will be seeking to support Nigerian initiatives and change agents, rather than designing and implementing programmes ourselves.

1. *Strengthened health systems so that they provide effective, affordable and accessible care.*
 - Joint donor programme to support reform at federal level
 - Work at state, LGA and facility level to improve financial and managerial systems – including drug supply
 - Analysis of health financing options, and support to enhance the access of the poor to quality services
 - Developing and implementing systems for supervision and monitoring
 - Strategic linkages and support to private and informal providers
2. *Improving management of priority conditions*
 - Malaria, TB, childhood illness, safe motherhood
3. *Improving access and uptake of effective preventive interventions*
 - Immunisation, access to contraceptives, use of insecticide treated nets
4. *Effective communication – making information available so people can take rational decisions in preventing and managing disease, and ensuring that services are responsive to their needs.*
5. *Rapid impact on diseases of childhood through selected targeted interventions*
 - Rapid impact programme on immunisation and ITN.

Policy

Working at federal and state levels to improve health outcomes is a key component of the first and second strands of the CSP.

There will be a separate programme dealing specifically with the third CSP theme, control of HIV/AIDS, but there will be major synergies in areas of reproductive health and care and support for people with HIV and AIDS.

The approach above is in line with the DFID theme strategy paper 'Better health for poor people'

The fifth component will be developed in the first phase of the project and will demonstrate early tangible benefits. These rapid impact initiatives will be politically important and may increase support for ongoing reform in other sectors

There will be close links with other programmes and sectors, particularly the state and local government programme, ensuring that common approaches

function effectively. The appraisal team need to identify the scope for change, the key stakeholders, potential change agents and triggers for reform at state and federal level and forces that will constrain change.. They should undertake policy analysis to judge where interventions by development partners are likely to have the greatest impact, and what changes in personnel, or structures will affect this balance.

- *Prioritising interventions – scope of the project.* The health needs of poor people in Nigeria are wide and varied. If the project is to operate across all focal states it will not be possible to focus on all conditions and aspects of health care delivery. What is the feasible scope of this programme, and how should interventions be prioritised and targeted?

- Private and informal providers have become de facto the basic primary health care providers for a very large proportion of poor Nigerians. What is the best way to improve the care offered by these providers and decrease risks that people are exploited when sick.

- DFID and other donors have supported a range of mechanisms for *financing health services* – how can this experience be best evaluated and synthesised, so that better policies and practices for financing health care can be developed?

- DFID has extensive experience with working at LGA and community level in Nigeria. Scaling up to work at state level will demand new approaches and less resource intensive ways of working, What are the most efficient and acceptable means of ensuring that services are responsive to poor peoples needs and aspirations?

Consultation

Consultation has already occurred with consumers and providers of services at federal level and in Benue and Jigawa states. The rapid impact assessment will be based on this, with extra discussion and consultation as necessary

Extensive consultation will occur in the development of the main programme

– This will be informed by and based around the ongoing strategic planning and consultation exercise in Benue

Management Arrangements

Appraisal of the rapid impact outcome or subproject should occur early with the aim of getting approval at the appropriate level of delegated authority (WNAD) by the end of the year and TCO (senior national or an international) in place by the new year This person would be well placed to manage the establishment of the pre appraisal studies and pre inception phase activities such as expenditure reviews in the main programme. The main programme will be contracted out, but use of a TCO in the initial phase will decrease the chances that any company will have an unfair advantage in tendering for the main programme.

Project Team

The Project Officer will be Graham Mackenzie. The lead advisor will be the Abuja based health advisor. There will be significant input from the senior

health advisor, economic advisor, institutional and social development advisors. Individuals with specific expertise in health systems, malaria, health financing and economics, primary care services and communication will assist in the design process.

ANNEX I

Timetable of Steps to Approval

November

Rapid impact appraisal undertaken

Project design submitted .

Initiation of consultative process and strategic planning process in Benue state (Incorporating studies in eight key areas such as health seeking behaviour, financing, human resource management)

Initial feasibility studies on health expenditure reviews in Benue
TOR for main appraisal finalised and team recruited.

December/January

Main programme appraisal undertaken

Recruitment of TCO to manage rapid impact phase and pre inception studies

Contract established with UNICEF for joint implementation – immunisation and malaria control

February

Initiation of health expenditure and institutional reviews in focal states

Detailed studies undertaken as appropriate – review of health financing, reproductive health, TB

Ongoing consultation with state ministries of health, consumers and other stake holders

March

- Programme documents completed: comprising strategic overview and assessment, with detailed programme components.

May

- Submission to PRC.

ANNEX II

**Nigeria Strengthening Health systems for improved health outcomes
Draft Logical Framework**

Goal: Improved health status of poor Nigerians
Purpose: To develop systems that can sustainably deliver effective health care and improved health outcomes
Outputs/Results: 1 Strengthened health systems providing effective, affordable and accessible care.
2 Improved management of priority conditions
3 Improved access and uptake of effective preventive interventions
4. Effective communication – making information available so people can take rational decisions in preventing and managing disease, and ensuring that services are responsive to their needs.
5. Rapid impact on diseases of childhood through selected targeted intervention