MSC Synthesis Note (JANUARY 2024)

PERL's Contribution to

Improvements in Healthcare in FCDO's Partner States in Nigeria (2016 to date)

Preamble

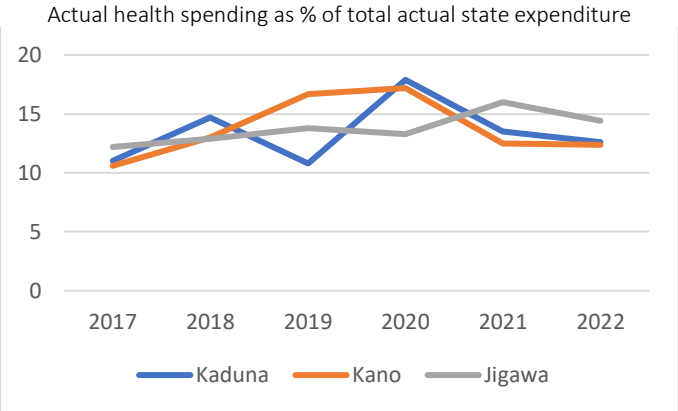
Since 2016, the PERL programme has supported governance reforms in the health sector in Kaduna, Kano and Jigawa. This note provides an overall synthesis of evidence on PERL's contribution to changes observed in the three states over the eight years of PERL programming. It begins with a summary of the key results in the health sector in terms of progress in health policy reforms and changes in health indicators (Section 1). It then summarises evidence on how PERL contributed to these changes (Section 2) before reviewing lessons learned on the effectiveness of PERL's approach (Section 3). The note concludes with an assessment of the likely sustainability of reforms and recommendations for future programming (Section 4).

1. Results

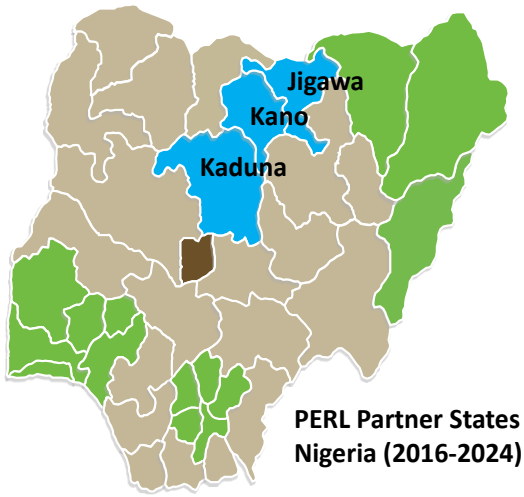
Over the course of the PERL programme there have been significant health policy reforms and improvements across a wide range of health indicators in Kaduna, Kano and Jigawa. The main results are as follows:

Improvements in health policies, planning and budgeting. Since 2016, there have been significant improvements in the quality of health policy, planning and budgeting processes in Kaduna, Kano and Jigawa. All three states have institutionalised Annual Operational Plans, Medium Term Sector Strategies and Sector Performance Reviews, and have linked these processes to the annual budget cycle.

Figure 1 – Health spending as percentage of total state government expenditure



Source: PERL PFM database. NB surge in spending in 2020 mainly explained by COVID-19 response. Future version of this paper to compare budget allocation in KKJ states with regional and national trend (analysis of NGF database – forthcoming)



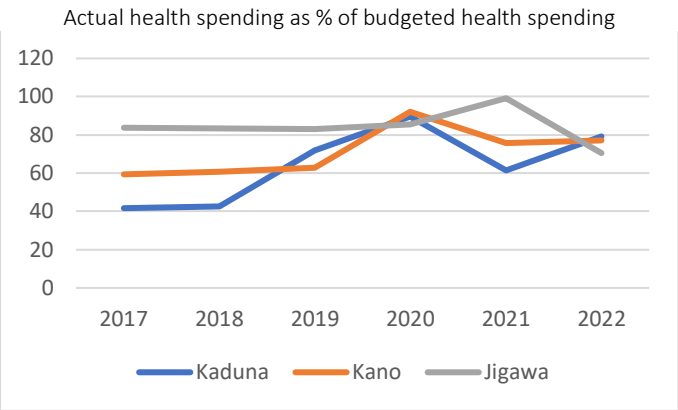
PERL Partner States in Nigeria (2016-2024)

Increases in public expenditure on health. The share of state government expenditure on health services has increased in all three states (Figure 1) towards the 15% target in the Abuja Declaration. States have increased funding to accelerate universal healthcare coverage including more effective targeting of funding for primary healthcare.

Improved budget performance. In all three states there has been a substantial improvement in budget execution as measured by the ratio of actual to budgeted public expenditure in the health sector (Figure 2 below).

Accessing the National Basic Healthcare Provision Fund. Kano was one of the first states to have fulfilled the major preconditions for access to the National Basic Healthcare Provision Fund in 2019 having established the Kano State Contributory Healthcare Management Agency (KSCHMA).

Figure 2 – Health budget performance



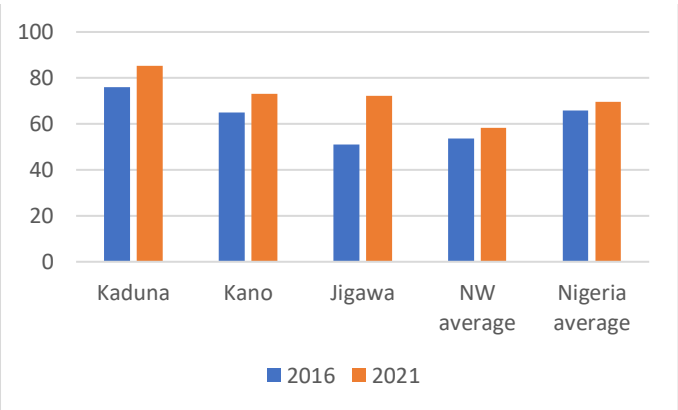
Source: PERL PFM database. NB Future version of this paper to compare budget performance in KKJ states with regional and national trend (analysis of NGF database – forthcoming)

Increased enrolment in state health insurance schemes. All three states have increased enrolment in state health insurance schemes (State Contributory Health Schemes). Originally intended for public sector employees, these schemes have been extended to cover vulnerable groups including People with Disabilities.

Improved availability of essential medicines. Following reforms to the Kaduna State Health Supplies Management Agency, access to essential medicines increased from 63% in 2020 to 85% in December 2022. The coverage of health supplies to public health facilities increased from 70% in December 2021 to 92% in December 2022.

Improvements in ante-natal care. The percentage of women who were attended at least once by a skilled health worker during the pregnancy of the most recent live birth increased in all three states (Figure 3). The level and improvement in this indicator for Kaduna, Kano and Jigawa for the period 2016-2021 exceeds the average improvement for Northwestern states.

Figure 3 – Percentage of women who were attended at least once by a skilled health worker during the pregnancy of the most recent live birth in FCDO supported states

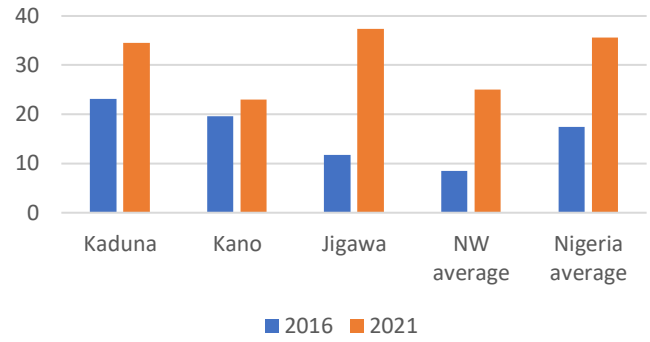


Source: UNICEF Multi Indicator Cluster Survey MICS 2016-17 and 2021. NB To be compared with data from next Demographic and Health Survey expected mid-2024.

Recruitment of primary health workers. In 2018, Kaduna State Government approved recruitment of 3,059 health workers, in line with recommendations arising from PERL-supported succession planning, and the subject of sustained civil society and media advocacy.

Improvements in vaccination coverage. The percentage of children receiving all basic vaccinations by 12 months increased in all three states (Figure 4). Both Kaduna and Jigawa currently outperform the average for northwestern states. The improvement in vaccination coverage over the period 2016-2021 has been particularly dramatic in Jigawa and has well exceeded the average improvement for northwestern states.

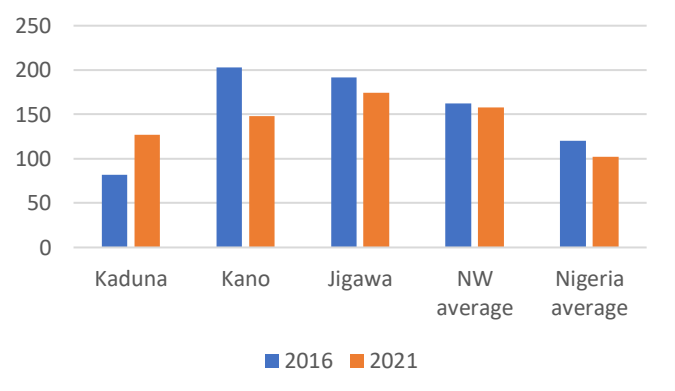
Figure 4 – The percentage of children receiving all basic vaccinations by 12 months in FCDO supported states



Source: UNICEF Multi Indicator Cluster Survey MICS 2016-17 and 2021. NB To be compared with data from next Demographic and Health Survey expected mid-2024.

Reduced infant mortality. The under 5 mortality rate (U5MR) fell substantially between 2016 and 2021 in Kano and Jigawa, but not in Kaduna (Figure 5).

Figure 5 – Under 5 Mortality Rate in FCDO supported states



Source: UNICEF Multi Indicator Cluster Survey MICS 2016-17 and 2021. NB To be compared with data from next Demographic and Health Survey (DHS) expected mid-2024. The reported increase in U5MR for Kaduna needs further investigation and may be a sample size issue. To compare with DHS data when available.

In all three states, PERL considers that health sector governance reforms have reached the stage of 'consolidating islands of reforms' where improved practices have extended to cover a major part of governance systems. These reforms have had a positive

impact on service delivery, which PERL assesses as having been 'moderate' in Kano and 'very substantial' in Kaduna and Jigawa. In Jigawa there is evidence that these improvements in service delivery have contributed to improvements in health sector indicators and progress in achieving the Sustainable Development Goals.

2. How did PERL contribute to these results?

The results indicated in Section 1 are mainly attributed to health sector governance reform processes led by the partner states. These reforms have been supported by several development programmes including PERL, Lafiya and several other health sector programmes.

PERL's main contributions are summarised in the paragraphs that follow:

Supporting core governance reforms. PERL technical assistance has focused on core governance planning and budgeting processes in the health sector, human resource development, capacity building support to health institutions, civil society and the media and strengthening accountability mechanisms. There has been a particular focus on promoting realistic budgeting and connecting the budget process to the health sector Annual Operational Plan, Medium Term Sector Strategy and Sector Performance Review processes.

Policy support. PERL has supported inclusive processes of health policy making in all three states, focusing on the work of the State Primary Health Care Development Agencies and State Contributory Health Schemes, as well as COVID-19 planning and response. In Jigawa Technical Working Groups have been established with government and civil society participation to engage in policy making and monitoring processes, including the development of the Jigawa State Healthcare Financing Policy.

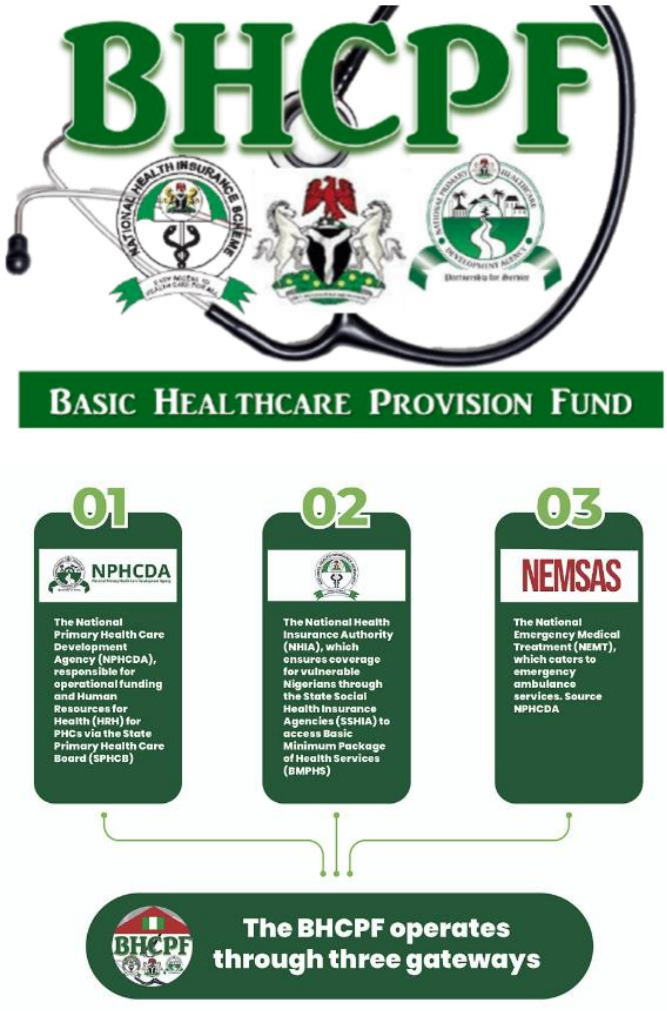
Organisational development. PERL has provided system strengthening support to the Kaduna State Primary Health Care Development Agency (SPHCDA) by supporting Service Charters and Corporate Plans to identify current and future staffing needs and succession planning. PERL support for corporate and workforce planning for the Kaduna State Health Supplies Management Agency has contributed to improved access to a wide range of essential medicines. PERL supported the Kano State Primary Healthcare Management Board (PHCMB) by conducting a situational analysis of primary health centres, a workforce assessment, capacity building programme, review of the PHCMB organogram, development of operational guidelines and enhanced financial reporting and management processes.

Public-private partnerships. In Kaduna, PERL supported the State to develop a health policy on PPP and the manual that is guiding the private sector's involvement in financing (2023). This has helped to mobilise private sector investment in public health facilities, for example the private investment of $2.1million for six departments of the Barau Dikko Teaching Hospital in Kaduna.

Establishment and expansion of health insurance schemes. PERL supported the establishment of the Kaduna State Contributory Health Management Scheme (2020) and provided technical support for its subsequent development. PERL has also facilitated series of enrolment drives and campaigns through public dialogues with stakeholders targeted at the informal sector. In Kano, PERL supported the strengthening of the State Contributory Health Scheme and promoted citizen advocacy for inclusion of vulnerable groups.

In Jigawa advocacy by PERL supported citizens groups led to improvements in the targeting of People with Disabilities by the state Contributory Health Management Scheme.

Citizen engagement. PERL has made a substantial contribution to enhancing citizen engagement in health policy, planning, delivery and monitoring processes. PERL supported the Kaduna State Maternal Accountability Mechanism (KADMAM) to enable civil society organisations to monitor budget releases and healthcare facilities, as well as the utilisation of the basic health care provision fund. In Kano PERL supported citizen groups (including the Kano State-led Accountability Mechanism KANSLAM and Ward Development Committees) to take a more active role in the health budgeting process, monitoring of health facilities and use of the Basic Healthcare Provision Fund. This advocacy resulted in changes in the eligibility criteria for beneficiaries of the Basic Health Care Provision fund and the enrolment of an additional 35,000 beneficiaries from vulnerable groups.



In Jigawa, PERL provided technical expertise to the Jigawa Coalition of Partnership in Health (JiCOPH) who analysed the 2022 Budget and disseminated findings to relevant stakeholders both in Government and the State House of Assembly to draw attention to the importance of the timely and effective allocation and budget releases. PERL's annual Constituency Influencing Assessment indicates positive trends for citizen engagement, representation and inclusion in health policies, budgets and programmes across the three states.

Strengthening legislative processes. PERL worked with the State Houses of Assembly and the House Committees on Health to strengthen their oversight of the health sector in the three states. For example, PERL supported civil society partners engaged with the Kano State House of Assembly Committee on Health on the process of revising the KSCHMA law.

3. What did PERL Learn?

The lessons learned from PERL support to the health sector in Kaduna, Kano and Jigawa are in line with broader observations on PERL's theory of change and theory of action, and can be summarised as follows:

Core governance reforms are essential for bringing about improvements in service delivery. The core governance reforms supported by PERL have been targeted at critical bottlenecks holding back service delivery, in particular the inadequate resource allocation to the health sector, weaknesses in budget and planning processes, weaknesses in human resources for health and lack of citizen-led monitoring. The experience of PERL support has shown that alleviating these bottlenecks in upstream governance problems has contributed to downstream improvements in service delivery.

Collaboration with sector programmes has been important to bringing about service delivery improvements. PERL has promoted core governance reforms in partnership with sector development programmes with a more direct focus on health service delivery. In some cases (particularly Kano) it has been difficult to draw attention to politically challenging core governance issues when larger sector programmes have more resources to offer for direct service delivery and more clout with state governments. However, PERL's persistent focus on core governance issues, backed by high quality technical assistance, evidence gathering, and

citizen engagement has gradually increased state governments' receptiveness to PERL's contribution. PERL has also maintained influence and relevance by operating within broader coordination frameworks, including FCDO's Mutual Accountability Frameworks and the Primary Healthcare-Routine Immunisation Memorandum of Understanding in Kaduna.

PERL has achieved traction by being politically smart, locally-led and demand-driven. PERL has adopted a politically smart approach based on careful analysis of the political economy context in the three states. In most cases PERL has adopted demand-driven approach where its support is limited to responding to requests made by partners to provide technical assistance to address identified problems. While there has been strong demand for PERL's services in Kaduna and Jigawa, the highly politicised environment in Kano explains the state government's more lukewarm attitude to the core governance reforms in the health sector.

Promoting multistakeholder coalitions has been critical to getting heath sector governance issues on the agenda. To improve the effectiveness of healthcare advocacy campaigns, PERL has facilitated multistakeholder group comprising of citizen groups, media and traditional rulers and has linked these to government policy and planning processes. PERL has facilitated the emergence of these coalitions according to the different political economy context in each state. It has adapted its approach when conditions have changed, including the decision to work with traditional leaders at ward level instead of at emirate level following the emergence of inter-emirate tensions in Kano.

Civil society monitoring of the performance of health services has been a valuable advocacy and accountability tool. The PERL supported Sector Scorecard developed by Kaduna Maternal Health Accountability Mechanism (KADMAM) has proven to be an effective tool for leveraging enhanced services across the state. In Kano Ward Development Committees have played a key role in ensuring accountability for the use of funds at primary health facilities.

New models for health sector financing including public-private partnerships are starting to prove their value. In Kaduna, PERL support to the development of public-private partnership policy for the health sector has unlocked substantial additional financing leading to service delivery improvements and providing a model for wider replication.

4. Sustainability and Recommendations for Future Support

PERL assesses that health sector governance reforms have reached a moderate to high level of sustainability in the three states. This is most evident in Jigawa where health reforms are agreed as priority by a wide variety of actors, are politically accepted with responsible owners, functioning institutional frameworks, suitable financial arrangements, competent organizations with skilled staff and supporting laws at state and national level. This is supported by voice and pressure from citizens, media, the legislature and well-established accountability mechanisms. In Kaduna and Kano most of these conditions are present, but citizen pressure in support of reforms is somewhat weaker than in Jigawa and the financial arrangements supporting the reforms are only considered to be partly sustainable.

In spite of this progress in achieving sustainable reform progress, further support will be needed to state governments and civil society to ensure continuation of the positive trends in health sector governance. As PERL reaches its completion in 2024, it will be essential that other health programmes operating in Kaduna, Kano and Jigawa take on a greater role in supporting core governance reforms, otherwise there is a risk of loss of reform momentum or even undermining governance as direct service delivery by health programmes can undermine government's incentives to strengthen health systems.

The health governance reforms supported by PERL have only covered limited parts of the health system and have focused mainly on the work of the State Primary Healthcare Development Agencies and State Contributory Health Management Schemes. There is considerable scope to expand the focus of health governance support across health systems more widely. PERL has supported initial reforms in medicine supply, human resources for health and public-private partnerships for health financing in individual states, and these initiatives could be expanded and replicated by future programmes. Most importantly PERL has demonstrated the value of citizen participation and multi-stakeholder coalitions in driving health sector governance reforms. Vibrant platforms for citizen participation and multi-stakeholder engagement have been established by PERL in the three states but will need further support by future programmes to ensure sustainability and realise their full potential.