



Executive Summary:

Findings from the LHSS Nigeria collaborative diagnostic activity

Local Health System Sustainability Project
Task Order I, USAID Integrated Health Systems IDIQ

Local Health System Sustainability Project

The Local Health System Sustainability Project (LHSS) under the USAID Integrated Health Systems IDIQ helps low- and middle-income countries transition to sustainable, self-financed health systems as a means to support access to universal health coverage. The project works with partner countries and local stakeholders to reduce financial barriers to care and treatment, ensure equitable access to essential health services for all people, and improve the quality of health services. Led by Abt Associates, the five-year, \$209 million project will build local capacity to sustain strong health system performance, supporting countries on their journey to self-reliance and prosperity.

Submitted to: Scott Stewart, COR
Office of Health Systems
Bureau for Global Health

Sylvester Akande
Health Finance Specialist
USAID/Nigeria—Office of Health, Population, and Nutrition

USAID Contract No: 7200AA18D00023 / 7200AA19F00014

Recommended Citation: The Local Health System Sustainability Project (LHSS) under the USAID Integrated Health Systems IDIQ. March 2023. *Findings from the LHSS Nigeria collaborative diagnostic activity*. Rockville, MD: Abt Associates.

CONTENTS

Acronyms **iii**
I. Executive Summary **I**

ACRONYMS

ALGON	Association of Local Governments of Nigeria
AoP	Annual operation Plan
BHCPF	Basic Health Care Provision Fund
BMPHS	Basic Minimum Package of Health Services
CHIPS	Community Health Influencers, Promoters and Services
CSO	Civil Society Organization
DFF	Direct Facility Funding
DFS	Digital Financial Service(s)
DGI	Development Governance international
DHIS	District Health Information Software
DMA	Drugs Management Agency
DPRS	Director Planning Research and Statistics
FCT	Federal Capital Territory
FMOH	Federal Ministry of Health
GHSC-PSM	Global Health Supply Chain Program Procurement and Supply Management
HCH	Honorable Commissioner for Health
HF	Health Facility
HIV	Human Immunodeficiency Virus
HMB	Hospital Management Board
HMIS	Health management information system
HRH	Human Resources for Health
ICT	Information and Communication Technology
ISS	Integrated Supportive Supervision
LACA	Local Action Committee on AIDS
LGA	Local Government Area
LHSS	Local Health System Sustainability Project
LGHAs	Local Government Health Authorities
LSS	Life Saving Skills
MDAs	Ministries, Departments, and Agencies
M&E	Monitoring & Evaluation
MLGCA	Ministry of Local Government & Community Affairs
MOC	Ministerial Oversight Committee

MSP	Minimum Services Package
NASHIA	Nasarawa State Health Insurance Agency
NAPHDA	Nasarawa State Primary Health Care Development Agency
NHIA	National Health Insurance Authority
NIN	National Insurance Number
NOA	National Orientation Agency
NPHCDA	National Primary Health Care Development Agency
NSR	National Social Register
ODK	Open Data Kit
OiC	Officers in Charge
PHC	Primary Health Care
PHCB	Primary Health Care Board
PLASCHEMA	Plateau State Contributory Health Management Agency
SHOAs	State House of Assemblies
SMOH	State Ministry of Health
SOC	State Oversight Committee
SOCU	State Operations Coordinating Unit
SPHCDA	State Primary Health Care Development Agency
TA	Technical Assistance
THCs	Tertiary Health Care
TWG	Technical Working Group
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VGs	Vulnerable Groups
WDCs	Ward Development Committee
ZAMCHEMA	Zamfara State Contributory Healthcare Management Agency
3PL	Third-Party Logistic Providers

I. EXECUTIVE SUMMARY

The Local Health Systems Sustainability (LHSS) Project is a global USAID project working globally across 40 countries which began implementation in Nigeria in June 2022. During the first three months of implementation, June through August 2022, LHSS conducted diagnostic visits across Nasarawa, Plateau, and Zamfara states and at the national level in which the project conducted key informant interviews with health system leaders responsible for the implementation of the Basic Health Care Provision Fund (BHCPF). This assessment fed into collaborative implementation planning, which was used to update the LHSS work plan interventions according to local priorities.

The interviews and research that LHSS conducted as part of the diagnostic process were organized around thematic areas, which include: BHCPF Implementation, Enrolment, Revenue Generation/Fiscal Space Expansion, Drugs and Commodities, Human Resources for Health, Coordination, Governance, and Data Management. These areas are represented in the report as well as an analysis of common themes that LHSS identified across the three states and areas where the BHCPF implementation differs in Nasarawa, Plateau, and Zamfara.

Overall, LHSS has found that implementation of the BHCPF across the supported states has been delayed. This is due to various factors that includes inadequate resources at the state level that is not appropriately reaching Primary Health Centers (PHCs), low engagement in the BHCPF implementation by state level leadership (Executive and Legislative leaders), relatively low awareness of the BHCPF across state level leadership and end users of the funds, large Human Resources for Health (HRH) gaps, lower than expected enrollment often due to an inconsistent approach to identifying the vulnerable in each state, and poor data management. Despite these issues, there were many areas that LHSS found in which states have been doing well, and where LHSS can support State Primary Health Care Development Agencies (SPHCDA) and State Health Insurance Agencies (SHIA) to improve. These include Nasarawa and Plateau having strong initial enrollment numbers, strong engagement by SPHCDA and SHIA, and some PHCs having been able to use funds to revitalize facilities.

Each state is at a different point in the implementation of the BHCPF program with Nasarawa showing the most progress. At the time of the diagnostic visits, the state had started delivering services to enrollees as well as having conducted an HRH needs assessment to better understand human resources gaps at the PHC level. The analysis of the situation in Zamfara showed that there have been many challenges with implementation as the state had not yet been able to enroll any individuals into the BHCPF, there is very low awareness at all levels of the health sector, and the state has yet to adapt or implement many of the national level policies or guidelines including those pertaining to health financing and HRH. The backdrop of some of these issues are the security concerns that have made holding meetings, placing staff, and mobilizing resources more difficult. In Plateau, the state has almost reached its enrollment target for the BHCPF, however this process has been inconsistent and LHSS discovered that many enrollees have been assigned facilities that are not close to their house, making access to these facilities difficult. There are also HRH gaps at the facility level, however the State Ministry of Health (SMoH) has recently allowed PHCs to start hiring again, which should help improve this situation. Additional details about the results from each state can be found in the respective section of the report.

Based on this process, LHSS has designed activities included in the FY23 work plan that will improve the situation in each state. The Project will work with SPHCDA and SHIA to improve accountability of the BHCPF by finalizing an accountability framework at the national level and operationalizing it in each state. LHSS will work at the PHC level to support training on facility and financial management, business plan development, and data gathering/analysis to improve the overall operations of each BHCPF supported PHC. LHSS will also work with grantees to improve enrollment in the BHCPF by raising awareness, improving enrollment strategies, and working with the National Social Safety-Nets

Coordinating Office (NASSCO) and their State Operations Coordinating Units (SOCU) to improve the identification of those vulnerable in each state.

The diagnostic process has identified many issues that states face while implementing the BHCPF, however it has also given LHSS the opportunity to tailor activities to the different state level contexts so that the Activity can have a greater impact in the areas that need the most support in Zamfara, Plateau,