Understanding the 2030 Vision:

A Rapid Desk Review of Strategic Documents for Child Health in the Federal Republic of Nigeria

Cover photo: Karen Kasmauski, MCSP

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CHILD HEALTH
TASK FORCE


JSI

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Introduction and Purpose

In 2016, the global community transitioned from the Millennium Development Goals (MDGs) to the Sustainable Development Goals (SDGs). For the child health community, this transition marked a shift from a focus on child survival in the MDGs to a more encompassing focus on "survive, thrive and transform" under the SDGs in line with the Global Strategy for women's adolescents' and children's health 2016-2030.

The Federal Republic of Nigeria, like many other countries, committed to the achievement of the SDGs including those goals supporting child health. The country has outlined this commitment in the National Strategic Health Development Plan II (NSHDP II) 2018 – 2022. The NSHDP II guides and coordinates investment (financial and human resources) in the health sector by the government and development partners including determining levels of investment into subnational/geo political regions and to specific program areas. To operationalize the NSHDP II and focus on the health of women and children, the FMOH developed the Integrated Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition, IRMNCAH+N 2018-2022) which includes specific priorities and targets for improving newborn and child health. The National Health Policy (2016) and the National Child Health Policy (2016) also provide the foundation for improvements in child health.

This desk based review was conducted to synthesize these national policies to provide child health stakeholders in Nigeria with a shared understanding of the 2030 vision (SDG targets) for child health. The review focuses on the child health priorities, targets and strategies to achieve the 2030 vision as articulated in Nigeria's key policy documents as well as identified needs and gaps that undermine progress towards these goals.

Overall Objective

The overall objective of this review is to support the creation of a shared understanding among child health stakeholders of the 2030 vision (SDG targets) for child health including the country's priorities, targets and strategies to achieve the vision.

Specific objectives are to:

1. Understand the 2030 vision (SDG targets) for child health including the country priorities, targets and strategies to achieve the vision.

2. Identify the organizational, human, material and financial resources needed in the public and private sectors to achieve the 2030 vision for child health.

3. Document gaps in the strategies to achieve the 2030 Vision

4. Recommend short, medium and long-term actions at various levels of the Nigerian government and partners to achieve the 2030 vision for child health.

Findings will also be used to inform a reimagining of technical assistance approaches being conducted under the global Child Health Task Force -- a network of NGOs, the UN, multilateral, bilateral donors, countries and individuals. As part of this redesign, the CH TF will collaborate with the national Child Health Technical Working Group (CH TWG) to explore and develop new model/s of providing technical assistance (TA) that are effective, systematic, and locally driven. The re-design process will use a human centered design approach. The Child health Task Force has received funding from the Bill & Melinda Gates Foundation to support the review and the development of new technical assistance approaches and models. Please see Annex A for complete Terms of Reference for this consultancy.

Methodology and Limitations

This desk based review was conducted between December 2018 - March 2019. The Task Force hired a local consultant to work with the Department of Family Health in the Federal Ministry of Health. The Minister of Health approved the review and agreed to make available the key policies and strategy direction for child health in Nigeria. See Annex B for complete list of policy documents included in this review.

The FMOH has developed over 50 health related policies and strategies, more than half of which address improvements in the health of women and children. This review focused on a subset of these policies, prioritizing the strategic and macro level plans that set the direction or vision for implementation of child health strategies to determine if they provide an enabling environment and strong health system foundation required to ensure improved child health. Table 1 includes the list of documents included in this review.

Table 1: Key national health and development documents reviewed

National Policies	National Health Policy Child Health Policy
National strategic and macro level plans	NSHDP II RMNCAH+N
Child health focused program guidelines and strategies	IMCI Guidelines (under revision) iCCM implementation strategy Nigeria Every Newborn Action Plan

The following criteria were developed to guide and organize the review.

Table 2: Criteria used for desk review of key policies

Child health priorities	✔ Clearly articulated ✔ Aligned with other relevant national policies/strategies
Targets	✔ Clearly articulated ✔ Include baseline, endline, defined date, source of data ✔ Aligned with and support guiding policy
Key inputs	

Health system building blocks[1]	
	✔ Acknowledgement of building blocks needed to implement policy or strategy ✔ Inclusive of costing component (Financing) ✔ Articulation of sources of funding ✔ Inclusive of Quality of Care (Service delivery) ✔ Articulation of HR development and management ✔ Articulation of framework for procurement and supply chain management (Essential medicines)

Limitations

- Some of the policy documents had not been finalized at the time of the review. The consultant either relied on older versions of these policies or obtained drafts of documents under review from the child health unit in the FMOH.
- Some of the documents also did not articulate specific targets for the 2030 SDG
- The document review was not complemented by key informant interviews. As a result, the consultant was unable to clarify the information in the documents and to learn about successes and challenges associated with implementation of the policies and strategies. The successes and challenges with implementation are a better indicator of how well the priorities, targets and strategies address health program needs for children.
- A review of multisector enablers such as policies related to gender, agriculture, nutrition, education, and environment were not included in this scope.

[1] The six WHO Health System Building blocks namely (i) service delivery, (ii) health workforce, (iii) health information systems, (iv) access to essential medicines, (v) financing, and (vi) leadership/governance

Findings

2030 Vision

The FMOH has developed over 50 health related policies and strategies, more than half of which address improvements in the health of women and children. These policies are an important foundation for improved health/child health and provide a road map to guide strong coordinated implementation. This review prioritized the strategic and macro level plans that set the direction or vision for implementation of child health strategies to determine if they provide an enabling environment and strong health system foundation required to ensure improved child health. The following is the list of documents included in this review.

- The National Health Policy (2016)
- The National Child Health Policy (2016)
- The National Strategic Health Development Plan II (NSHDP II) 2018 – 2022 to guide and coordinate investment (financial and human resources) in the health sector by the government and development partners including, to determine levels of investment into subnational/geo political regions and to specific program areas.
- The Integrated Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition, IRMNCAH+N 2018-2022 to operationalize the NSHDP II and focus on the health of women and children, and include specific targets for improving newborn and child health.

Priorities and Targets

Table 3 provides an overview of the main priorities (related to child health) and supporting targets outlined in the respective documents. To understand if targets were consistent and aligned among the respective policies, we examined the following three impact indicators: NMR, IMR, under 5 MR.

Table 3: Priorities and Targets for 2030 Vision for Child Health

	National Health Policy (2016)		Child Health Policy (2018)		NHSDP II (2018-2022)		RMNCAH+N (2018-2022)	
Child health Priority	"To reduce childhood mortality and ensure optimal growth, protection and development for all new-borns and children under-five; " (p. 45)		"To ensure the survival, optimal growth and development of children in Nigeria." (p. 12)		To "reduce neonatal and childhood mortality and promote optimal growth, protection and development of all new-borns and children under five years of age" (NSHDP II, p.61)		"To reduce maternal, neonatal, child and adolescent morbidity and mortality in Nigeria, and promote universal access to comprehensive sexual and reproductive health services for adolescents and adults throughout their life cycle" (p.35)	
	BL	Target	BL	Target	BL	Target	BL	Target

	National Health Policy (2016)		Child Health Policy (2018)		NHSDP II (2018-2022)		RMNCAH+N (2018-2022)	
NMR	no data	no data	37 (2015)	15 (2030)	no data	18	37 (2013)	25 (2020) to 12 (2030)
IMR	no data	no data	no data	no data	no data	38	75 (2013)	37 (2020)
<5MR	no data	no data	no data	no data	no data	64	128 (2013)	42 (2020) to 25 (2030)
Comments	The performance monitoring matrix is incomplete. It is organized to include BL (2015) as well as short (2016-2020), medium (2021-2025), long term (2026-2030) KPIs for IMR and U5MR (NMR is not included). However, the table does not include any data.		M&E section includes NMR, IMR, U5M as "impact indicators" but does not include targets		Multiple sources listed to monitor all indicators; no baseline provided, target year not clear (assume 2022)		Proposes multiple data sources (NDHS, MICS, NARHS)	

The overarching priorities are aligned to global, regional and national frameworks and declarations. However, there are a significant number of policies and given the amount of time and investment that goes into developing, revising and adapting them, there may not be enough distinction between some of them raising the question of the added value of each of these documents and perhaps suggestion the need for more streamlined nested documents/policies.

In addition, as noted in the above table, there were several gaps and inconsistences in the targets articulated in each of the document making it difficult to effectively track progress.

For example, each of the documents referenced the following impact indicators: neonatal mortality rate, infant mortality rate and under five mortality rate. However, only the RMNCAH+N strategy provided baseline and targets for all three indicators and none offered a specific data source. Furthermore, of those documents that included targets for the same indicators, the targets were often not consistent (nor aligned with the timeframe of the supporting document). For example, the target for NMR is

- 18/1000 by 2022 (assumed but not explicitly stated) in NHSDP II
- 25/1000 by 2020 in RMNCAH+N
- 12/1000 by 2030 in RMNCAH+N
- 15/1000 by 2030 in Child Health Policy

Another challenge is that these national targets can mask the inequities within the country. While the policies recognize that states and LGAs are not at the same level and will need to adapt to their specific contexts, there is not recognition that some poor performing states/LGAs may need to be prioritized

over others to truly 'move the needle' in terms of health outcomes. Furthermore, the priorities, targets and supporting interventions do not reflect the diverse needs and investments required to improve child health at the subnational level. The lack of such targeting or prioritization encourages partners to conduct "needs assessments" for every initiative because existing plans are not specific.

Supporting Interventions and Strategies

To achieve the overarching goals and targets outlined above, each of the policies outline a set of key priority interventions and strategies (Annex C provides a detailed list of interventions, strategies and implementation level). For example, the RMNCAH+N 2018-2022 articulates the priority interventions (packages of care) that will be delivered through a continuum of care from the household to the referral hospitals. Those interventions addressing health promotion, disease prevention and curative care reflect evidence-based high impact interventions to support child survival and well-being recommended by WHO/UNICEF. To deliver the interventions, Nigeria adopted two strategies namely, integrated management of childhood illness (IMCI) at both community (Community IMCI or cIMCI) and facility levels (facility IMCI) and integrated community case management of childhood illness (iCCM). These strategies also address referral and counter referral from community to higher levels. The iCCM strategy is in turn supported by the National Task-Shifting and Task-Sharing Policy for Essential Health Care Services in Nigeria, which provides certain maternal, newborn and child health services by some lower cadre of health workers.

While recognized as a key determinant of child health outcomes, one limitation observed in this review was that nutrition is somewhat silo'd in the RMNCAH + N strategy and more broadly in the FMOH structure. Nutrition falls under a different division and interventions are articulated under a separate section in the strategy with little or no cross-referencing- which may result in silo'd (rather than integrated) implementation.

Implementation

The policies and plans reviewed recognize that improvements in child health outcomes is dependent on successful rollout and implementation at the subnational level. For example, the states and LGAs are expected to adopt and adapt each of the policies and strategies to their contexts and ensure implementation. However, the ability to realistically and fully translate these policy priorities into practice is a highlighted challenge (extensively described in the situation analysis of the NSHDP II) given the recurrent capacity constraints.

The Total Market

The Nigerian government recognizes the role of the private sector. In 2005, the FMOH developed the Public Private Partnership Policy to provide a framework for the involvement of the private sector in the development of infrastructure and services in the country including health infrastructure and services. Both the NSHDP II and the RMNCAH+N repeatedly mention the private sector (both for-profit and not-for-profit) as key stakeholders in coordination, planning, particularly at the state level, and collaboration for service delivery. The private sector is also included in the Partnership for RMNCAH +N, a platform proposed to coordinate investment, and to track or monitor results.

While the key policies and strategies recognize the role of the private sector, they may not optimally consider the private sector in the context of a total health market, clarify where its services provide a comparative advantage or what the public sector may need to do to fully harness that comparative advantage. For example, weak coordination and regulation by the government lead to poor quality of care provided by the private sector and missed opportunities to harness the private sector's tremendous market share. For example, the private sector provides 60% of healthcare services in the country (NSHDP II page 36). Furthermore, due in part to misaligned incentive structures, the FMOH has not been able to effectively coordinate and collaborate with the private sector nor capture key data for monitoring purposes.

2030 Vision: Organizational, Human and Financial Resources

A strong health system provides the platform for child health interventions to succeed and for policy goals to be met. Therefore, as part of this review, we used the health system building blocks[2] to review the extent to which the policy documents reflect these components. As highlighted in Table 4, each of the policy documents reviewed include some reference to each of the building blocks. However, the extent to which these building blocks were reflected varied by policy and by building block.

Table 4: Overview of health system building blocks included in the main policies

	National Health Policy	NHSDP II	Child Health Policy	RMNCAH+N
Financing	✓	✓	✓	✓
Leadership/ Governance	✓	✓	✓	✓
Health Workforce	✓	✓	✓	✓
HIS	✓	✓	✓	✓
Essential Medicines	✓	✓	✓	✓
Service Delivery	✓	✓	✓	✓
General Comments	NHP includes goals and objectives for the building blocks	NHSDP II Theory of Change incorporates all health system building blocks	Most building blocks are referenced (with exception of HIS). Leadership/Governance is subsumed under several areas of responsibility outlined for the FMOH	Includes goals, objectives, strategies and activities under each building block

[2] The review did not look at all the health system building blocks. Specifically, Leadership and governance and HIS are not addressed in this review.

The following section highlights the main findings according to some of the six health system building blocks.

Health Financing (including Costing and Resource Mobilization)

While each of the reviewed plans recognize the importance of funding required to implement the policies and associated strategies, the amount of detail they dedicate to articulating health financing considerations vary. The National Health Policy outlines the need for the government to allocate 15% of its budget for health (which is consistent with the Abuja Declaration of 2001) (National Health Policy, p. 89). It also highlights the importance of accountability. For example, there is recognition of the importance of disbursements and reporting/tracking budget expenditure.

In terms of resources, the Child Health Policy focuses largely on interventions to reduce the financial risk of families due to illness. It also highlights the importance of using 'cost effective interventions' to ensure "universal access of essential interventions…." (p. 13)

While the National Health Policy and National Child Health Policy include high level reference to health financing, the NSHDP II and RMNCAH+N have each included a costing component, outlining the costs to implement the respective strategy, the commitments made and the existence of a significant funding gap.

Based on the moderate costing scenario, the five year cost of NHSDP II is $19,906.5 million with a funding gap of $6,813 million. (See Annex C). When fully funded based on this scenario, the "NSHDP II is expected to yield the following health impact:

- MMR reduction from 576 to 400 per 100,000 live births representing a 31%reduction towards the attainment of global target
- NMR reduction from 39 to 26 per 1,000 live births representing a 33% reduction towards the attainment of global target
- U5MR reduction from 120 to 85 per 1,000 live births representing a 29% reduction towards the attainment of global target

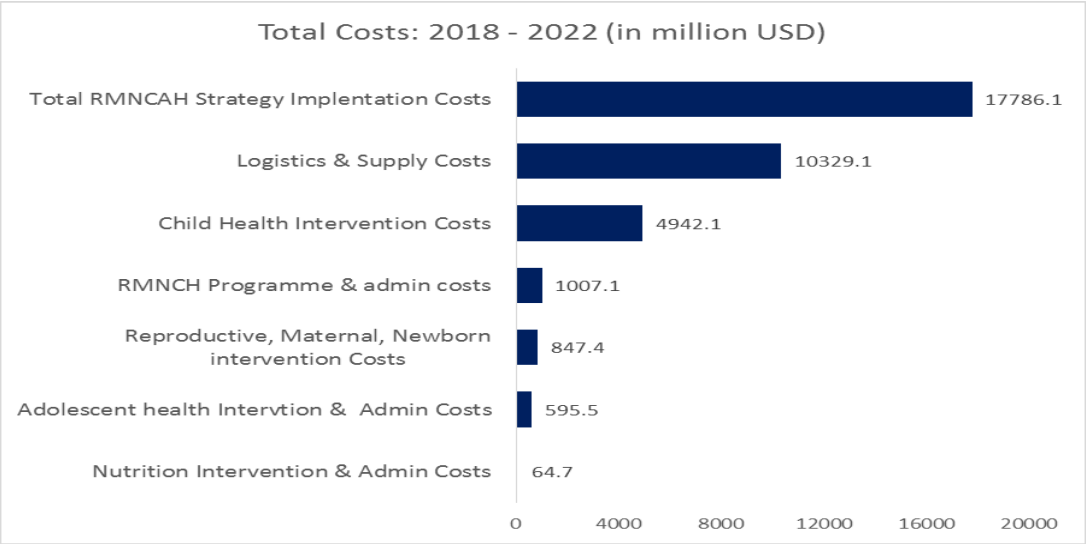
These targets are not consistent with nor are they as aspirational as those articulated earlier in the plan (see table 3) which may lead to confusion in terms of what targets stakeholders should be supporting, monitoring and be held accountable to. Furthermore, the costing assumes full funding of the plan at the moderate scenario. However, the plan indicates that there is a funding gap of 34%. If this gap is not closed, it will be difficult to fully implement the plan as outlined making it unlikely to achieve the articulated goals and targets and limiting improvements in child health.

The NHSDP II includes indicators to monitor health care financing and reduce financial barriers which is a strength. For example:

- % of health budget allocated to PHC 35%
- % of national budget allocated to the health sector 15%
- % of Nigerian population covered by risk protection mechanisms for health financing 30%
- Out of Pocket Health Expenditure on health target 35%
- (NHSDP II, p. 98)

While the targets may not be achievable (for example, Nigeria has consistently fallen short of the goal of allocating 15% of its budget to health), including indicators to monitor health financing is an important step in terms of ensuring accountability and commitment.

The RMNCAH+N Strategy also outlines the costs required to implement its 5 year strategy inclusive of both costs of interventions and the health system building blocks. Total costs for the 5 year plan is $17,786 million. Child Health intervention costs account for 28% of the total (See graph below). Resource mobilization efforts have funded a portion of the overall multiyear costs. However, similar to the NHSDP II, a significant funding gap exists thus affecting the ability to fully implement the strategies articulated in the plan. In addition, while the RMNCAH+N strategy includes health care financing indicators (as part of their health system indicators), there are no indicators to monitor the available funding and commitments to implement the strategy itself.



Health Workforce (Human Resources for Health- HRH)

All key documents reviewed make reference to the critical need for adequate numbers and skills of health workers to deliver the high impact priority interventions. Specifically, the NSHDP II states the goal for human resources: 'To have in place the right number, skill mix of competent, motivated, productive and equitably distributed health workforce for optimal and quality health care services provision' (NSHDP II, page 87). The following text box includes several of the HRH initiatives that are being (or have been) implemented to address the workforce constraints. For child health, the task sharing and task shifting policy is an important policy commitment. However, despite the growing number of health workers produced, the NSHDP II and the RMNCAH +N note that Nigeria continues to have inequitable distribution of skilled health workers particularly in the rural northern regions of the country. Yet these and the other policy documents are missing the prioritization and targeting of HRH strengthening activities in the most disadvantaged states.

HRH Initiatives to address shortages

1. Midwife Service Scheme (MSS) designed to mobilize midwives, newly qualified , unemployed and retired midwives for deployed into selected rural PHCs, 2010, now being revitalized
2. National Reinvestment Maternal & Child Health Programme (SURE – P), 2011-2015
3. Reintroduction of Community Midwifery programme (2010) and
4. The National Task Shifting & Sharing policy (NTSSP) 2018

Essential Medicines

The 15 Essential Life Saving Commodities including childhood medicines were adopted by the government of Nigeria in 2012. The national Essential Medicines list has been updated to include these medicines and other commodities. However these commodities are most times unavailable at the facilities. The NSHDP II notes that "… the availability of medicines, vaccines and health technologies in Nigeria is characterized by disproportionate underfunding for essential medicines and other health products resulting in persistent stock-outs and high expirations at service delivery points, irrational drug use, poor and parallel supply chain management systems….." (NSHDP II, page 36). The costing scenarios take into account the needed medicines and supplies to deliver interventions, however given the funding gap and poor record on budget release, it can be assumed that facilities will not have an adequate stock of medicines to meet the 2030 vision.

Service Delivery - Quality of care

The policy and strategy documents acknowledge the importance of improving quality of care as part of Universal Health Coverage (UHC). The situation analyses in these documents highlight the lack of information on the quality of care provided and links the poor quality of care to non-availability of skilled providers and essential medicines in both the public and private sectors.
The IRMNCAH+N strategy highlights

> *"Revitalization of PHC …..(as) key to achieving the goal and objectives of the IRMNCAH nationally and in the States. Primary health care is delivered in Nigeria through a network of facilities – Primary Health Care centres, Primary Health Care clinics and Health Posts; the facilities are expected to provide each ward with a minimum care package." (RMNCAH+N, p. 70)*

The IRMNCAH also includes several other interventions to address the issue of poor quality of care. Despite this, there are no specific indicators to measure quality of care despite their being indicators to measure other health system components (RMNCAH+N, p. 88)

Recommendations

The FMOH has developed over 50 health related policies and strategies, more than half of which address improvements in the health of women and children. These policies are an important foundation for improved health/child health and provide a road map to guide strong coordinated implementation. Each of the documents reviewed outlines priorities, targets and a set of key priority interventions and strategies that are to be delivered through a continuum of care. They also for the most part acknowledge the health system building blocks as the foundation. Despite this strong foundation, the review identified several gaps and limitations in the policies which could undermine the success in achieving and accelerating improvements in child health outcomes. We draw on these limitations in developing and prioritizing the following recommendations to improve child health outcomes.

Challenge: potential for duplication and inconsistency between the numerous policies related to child health

Recommendation: Streamlined Policies and alignment

- To ensure the national policies and strategies provide added value, it would be beneficial to rationalize and streamline the policy development process and the number of policies needed so that more time and resources can be spent on implementation. Furthermore, their proposed intent should be considered against an agreed set of criteria and in consideration of other existing policies.

- To support this streamlining and improve alignment and coordination of investments, the FMOH could employ the ONE PLAN, ONE M&E, ONE BUDGET and ONE COORDINATION approach. The RMNCAH+N community is moving in this direction but it can learn from the HIV community in strengthening accountability, bolstering the coordination role and improving alignment of all investments. In particular,

    - Partners could be required e.g. a memorandum of understanding, to invest exclusively in the FMOH ONE PLAN, ONE M&E and ONE BUDGET approach. Doing so would help ensure the design and implementation of TA investments are fully aligned with and contribute to the broader national plan resulting in a more sustained and government owned investment.

- Strengthen the linkage between investment and performance. For example, since Nigeria has joined the Global Financing Facility (GFF), the FMOH could use the GFF partnership framework[3] that emphasizes alignment among partners to drive and test mutual accountability for RMNCAH + N results.

[3] https://www.globalfinancingfacility.org/sites/gff_new/files/documents/GFF-Country-Implementation-Guidelines-En.pdf

Challenge: priorities developed based on assumption of full funding

Recommendation: Maximize gains with high impact, evidence driven prioritization

- In the absence of full funding to implement all the interventions outlined in the policy documents, the FMOH could define a subset of interventions and key inputs that are deemed 'essential'. These interventions would be identified based on a cost benefit analysis to ensure they yield the highest impact in improving child health.

"Economic evidence should be used to ensure public spending goes to the poorest and neediest. Research demonstrates that the most cost effective intervention can offer 15,000x the health benefit than the least cost effective; interventions must thus be evaluated to maximize health gains." https://link.cgdev.org/webmail/683263/13329586/e93821a3249f2881e9b5861be79a5538406b8db7449d20759661ed742c76257

Challenge: National targets mask regional inequities and stark differences between the states.

Recommendation: Geographic prioritization

- The FMOH could include targets for each state in the national policies. Doing so will ensure that targets are realistic for unique contexts and challenges of the states and will guide state selection by partners seeking to invest in child health. Furthermore, in absence of full funding, the FMOH could prioritize poor performing states.

Challenge: Capacity constraints at the state level to plan, monitor, implement, finance)

Recommendation: Invest in capacity to implement at the subnational level

- Free-up staff time by rationalizing tasks: As outlined above, streamlining the number of policies will in turn help the states reallocate their limited capacity and resources so that they spend less time domesticating (adapting, validating, launching) policies and more time implementing.
- At the same time, investments should be directed to strengthening subnational capacity so that this level has the capacity, human and financial resources, to translate policies and guidelines into strong and effective child health programs.

Challenge: private sector is not effectively engaged

Recommendation: Optimize engagement of the private sector

- The FMOH ONE PLAN, ONE M&E should clearly define the role, objectives and indicators for the private sector in consideration of where it has the greatest comparative advantage within the total market while recognizing the different incentive structures between the two sectors.

- The FMOH should build its own capacity to mobilize, coordinate, regulate and support the private sector in the context of a total market so that it can provide the necessary regulatory and quality assurance role to ensure the safety of its citizens.

- Donor-led/funded TA and innovations targeted at the public sector should be extended to the private sector

Challenge: Insufficient funding to implement policies as articulated and to improve child health outcomes

Recommendation: Increase funding to the health sector, introduce financial accountability and focus on efficiency gains[4]

- The government of Nigeria should increase funding to the health sector in the national budget
- Introduce accountability measures to routinely monitor 1) government and partner funding commitment to the plan and 2) actual allocations against those commitments. Advocacy will be critical in ensuring accountability and supporting resource mobilization.
- Institute budget based planning i.e. the FMOH could define a subset of interventions and key inputs based on the available funds and only expand when additional funds are mobilized.

Challenge: Service delivery: Quality of services and how interventions are packaged determine their impact.

Recommendation

- Strengthen integration of Nutrition interventions with other aspects of child health
- Prioritize and invest in quality of care for child health interventions to have impact
- Prioritize implementation of the HRH plans while applying lessons learned from past initiatives to address shortages- see above under HRH.

[4] Since funding affects availability of drugs, an increase in funding will improve availability of drugs

Conclusion

This rapid review has highlighted the 2030 vision and gaps and challenges for child health in Nigeria. The recommendations focus on improving planning, targeting setting, budgeting and optimizing available resources to achieve the 2030 vision for child health.
Technical assistance is a key input in supporting countries in the continuum from policy development to implementation. The gaps and challenges highlighted in this review show that TA may be limited in the way it is currently designed, offered, funded and managed which limits the impact of supported programs.

As stakeholders engage in a process to re-imagine how TA is planned and delivered, the findings from this review can inform the nature of TA needed to support the translation of these policies into effective programs to achieve the 2030 vision for child health.

ANNEX A: List of policy and strategy documents

The following policy and strategy documents and action plans were reviewed

- National Health Policy (revised 2016)
- National Strategic Health Development Plan II (NSHDP II) 2018 – 2022
- Nigeria Every Newborn Action Plan, 2016 -(NiENAP)
- Integrated Reproductive Maternal, Newborn Adolescent and Child Health plus Nutrition, (IRMNCAH+N) strategy, 2018-2022
- Child Health Policy (revised 2018)
- Integrated Management of Childhood Illnesses (IMCI) ?strategic plan rev in 2016,
- Integrated Community Case Management of Childhood illnesses (iCCM) Strategic Framework, 2012
- Human Resources for Health Policy & Human Resources for Health (HRH, & HRHSP) Strategic Plan (2015)
- Saving One Million Lives, programme for Results (SOML/ P4R;) 2016
- National Health Act / Basic Health Care Development Fund (2014)
- The Nigeria Demographic and Health survey 2013

ANNEX B: Essential intervention packages and elements for newborn and child health

Intervention	Impact	Packages	Level of Intervention		
			Community	Primary	referral
Antenatal corticosteroids for preterm delivery	Reduces risk of respiratory distress syndrome (RDS)	Antenatal care			X
Basic resuscitation	Prevents severe asphyxia, reduces fresh still birth (FSB)	Essential newborn care/ Life-saving skills	X	X	
Advanced resuscitation	Prevents severe asphyxia, reduces FSB	Expanded life-saving skills initiative			X
Bubble continuous positive airway pressure (CPAP)	Reduces respiratory distress and mortality				X
Keeping babies clean, dry and warm	Prevention of hypothermia	Essential newborn care	X	X	X
Kangaroo mother care for low birth weight	Promotes survival of LBW babies, successful breastfeeding and promotes maternal health	Essential newborn care (ENC)	X	X	X
Antibiotics for Premature rupture of membrane	Reduces risk of neonatal sepsis	Antenatal care			X
Chlorhexidine gel for cord c are	Prevents neonatal sepsis	ENC/integrated community case management (iCCM)/Integrated management of childhood illnesses (IMCI)/ community IMCI (cIMCI)/CBNC	X	X	X
Erythromycin ointment for prophylactic eye care	Prevents ophthalmia neonatorium and NNS	ENC	X	X	X
Antibiotics for newborn sepsis	Reduces morbidity and mortality	ENC/IMCI		X	X

Intervention	Impact	Packages	Level of Intervention		
			Community	Primary	referral
Nevirapine prophylaxis		Early infant diagnosis (EID)/ Prevention of mother-to-child transmission (PMTCT)		X	X
PCR at 6weeks		EID/PMTCT		X	X
Cotrimoxazole prophylaxis	Prevents mother to child transmission of HIV	PMTCT		X	X
Immunization	Protects against pertussis, diphtheria, neonatal tetanus, TB, Hepatitis and polio	National Programme on Immunisation (NPI)/ENC/IMCI/iCCM/cIMCI	X	X	X
Antibiotics for newborn sepsis	Reduces morbidity and mortality	ENC/IMCI		X	X
Nevirapine prophylaxis		EID/PMTCT		X	X
PCR at 6weeks		EID/PMTCT		X	X
Cotrimoxazole prophylaxis	Prevents mother to child transmission of HIV	PMTCT		X	X
Vitamin K1	Prevents haemorrhagic disease of the newborn	ENC		X	X
Early initiation of breast feeding	Helps establishment of exclusive BF, prevents hypoglycaemia, reduces neonatal, and child mortality,	ENC/IYCF	X	X	X
Exclusive breastfeeding in first 6months		IYCF/ENC/IMCI	X	X	X
Post-natal visit within 7 days	Facilitates early detection of danger signs, facilitates community participation in newborn care	CBNC	X		
Early detection of jaundice	Reduces NNJ mortality and long term morbidity	ENC/IMCI	X	X	X

Intervention	Impact	Packages	Level of Intervention		
			Community	Primary	referral
Preconception folate	Prevention of neural tube defect			X	X
Birth Registration	Enables better planning		X	X	X
Long-lasting insecticide net (LLIN) use by households	Prevents malaria transmission	cIMCI/iCCM	X	X	
Rapid diagnosis test (RDT) + appropriate Antimalarial	Facilitates early detection and treatment	iCCM/IMCI	X	X	X
Low Osmolar ORS + Zinc tabs	Prevents dehydration and metabolic derangement in diarrhea, facilitates recovery	iCCM/IMCI/cIMCI	X	X	X
Antibiotics for dysentery		IMCI		X	X
Rotavirus vaccine into routine immunization	Prevents viral diarrhoeal disease in infants and reduces mortality from diarrhea	NPI		X	
Amoxicillin DS for pneumonia	Prevents morbidity and mortality from diarrhea	iCCM/IMCI	X	X	X
Pulse oximetry in pneumonia	Facilitates identification of severe cases of pneumonia and prioritization interventions	IMCI/iCCM		X	X
Bronchodilator for wheezing		IMCI		X	X
Routine immunization	Protects against VPDs	NPI/IMCI/cIMCI/ iCCM	X	X	X
Vitamin A supplementation	Protects against respiratory infections, diarrhea	IYCF/CMAM/IMCI / cIMCI	X	X	X
Ready-to-use-therapeutic food (RUTF)	Facilitates rehabilitation of malnourished children	Community-based management of malnutrition (CMAM)/ Infant		X	X

Intervention	Impact	Packages	Level of Intervention		
			Community	Primary	referral
		and Young Child Feeding (IYCF)			
Screening for malnutrition		CMAM/IYCF/iCCM/IMCI/cIMCI	X	X	X
Deworming	Protects against worm infestation and its consequences including anaemia	CMAM/IYCF/IMCI	X	X	X
Screening for sickle cell disease					X
Folate supplementation		IMCI		X	X
Amodiaquine plus sulfadoxine-pyrimethamine (AQ+SP) chemoprevention for malaria		Seasonal Malaria Chemoprophylaxis (SMC)	X	X	

ANNEX C: Health Sector Funding Landscape & Gap in million USD

Sources of funds	2018	2019	2020	2021	2022	Total
FGN budget allocation	$845.3	865	886.1	906.7	927.2	**4430.8**
Total State Government & FCT Budget Allocation	1321.1	1358.9	1396.7	1434.5	1471.9	**6983.1**
UNICEF	14.2	1.4	1.3	-	-	16.3
WHO	136.8	132.1	132.1	-	-	401.0
UNFPA	0.2	0.1	0.1	-	-	0.2
NSHIP	-	4.0	3.0	3.0	-	10
EU/UNICEF	8.0	7.0	6.0	5.0	-	26.0
SOML	2.2	9.5	2.5	-	-	14.5
USAID	4.1	2.5	1.9	-	-	8.3
Global Fund	2.1	1.7	1.7	-	-	5.5
DFID/UKAID	7.7	5.9	2.3	-	-	15.9
Sight Savers	0.3	0.3	-	-	-	0.6
CBM/DFAT	0.1	0.1	-	-	-	0.2
NHF, CERF, DFID, EU	1.9	1.9	1.9	-	-	5.6
World Bank	47.7	53.2	31.3	-	-	131.3
Global Environment Fund (GEF)		0.2	-	-	-	0.2
Special Climate Change Fund		0.2	-	--	---	0.2
United Purpose		3.1	-	-	-	3.1
UN	11.8	17.2	8.3	-	-	37.3
EU	3.2	0.7	0.7	-	-	4.6
GAVI	0.1	0.1	0.1	-	-	0.2
IHVN	0.0	0.0	0.0	-	-	0.1
Global Affairs Canada	1.4	1.4		-	-	2.8

Sources of funds	2018	2019	2020	2021	2022	Total
Bill & Melinda Gates Foundation	5.8	4.3	3.5	-	-	13.5
Queen Elizabeth Jubilee Trust	0.2	0.1	0.1	-	--	0.4
Federal Government Funded Projects	2.5	1.5	-	-	-	4.0
Pathfinder International	0.1		-	-	-	0.1
CERF UNOCHA	1.3	1.3	1.1	-	-	1.5
BMC-CDC	0.1			-	-	0.1
PSI	0.1	0.1		-	-	0.1
PEPFAR	303.3	383.6	288.2	-	-	975.1
Total Available Funds	2721.2	2856.5	2767.8	2349.1	2399.1	**13.093.8**
Cost of NSHDP II moderate scenario	3,103.9	3564.6	4000.5	4344.1	4893.3	**19,903.5**
Funding gap for moderate scenario	383	708	1233	1995	2494	**6,913**
Moderate scenario funding gap %	**12.3**	**19.9**	**30.8**	**45.9**	**50.1**	**34.2**

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