

# Lessons Learned from the Northern Nigerian Routine Immunization Memorandums of Understanding (MOUs): Implications for the National Emergency Maternal and Child Health Intervention Center (NEMCHIC)

## INTRODUCTION

A number of state governments in northern Nigeria entered into MOU partnerships with development partners to address complex challenges with the health system. The MOUs were set up as platforms for pushing political and financial commitments and accountability in routine immunization (RI) and primary health care (PHC) over a defined timeline, which has led to state governments taking up full responsibility for a strengthened health system. These platforms aimed at ensuring sustainable financing for state immunization programs, drive collaborations between partners, and ultimately improve coverage rates. By harmonizing partner interests, resources, and targets, the MOUs prevented duplication of efforts, enabled sharing of resources and knowledge to drive program effectiveness, and created momentum to attract more funding through a common platform that demonstrates legitimacy. The MOUs also facilitated the conceptualization and implementation of interventions to address specific challenges identified as barriers to service delivery and uptake. Through the MOUs, partners and government contributed funds into dedicated state-managed program accounts (basket funds) to finance RI and PHC.

## CORE PRINCIPLES

The MOUs were guided by a set of core principles that ensured their acceptance by stakeholders and ensured the success of the MOUs with regards to the intended objectives. These principles are presented below.

					
<b>CLEAR GOAL</b>	<b>GOVERNMENT OWNERSHIP/ LEADERSHIP</b>	<b>STRONG COORDINATION</b>	<b>SUSTAINABLE FINANCING</b>	<b>ROUTINES</b>	<b>LEARNING ABOUT WHAT WORKS</b>
There should be clear, specific, and needs-based goal(s) for the partnership-supported program at the start; and interventions to achieve these goals should be rigorously prioritized.	The process should be fully managed and driven by the government, with partners providing technical assistance as required; and the political leadership is constantly engaged on progress with the partnership.	The executive leadership team of the government and partners should jointly provide oversight of the partnership through a single unified workplan; and TWGs <sup>1</sup> should be set up as the engine room of the design and implementation of the MOU.	The partnership should be co-financed by the government and the MOU partners in a way that the government takes over significant funding responsibility for the program by the end of the MOU timeframe.	Regular meetings should be conducted to review progress within one M&E <sup>2</sup> system, discuss indicators, resolve challenges, and drive accountability, leadership, and management support for the MOU.	There should be collection and use of quality data and lessons at all levels to inform program actions and implement context-specific solutions to address identified problems.

## LESSONS LEARNED

Experiences from the MOUs indicate that there are at least six key areas that help ensure the success of national and state MOU partnerships aimed at strengthening health systems.

### 1. Strong governance and advocacy

- The use of routines (MOU review meetings) are crucial in galvanizing and sustaining the support of the political leadership, development partners, national governments, traditional leaders, and other key influencers for achieving accountability, reviewing results, and aligning on priorities. In the case of the RI MOUs, the influence of Mr. Bill Gates and Alh. Aliko Dangote, through frequent engagement with high-level government leadership and regular follow-up was critical to the success of the MOUs.

### 2. Effective coordination

- Strong coordination of stakeholder efforts significantly impacts the outcome of RI/PHC strengthening efforts and should be driven from the start. It is important to note that ensuring effective coordination to drive implementation of the MOU is more of a marathon than a sprint. Hence, there should be more focus on building coordination systems and structures such as the TWGs and participation in these TWGs should be spread across partners to galvanize focused support for systems-strengthening activities while giving time for the coordination structures to mature.

### 3. Sustainable financing and effective financial management

- The use of a basket-funding funding approach was crucial in driving financial sustainability for the RI MOUs. All partners contributed into a common pool but contribution from partners was made contingent on 100% of state contributions. As a result, states have consistently dropped 100% of their contributions for the RI program even though timeliness is still a challenge and may require additional interventions. It will be helpful to tie government funding to specific enablers as a way of encouraging sustained funding.
- There is need to de-emphasize the “MoU account” or the “MoU workplan” and focus on “state program accounts” or “state program workplans” as a way of getting the government to focus on operational spending on critical needs. It is crucial that governments develop their program budgets in line with public benchmarks for operational expenses and activities they can sustain as these budgets will continue to be used and funded by the government even after the MoU is done.
- It is important to strengthen core financial management processes (budgeting, funds disbursement, funds retirement and validation, and auditing) to plug holes in the system and ensure accountability and judicious use of financial resources.

### 4. Monitoring and evaluation

- Effectively communicating progress to stakeholders depends significantly on the selection of the right set of performance indicators that speak to specific groups of people with information coming from the right data sources. Progress should be communicated with candor and transparency to guide implementation of interventions and respond quickly to program challenges.
- Surveys are crucial in assessing performance. However, these should not be routinized and emphasis should be more on improving the quality of data generated from administrative data sources and reducing discrepancies between administrative and surveys.

### 5. Effective capacity building

- It is important to invest in tailored and effective capacity-building interventions targeting program leaders and line managers to ensure that the progress recorded through health system-strengthening efforts is sustained, institutionalized, and owned by the government. Similarly, succession planning is crucial in locking-in capacity into institutions and this can be initiated and maintained through the enhancement of the capacity of additional/support staff.
- Crucial to create standard operating procedures, guides, manuals, and other documents that clearly communicate the protocols involved in procuring equipment and carry out other necessary activities crucial to the MOU partnership.
- The documentation of experiences and key lessons learned in the process of setting up and implementing the MOU partnership is another way of learning about what works, evolve, identify, and plan towards scaling up.

### 6. Social mobilization and community engagement

- There is a tendency to focus all attention on the supply side and neglect the review, design, and implementation of interventions to optimize demand for health services. Thus, it is important to balance the development of interventions that will drive demand for services *pari passu* with the strengthening of service delivery. There should be significant emphasis on community engagement (linked with community/traditional leaders or other relevant structures) to increase awareness, and drive community participation and demand.

## IMPLICATIONS FOR NEMCHIC

The lessons learned from the RI MOUs have direct implications for the effectiveness of NEMCHIC.



Beyond understanding the systemic gaps affecting maternal and child health, NEMCHIC will require an upfront and detailed diagnostic to determine the costs of implementing interventions to fix identified problems and guide mobilization of funds through innovative mechanisms.



Government leadership and ownership of the intervention is critical and the government will need to coordinate effectively with all stakeholders by getting their buy-in, setting up TWGs (which should include all stakeholders), and ensuring that all partner activities are included in one single workplan. This will prevent duplication of efforts and ensure efficient use and distribution of available resources.



Efforts will need to be made from the start to engage communities and traditional institutions in the design and implementation of interventions to reduce maternal and child mortality. This ensures that community members are fully aware of the benefits of available services and they freely make use of them.



NEMCHIC will need to set up systems to collect reliable real-time data and review progress through a routine of meetings with relevant stakeholders to coordinate action, identify solutions working on the frontline and support states to quickly learn how to implement them.



Innovative platforms should be set up to enable sharing of knowledge and resources to drive program effectiveness.