

# FCDO Health Systems Strengthening in Nigeria

This evaluation reviews FCDO's £1bn investment in Nigerian healthcare over 20 years, using a theory-based approach to analyse interventions across five key areas amid a complex political landscape.

## Background and Context

The FCDO commissioned this evaluation to assess £1bn in UK aid for Nigeria's health sector over 20 years, with programmes implemented in a complex federal system of 36 states and 774 LGAs. Programmes in Nigeria operate within a politically dynamic environment, where policy decisions are shaped by bargaining among competing interests. Oil revenue (95% of government income) fuels elite competition, often diverting resources from healthcare, particularly among Hausa and Fulani, Yoruba, and Igbo factions. Health disparities between northern and southern regions remain stark, with weaker infrastructure, higher maternal and child mortality, and lower immunisation rates persisting in the north.

## FCDO Health Programming in Nigeria

Since Nigeria's return to democracy in 1999, DFID (now FCDO) has led several flagship health systems strengthening (HSS) interventions, starting with PATHS1 (2002-2008) to improve healthcare delivery and governance. PRRINN-MNCH (2006-2013) targeted routine immunisation and maternal, newborn, and child health, while PATHS2 (2008-2016) expanded policy, service delivery, and medicine access. The current flagship HSS programme (2019-2027) focuses on health security, essential services, and governance reforms. Alongside these, the UK has funded advocacy, maternal health, and disease-specific programmes, ensuring a comprehensive approach to strengthening Nigeria's healthcare system addressing multiple building blocks.

## Evaluation Purpose and Approach

This evaluation examines FCDO's 20-year health programming in Nigeria, identifying what has worked and what hasn't. Rather than focusing on accountability, it aims to extract key lessons across various interventions to inform future health initiatives. Using a theory-based approach, it draws on Professor Sophie Witter's research on sustainable health systems strengthening (HSS) to provide a structured framework for analysis.

## Key Focus Areas

The evaluation identifies five key thematic intermediate outcome areas targeted by FCDO programmes to improve Nigeria's health system. These correspond with the WHO's building blocks, although FCDO has chosen to approach health finance through building government capacity.

- 1. Healthcare Quality** – Enhancing public healthcare facilities and training frontline workers.
- 2. Government Capacity** – Strengthening decision-making, budgeting, and policy formulation.
- 3. Medicine & Supply Chain** – Ensuring timely procurement and distribution of essential medicines and vaccines.
- 4. Public Awareness & Communication** – Improving health promotion and education.
- 5. Data & Information Systems** – Enhancing reporting and management of health data.

## Methodology and Data Validation

Using a case-based approach, this evaluation analysed multiple health interventions across different Nigerian states. We interviewed over 150 stakeholders, including government officials, healthcare workers, and development partners, through 64 Key Informant Interviews (KIIs) and 14 Focus Group Discussions (FGDs) with 96 participants in Kano, Enugu, and Jigawa states as well as Abuja. To ensure accuracy, findings triangulated, requiring confirmation from at least three independent sources before inclusion. Atlas.ti software was used for qualitative analysis, linking stakeholder perspectives to key themes. Additionally, findings were cross-referenced with project completion reports, monitoring data, and third-party sources, such as the Nigeria Multiple Indicator Cluster Survey (MICS), to enhance reliability.

# Progress and Achievements in Nigerian Health Systems

Nigeria has shown significant improvement in key health indicators during FCDO support:



## Maternal and Child Health

- Under-5 mortality dropped 45%, infant mortality 37%, and neonatal mortality 15% nationally (NDHS).
- FCDO Nigeria programmes contributed to saving an estimated 75,500 children.
- Antenatal care visits rose from 35% to 90% in Enugu and under 20% to almost 50% in Kano and Jigawa.



## Immunisation and Prevention

- Full immunisation of under-1s increased by over 35 percentage points in Enugu and Jigawa, and 20+ points in Kano.
- Malaria prevalence in under-5s fell 37% in target states, with treated net usage rising to 60-90%.
- HIV/AIDS prevalence more than halved across all three states.



## Health System Financing

- Health budgets more than doubled in Kano and tripled in Jigawa.
- State health allocations rose from 5.2% to 12% in Kano and 4% to 14.9% in Jigawa.
- Basic Health Care Provision Fund now ringfences 1% of federal income for primary healthcare.



## Improved Healthcare Facilities and Workers

- Births with skilled attendants increased by 10% in Enugu and over 15% in northern states.
- PATHS1 established training centers for emergency obstetric care with supply kits.
- Facilities reporting HMIS data promptly rose from 0% to over 90% in Jigawa and 70% in Enugu.



## Medicine Supply and Distribution

- PATHS1 trained personnel and developed drug revolving funds and distribution systems.
- PATHS2 created essential stock-out lists and expanded the DRF model.
- Primary facilities with essential medical supplies increased from 4% to 88%.



## Community Engagement and Awareness

- PATHS2 established nearly 4,000 health committees with 92% effective operation.
- Mothers' awareness of diarrhea management rose from 18% to 62% and maternal danger signs from 3% to 47%.
- Modern contraceptive use in Kano increased from 0.5% to 5.7% (2011-2017).



## Key Legislative and Policy Improvements

- **National Health Act (2014):** FCDO supported drafting and implementation.
- **Primary Health Care Under One Roof:** Unified management for comprehensive service control
- MNCH2 created Facility Health Committees with 88% meeting quality standards.

# Findings

FCDO's health systems strengthening programmes achieved transformational changes over the 20-year period, with varying degrees of sustainability and effectiveness across different contexts and implementation approaches.

## Key Results

We found that programmes achieved transformational changes when the programmes were aligned with federal priorities and state governors' agendas. We found that interventions were sustained after programme exit when they were well adapted to state and local context and supported by grassroots level actors. Programmes that failed to tailor activities to local contexts were less likely to achieve sustained transformations.

HSS interventions aligned with Nigeria's healthcare challenges, federal policies, and state-level priorities. Programmes built capacity in government departments and healthcare facilities while supporting community accountability structures. Despite successes, sustainability challenges remain, with inconsistent benefits across different regions due to gaps in local expertise and funding.



### Relevance

HSS interventions aligned with Nigeria's healthcare challenges, federal policies, and state-level priorities. Programmes built capacity in government departments and healthcare facilities while supporting community accountability structures. Despite successes, sustainability challenges remain, with inconsistent benefits across different regions due to gaps in local expertise and funding.



### Effectiveness

Programmes like Women for Health (W4H) and PATHS2 strengthened institutional capacity and increased numbers of skilled healthcare workers. Infrastructure upgrades enhanced service quality, while improved supply chain systems through drug revolving funds increased access to essential medicines. Sustainability challenges included inconsistent government support, unpredictable funding, leadership changes, staff shortages, and governance issues.



### Coherence

Interventions complemented each other, with coordination achieved through shared implementing partners rather than formal mechanisms. Coordination with the Nigerian government occurred through planning structures, professional relationships, and embedded staff. Many interventions aligned with international best practices, though gaps remained in addressing human resources, leadership skills, and data collection.



### Value for Money

Assessment was challenging due to missing VfM data and broad programme outcomes. Disability-adjusted life years (DALY) was the most common measure, but methodologies for calculation varied. HSS flagship programmes showed stronger transformation and sustainability, while disease-specific programmes provided better economy and efficiency data. Delivery costs varied between states due to living costs, security risks, and rural service challenges.

# Lessons Learned

Key lessons identified across our evaluation:



## General HSS Lessons

- HSS interventions require 15+ years of commitment to show results.
- Primary healthcare needs support at all government levels – federal, state, and LGA.
- All building blocks must be supported for transformational change.
- Planned transitions are essential when FCDO changes funding or scope.
- Government-backed coordination mechanisms facilitate partner cooperation.



## Health Workforce

- Training programmes require local tailoring for maximum effectiveness.
- Targeted recruitment is key to addressing frontline health worker shortages.



## Service Delivery

- Targeted communication increases service demand but requires affordability and accessibility.
- Community and local leader support improves coverage, particularly for marginalised groups.



## Health Financing

- Targeted capacity building improves health decision-making and budgeting.
- GoN funding proved insufficient for programme sustainability.
- Grassroots organisations – CSOs, businesses, traditional leaders, and community volunteers – can sustain locally aligned FCDO interventions.



## Leadership and Governance

- Effective capacity building requires alignment across government levels and close coordination.
- Community-driven accountability mechanisms improve government capacity and decision-making.
- Government capacity is crucial for coordinating donors and partners at state level.



## Medical Products and Supply Chain

- Supply chain gaps disrupt care quality and service access.
- Centralised systems at federal/state levels ensure timely procurement and distribution.
- Decentralised systems managed by local actors maintain consistent facility supplies.



## Health Information Systems

- Effective reporting systems need quality data, robust quality assurance, and sufficient technical staff.
- Reliable information systems drive evidence-based decisions and accountability, but are resource-intensive to maintain..
- Context-specific VfM assessments enhance programme efficiency.

# Recommendations

Based on our findings and lessons learned, we offer the following **recommendations** for future programming. These recommendations are designed to enhance the effectiveness, sustainability, and impact of health systems strengthening initiatives in Nigeria.



## Strategic Recommendations for FCDO

**Recommendation 1:** FCDO should play to its strengths in supporting legislative advocacy, convening power, and civil society and accountability mechanisms.

**Recommendation 2:** FCDO needs to coordinate and leverage resources from the government of Nigeria, grassroots and the private sector, and other development partners to ensure interventions address all HSS building blocks.

**Recommendation 3:** Refresh the Change Agents Programme to support the next generation of leaders in Nigerian health reform.

## Implementation Considerations



### Contextual Adaptation & Inclusive Participation

Tailor approaches to the specific needs and capacities of different states and local government areas while ensuring meaningful involvement of community members, particularly women and marginalised groups.



### Sustainability Recommendations for the Government of Nigeria

**Recommendation 3:** Be straightforward about what interventions are of interest and sustainable by the Government of Nigeria after development partner support has ended.

**Recommendation 4:** Consider a Ministerial Challenge fund or the Social Action Fund to leverage grassroots-level community, enterprise, and NGO/CSO resources and solutions for health problems.



### Coordination Recommendations for Other Development Partners

**Recommendation 6:** Coordinate with FCDO and GoN and, where possible, give support at state, LGA, and facility level.

Other development partners should participate in joint planning processes, share data and evaluation findings, adopt harmonised approaches, develop complementary focus areas, and support integrated service delivery models.



### Evidence-Based Decision-Making

Continue to strengthen health information systems to guide resource allocation and programme design, with robust frameworks to track progress and facilitate adaptive management.



### Knowledge Management

Document and disseminate lessons learned to improve future programming. By implementing these recommendations systematically, stakeholders can build on past achievements and address persistent challenges to improve health outcomes for all Nigerians.