

Implementing a Quadripartite Memorandum of Understanding to Achieve Sustained Financing for Routine Immunization in Bauchi State, Nigeria

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Background

- Immunization coverage rates in Nigeria are among the lowest and most inequitable in the world.
- In northern states such as Bauchi, vaccination rates are amongst the lowest in Nigeria, with only 13% of children receiving DPT3 by their first birthday (NDHS 2013).
- Less than adequate political commitment and accountability resulting in no sustainable financing is a major challenge for the state's routine immunization (RI) program.
- While a number of government partners provide financial and technical support to the state, for the RI program, weak collaboration among partners has led to inefficient utilization of resources.

Project description

- Recognizing that reforms were needed to mobilize and coordinate resources to address the low immunization coverage rates, the Bauchi state government entered into a Memorandum of Understanding (MoU) with the Bill and Melinda Gates Foundation (BMGF), the Dangote Foundation (DF) and the U.S Agency for International Development (USAID) in 2014.
- The purpose of the MoU was to establish sustainable financing for the Bauchi state immunization program and ultimately improve vaccination coverage rates through improved technical capacity, coordination and accountability mechanisms.
- To foster sustainability, the MoU stakeholders agreed to a plan whereby the foundations provided 70% of the funds in the first year and the state contributed 30%. The state increased its contribution over time, while the foundations reduced their contributions. USAID contributed to the agreement through its Maternal and Child Survival Program (MCSP), which provided technical assistance and knowledge transfer support at the state, local government area (LGA), and health facility levels to improve program performance.

Methods

A series of questions were adapted from the World Bank¹ to understand the process of establishing the MoU and how well it performed:

- Design:** Was the design of the MoU appropriate?
- Start-up:** Were governance and management arrangements in place and functioning as planned?
- Implementation:** Were resources mobilized? Were activities implemented as planned?
- Monitoring & Evaluation (M&E):** Were effective M&E systems put in place?
- Transition:** What efforts were made for transition at the conclusion of the partnership?

This study used thematic analysis based on:

- Document review
- In-depth interviews with key stakeholders (N=36)
- Detailed notes from a participatory workshop aimed at generating consensus on challenges, achievements and lessons learned from the MoU among key stakeholders

Was the design of the MoU appropriate?

- Stakeholders were effectively engaged, and support was obtained from high-level government officials.
- A diagnostic assessment provided guidance for interventions.
- Partners established a clear goal, shared objectives, and a rationale for the MoU but it was not consistently communicated throughout the health system

The diagnostic assessment included:

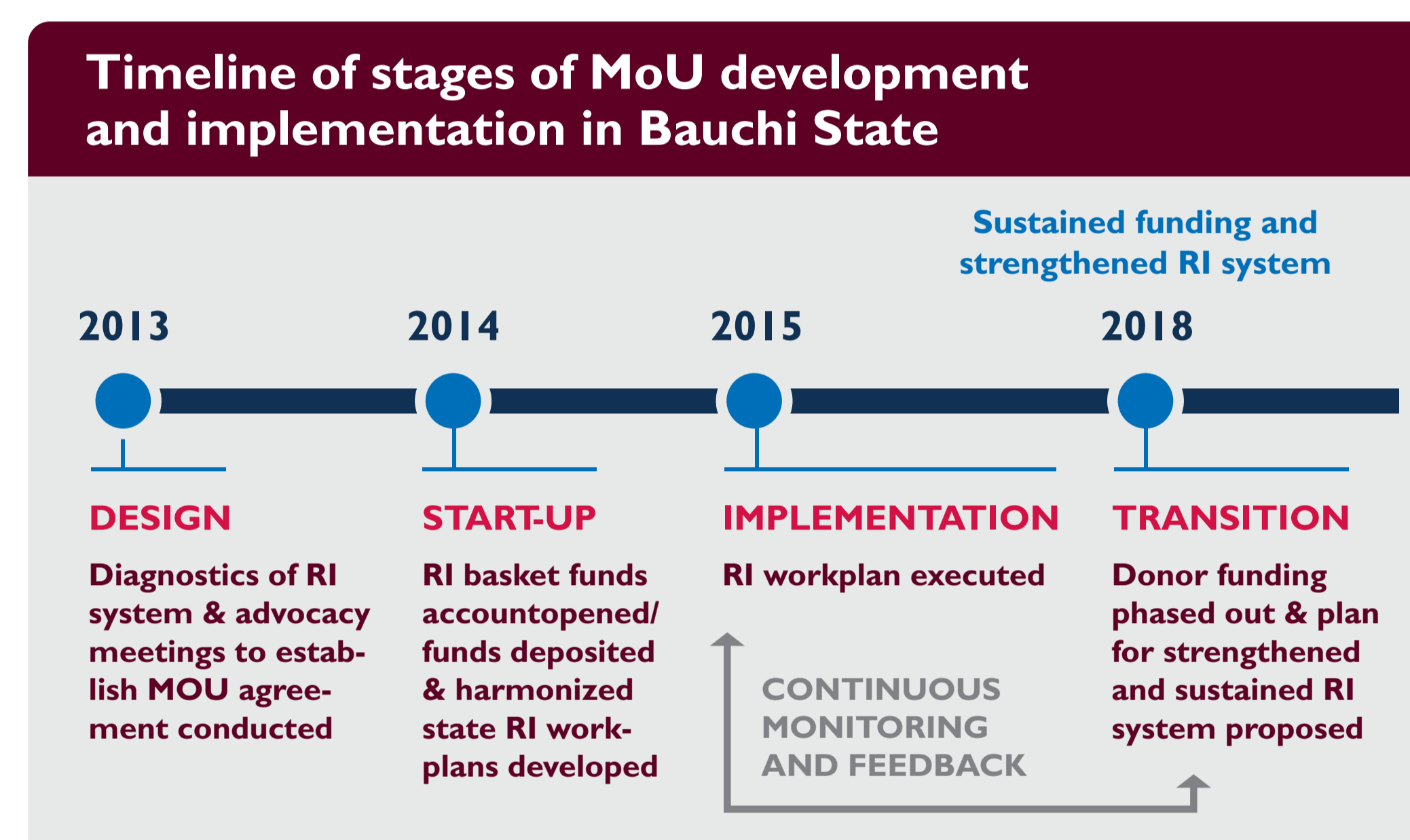
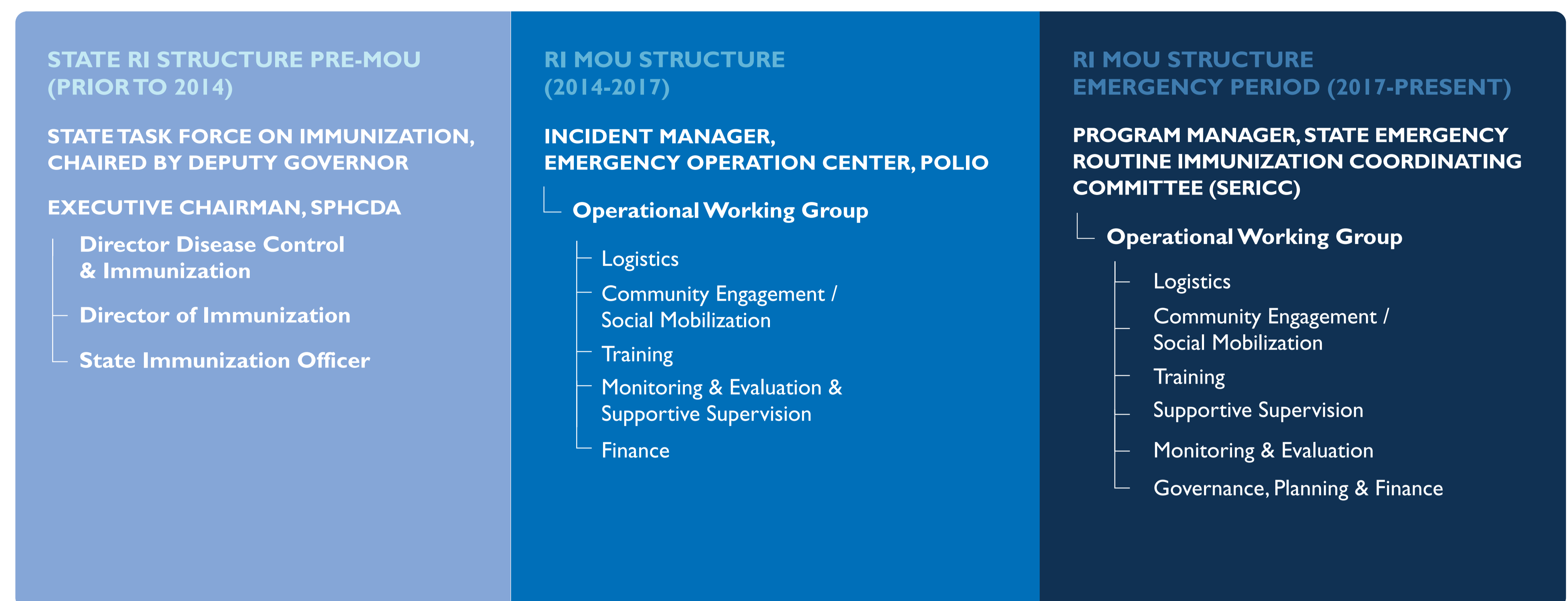
- Review of RI program performance
- Assessment of the RI program structure and identification of main challenges
- Exploration of potential levers to improve performance
- Recommendations for the MoU to address with associated costs
- Proposed policy, management, and financial structures for implementation
- An outlined timeline and next steps

Were governance and management arrangements in place and functioning as planned?

- The state adopted an appropriate legal framework for the MoU.
- The state and partners defined financial contributions and accountability procedures.
- The State Primary Health Care Development Agency (SPHCDA) developed a harmonized RI workplan that included inputs from all partners.
- The state and partners developed MOU governance structures but some lower level local government areas (LGAs) with weaker capacity struggled to implement approaches introduced under the MoU.

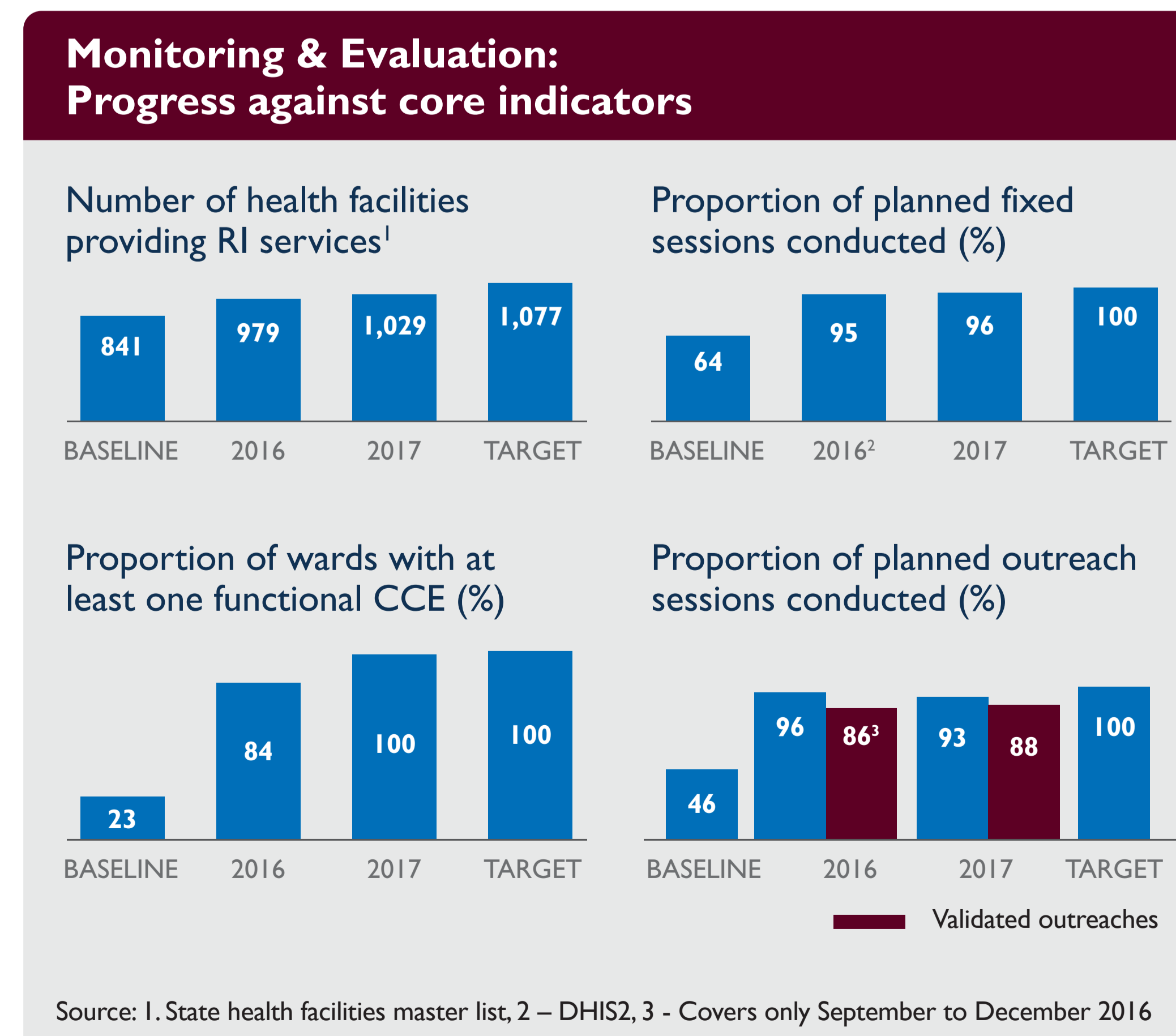
Percent financial contribution of the Bauchi state government and foundations, by year to the MoU

	2014	2015	2016	2017
Bauchi State Government	30	50	70	100
BMGF	35	25	15	0
DF	35	25	15	0



Were resources mobilized? Were activities implemented as planned?

- Financial resources were effectively mobilized by both the state and partners.
- The state had difficulty absorbing funds, resulting in need for periodic adjustments and some activities not being implemented as planned.
- Accountability was strengthened through improvements in activity verification, periodic reviews, and financial audits.
- Planning and coordination of RI activities and resources improved through technical working groups. However, more emphasis was placed overall on vaccine procurement and supply chain when compared to community engagement and training.



What efforts have been made for transition at the conclusion of the partnership?

- Efforts are underway to establish a primary health care (PHC) MoU in Bauchi state that will mobilize additional funding and work to further improve coordination and strengthen the PHC system.
- Some procedures established for the RI MoU will be sustained and leveraged to support PHC, including the harmonized workplan, technical working groups, newly established health facility bank accounts, and improved accountability mechanisms.
- PHC MoU coordination may be more challenging due to the number of partners and government departments involved. It is also unclear whether the government has the financial resources to support PHC in the long term.

Recommendations

- Establish stronger mechanisms for communicating the overall goal of the MoU to lower levels of the health system.
- While the RI overall management structure was successful, it may be necessary to consider tailored approaches for the LGA level based on the wide range of capacity available.
- Capacity building focused more on supply chain and procurement. More emphasis is needed to address service quality and demand creation.
- Establishing a theory of change approach to monitoring programmatic implementation may help to better identify how interventions are addressing the pathways to success.
- More consideration should be given to how the state government can financially sustain PHC going forward.

Conclusion

- The Bauchi RI MoU developed a coordinated approach that mobilized resources, increased accountability through clear governance structures, and leveraged the competitive strengths of key stakeholders to improve program performance.
- The state and partners fulfilled their financial contributions to the MoU and the state has demonstrated continued financial commitment for 2018.
- Upcoming health surveys will determine if immunization coverage rates have improved.
- The MoU provides a useful framework for tailored partnerships at the subnational level to increase coordination, improve financing, and strengthen public health programs in the future.

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