



Overview

CAPITAL

Calabar

POPULATION

4,004,572 (SBS, 2017)

RURAL POPULATION

3,003,429

URBAN POPULATIONS

1,001,143

LOCAL GOVERNMENT AREAS

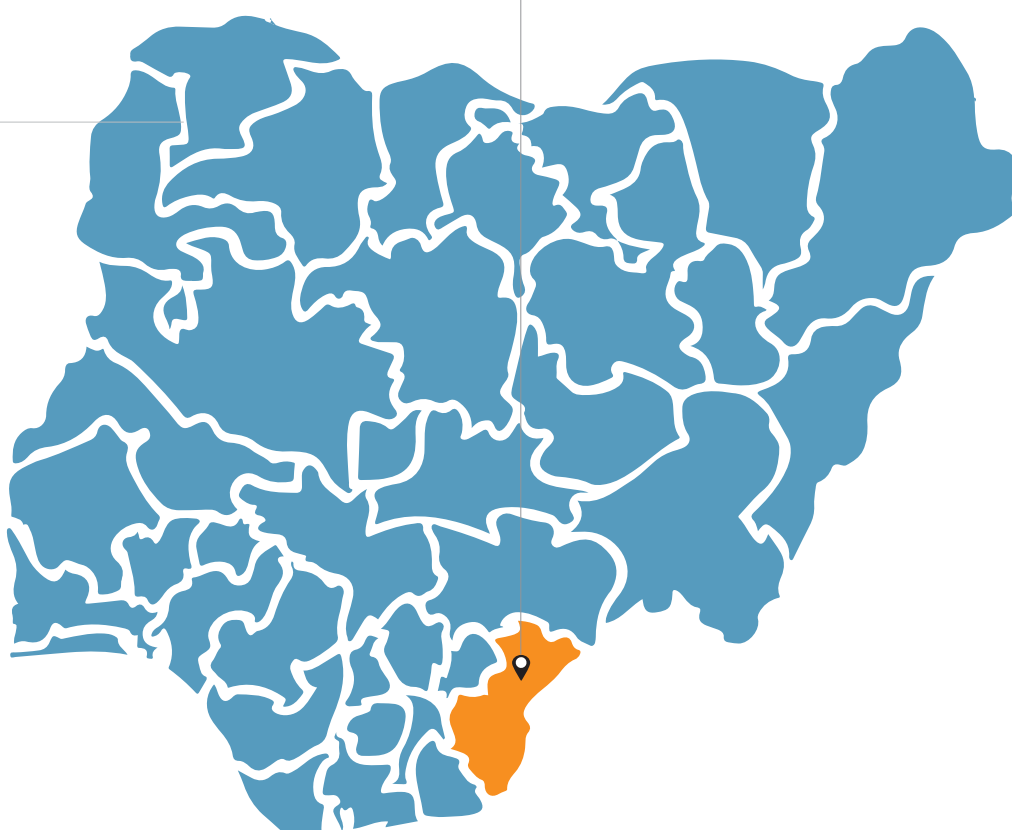
18 LGAs

ETHNIC GROUPS/LANGUAGE

Efik, Bekwarra and Ejaghan

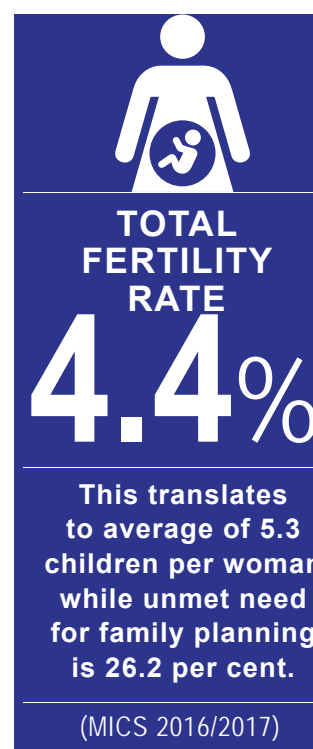
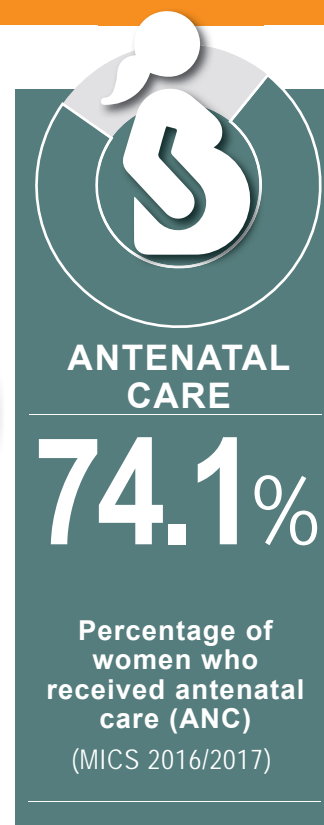
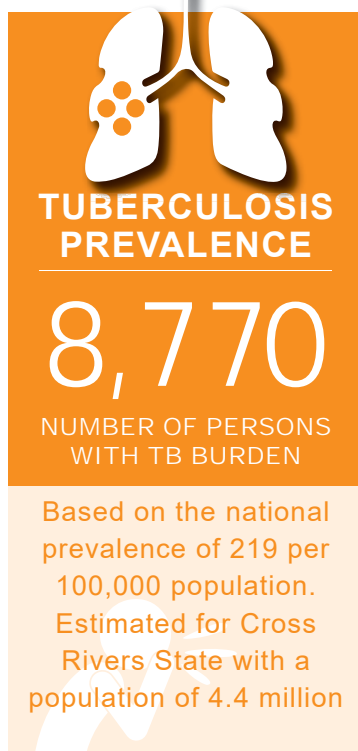
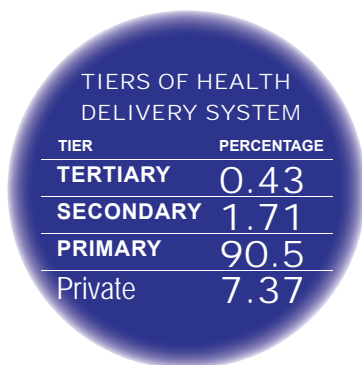
MAIN OCCUPATIONS

Civil Service and Farming





Cross River State Health Indices





Key Stakeholders



THE USAID/HFG PROJECT IN CROSS RIVER STATE



KICKED OFF IN 2014

with stakeholder mapping and engagement followed by an inauguration of a Domestic Resource Mobilization Technical Working Group (DRMTWG) for TB and HIV and AIDS.



To strengthen the health system and boost health outcomes by improving financing for health and HIV and AIDs, Tuberculosis (TB) and Family Planning (FP) through domestic resource mobilization, enhancing governance and supporting health care financing reforms.



USAID/HFG in Cross River State

HEALTH BUDGET ALLOCATION

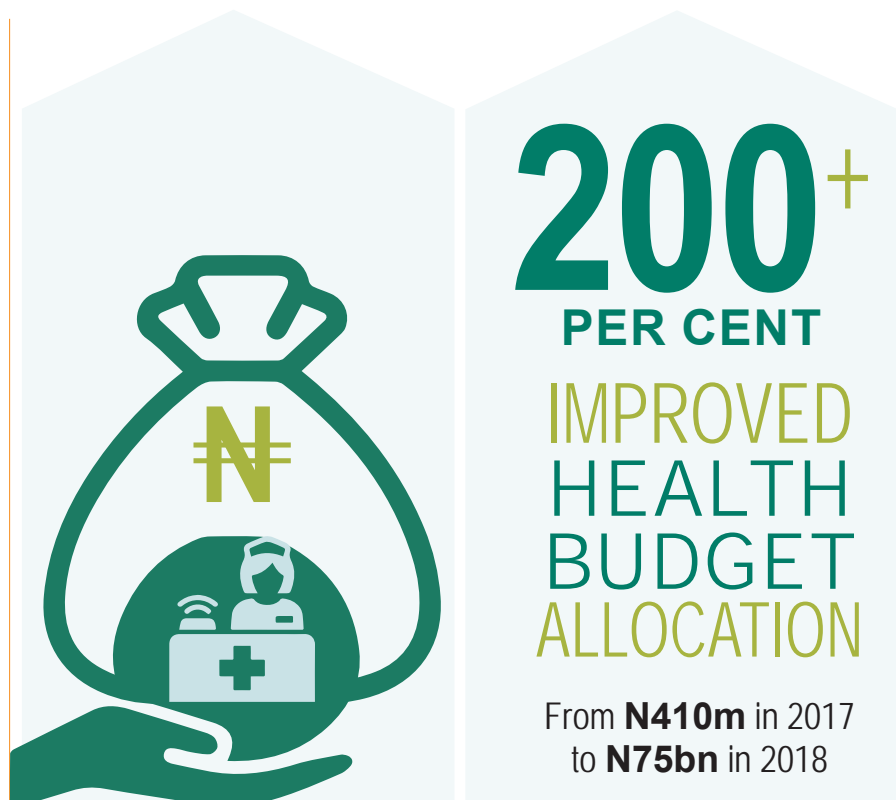
Has improved over 200 per cent from N410 million (\$1,133,316.67) in 2017 to N75 billion (\$207,314,025.00) in 2018.

HEALTH STRUCTURES AND SERVICES

At the Ministry of Health and Primary Health Care Agency there were no coordination platforms, no synergies within the Health MDAs, and health financing units and TWG were not there. They had no functional family planning unit.

STATE HEALTH INSURANCE SCHEME

(SHIS): There was no SHIS.



INTERVENTION AREAS

Budget advocacy for Health and TB, HIV and AIDS services and Family Planning

Public Financial Management (PFM) assessment and reforms for improved execution and efficiency of spending for health

Health financing diagnostics (Fiscal Space Analysis, Public Expenditure Review, SARA) to generate evidence for improved budgetary allocation, release and private sector involvement.



Approach



MULTI SECTORAL COLLABORATION

Created a platform where MDAs of government meet and discuss issues on health financing and other health related challenges.



STAKEHOLDER ENGAGEMENT

Conducted political mapping and stakeholder identification which enabled continuous interactions.



DIAGNOSTIC TO ACTION

Conducted 5 surveys and assessments; SARA, FSA, PER, HHS. The reports were used to sensitise and generate evidence for improved budgetary allocation, release and private sector involvement.



ADVOCACY

Visits to the Governor, Deputy Governor, Speakers, Commissioners, Accountant Generals, Head of Service, Secretary to the State Governor, Organised Labour Union, Traditional ruler; Obong of Calabar and other traditional leaders and Religious Leaders.



CAPACITY BUILDINGS

Conducted Health financing training for TWG members, media houses, labour union, legislators and health care providers.



CORE IMPLEMENTATION TEAM (CIT)

Held weekly to drive the establishment and the smooth and effective implementation of the health insurance scheme. The CIT had very senior officers and political appointees of the government as members; Commissioner for Health as the Chairman, House Committee Chairman on health as the Co-Chair and Special Advisers to the Governor, Commissioners and Directors of MDAs of the state as members.



Achievements

- Supported the establishment of the Cross Rivers Health Insurance Scheme (CRSHIS).
- Through the platform of the DRM TWG health allocation has increased significantly by over 200 percent.
- Conducted more than 20 capacity building trainings and workshops which has changed the attitude and approach to work in especially the health sector of the state. Over 450 persons have benefited.
- Supported the establishment of the health financing unit (HFU) within the Ministry of health as a platform for sustainability of health financing reform in the state.
- The facility gap costing that was conducted by USAID/HFG in collaboration with the state has been instrumental in the current revitalization and provision of facility equipment.
- The household economic survey was used as an advocacy tool for establishing the health insurance scheme. Results showed that the average household spends NGN 25,000 (\$69.10) Out Of Pocket (OOP) for health expenditure which is more than the 10 percent benchmark for determining financial catastrophic spending. Based on this the health insurance premium has been set at NGN 9,000 (\$24.88) per person.
- Held a high-level advocacy to the Governor which has impacted his disposition towards health sector financing and reform. He has built and renovated over 10 primary health centres within the state.
- USAID has been given visibility as stakeholders in the state can comfortably discuss in detail the USAID interventions in the state. According to the Commissioner for Health "HFG project is the only project that has built structures and systems and developed human capacity."



CONDUCTED CAPACITY BUILDING TRAININGS

450 persons have benefited



CONDUCTED FACILITY GAP COSTINGS IN PARTNERSHIP WITH THE STATE

This led to the current revitalization and provision of facility equipment



UNDERTOOK HIGH-LEVEL ADVOCACY

Impacted his disposition towards health sector financing and reform.



Lessons Learnt



MENTORING KEY STAKEHOLDERS

The targeted approach of providing knowledge with mentoring to key stakeholders is essential and was instrumental in achieving the state health reforms and increased finance for health



MULTI SECTORAL COLLABORATIONS

Creating platforms for multi sectoral collaboration helps to strengthen implementation of programs.



CONTINUOUS ENGAGEMENT

Continuous engagement of all stakeholders and gate keepers is very important and the foundation for effective implementation.



Challenges

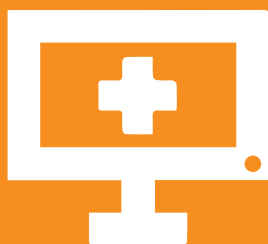
Paucity of state government funds as Cross River is the least in federal allocation disbursement in Nigeria.

The governor's priority was not on health but more on agriculture and other infrastructural development like roads.

Health Financing results aren't like that of other projects where numbers are counted therefore it requires time to see needed results.

The state lost its oil well to Akwa Ibom state and this has impacted negatively on the GDP of the state.

Cross River state is a civil service dominated state and more agrarian populated compared to other states therefore economic activity that will generate revenues is little.



Legacy



Health Financing Unit of the Ministry of Health (MoH)



An established Health Finance (HF) Technical Working Group (TWG)



A functional Core Implementation Team (CIT)



An established Domestic Resource Mobilization (DRM) Technical Working Group (TWG)



Cross Rivers Health Insurance Scheme (CRHIS)



Legislative Network for Universal Coverage (LNU) at the state level



Increase in health appropriation of the state



Recommendations

Continuous engagement with the governor and other policy makers to prioritize health.



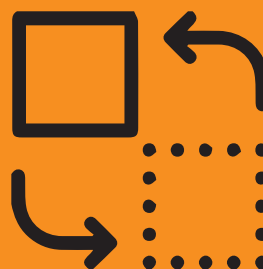
Creating budget sub-heads for the different coordination platforms to enable them hold their meetings and conduct other activities.



For institutional memory purpose, capacity building should not be centred only on political office holders but also on civil servants who by design have longer years in service.



USAID should consider a follow-on project for Cross River state to further strengthen what has been done by USAID/HFG.





Sustainability Initiative



All the coordination platforms are domiciled in the health financing unit of the MoH including the focal person and other support staff whose capacity were built.



The Operational manual that was developed through the support of USAID/HFG and in collaboration with the states stakeholders will be used to make references and serve as guide.



The establishment of the State Health Insurance Agency would continue to guarantee out of expenditure to achieve universal health coverage.

