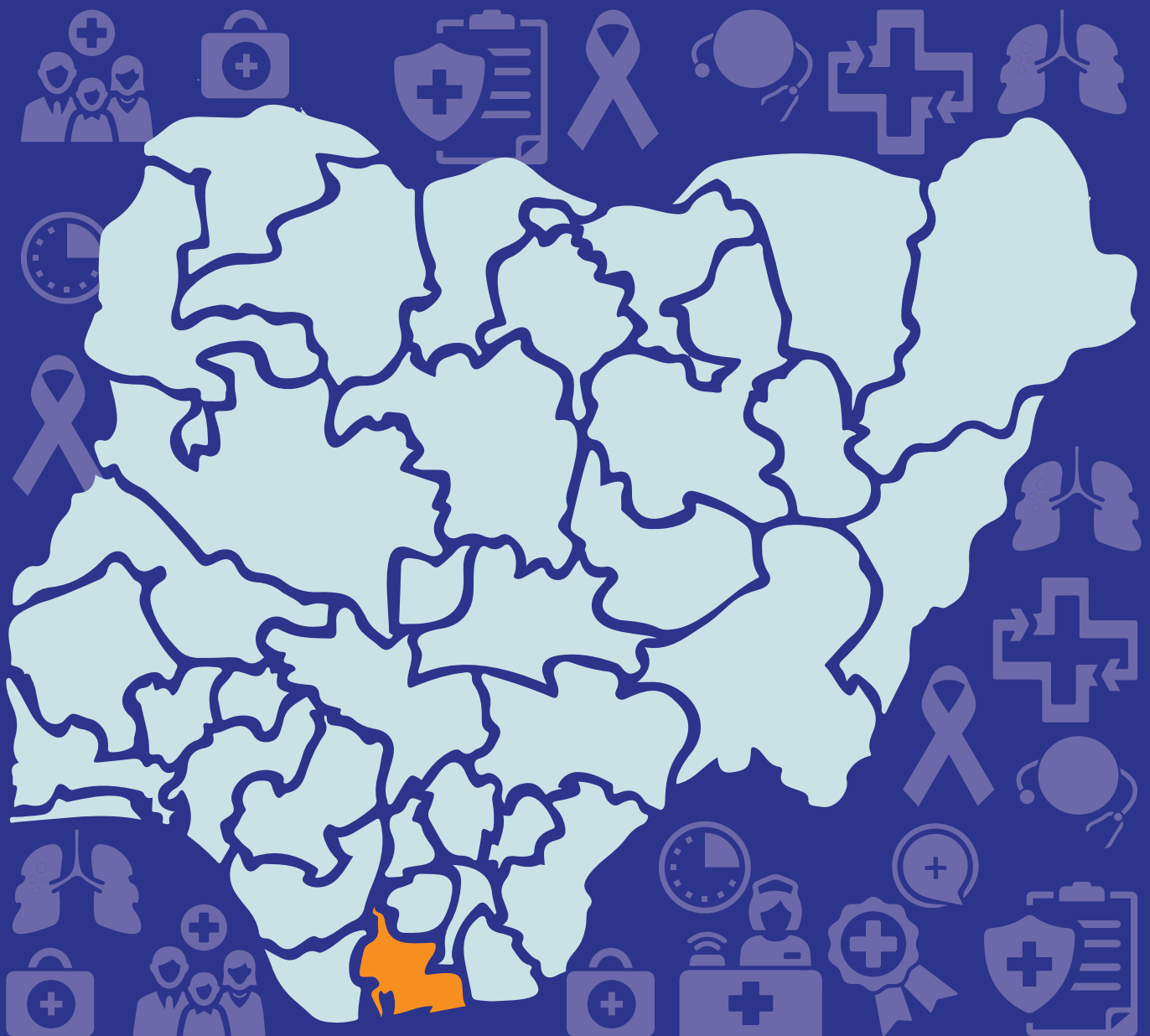




HEALTH PROFILE





Overview

CAPITAL

Port Harcourt City

POPULATION

5,198,716, 2006 population census; 7,486,527 projected 2018 (2006 census with projected 3% increase in population over the years)

URBAN/RURAL POPULATIONS

2,245,958 /5,240,568

LOCAL GOVERNMENT AREAS

23 LGAs

ETHNIC GROUPS

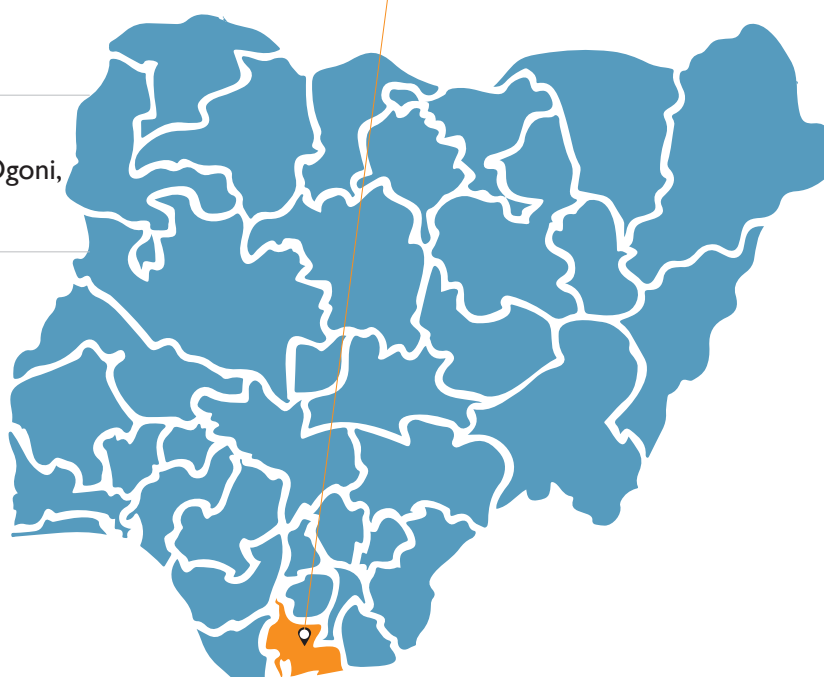
Abua, Andoni, Ekpeye, Igbani, Ndoni, Ikwerre, Ibani, Opobo, Eleme, Okrika, and Kalabari, Etche, Ogbia, Ogoni, Engenni, Egbema, Obolo and others

MAIN OCCUPATIONS

Fishing, Farming and Trading

LANGUAGES

Ikwerre, Ijaw (Okrika, Kalabari, Igbani), Ogoni, Ekpeya, Igbo and others





State Health Indices

HIV AND AIDS PREVALENCE

15.2%

(NARHS Plus 11, 2012)



120,000

PROJECTED ADULT POPULATION
CURRENTLY LIVING WITH HIV

7,500

PROJECTED NUMBER OF
CHILDREN CURRENTLY LIVING
WITH HIV

63,000

NUMBER OF ORPHANS,
WHOSE PARENTS DIED FROM
AIDS RELATED DISEASES



TUBERCULOSIS PREVALENCE

326

(PER 100,000)
Population Estimate
7.1 Million (2017)



23,000+

NUMBER OF PERSONS WITH TB
BURDEN IN RIVERS STATE

NEONATAL MORTALITY RATE

27

NEONATAL
DEATHS PER
1,000
LIVE BIRTHS
(MICS 2016)



CONTRACEPTIVE PREVALENCE

22%

(MICS 2016)

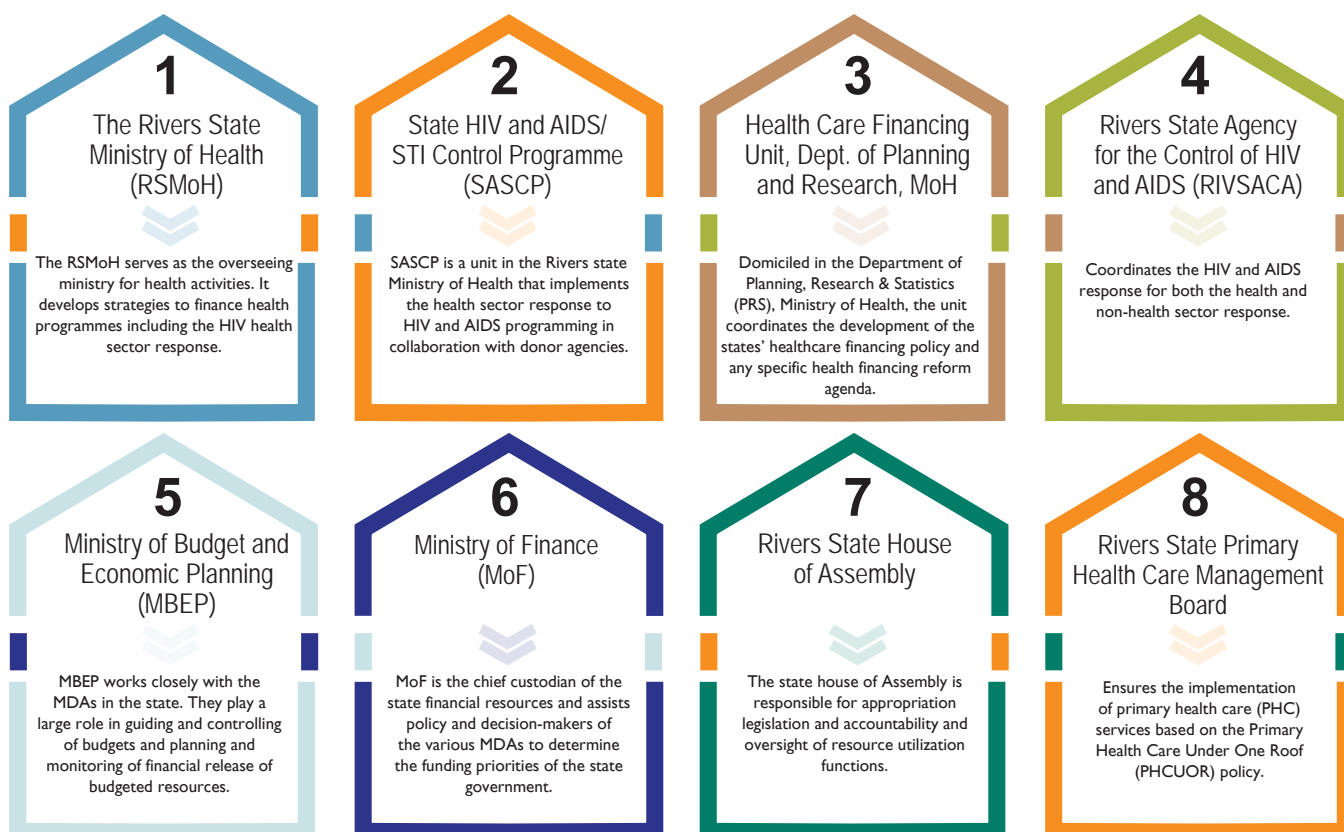
UNDER 5 MORTALITY RATE

58

UNDER 5
DEATHS PER
1,000
LIVE BIRTHS
(MICS 2016/2017)



Key Stakeholders



THE USAID/HFG PROJECT IN RIVERS STATE



DECEMBER 2015

Kicked off the implementation of the Sustainable Financing Initiative (SFI) for HIV Domestic Resource Mobilization (DRM) efforts



Support Rivers State government to mobilize their own resources to create sustainable sources of financing for health and HIV and AIDS programming



USAID/HFG in Rivers State

HEALTH BUDGET ALLOCATION

Total public health expenditure was on the decrease from 8.5 per cent to 6.5 per cent between 2013 and 2015 respectively. RiVSACA budgetary allocations declined from NGN 108,000,000 (\$298,532.20) to NGN 38,000,000 (\$105,039.11) within the same period while HIV expenditure for RIVSACA also reduced significantly by more than 80 per cent (NGN 38,320,000 (\$105,923.65) to NGN 3,910,000 (\$10,807.97). SASCP and other HIV implementing Ministries,

Departments and Agencies (MDAs) did not fare any better.

HEALTH FINANCING

The State-Supported Health Insurance Scheme bill initially developed by the State since 2008 had been abandoned and there was little or no presence of the institutional, policy nor legal framework to drive a State supported health insurance scheme. No implementing partner contributed to the health financing drives of the State thereby making catastrophic out-of-pocket household expenditure on health to be rated at over 50 per cent.

TOTAL PUBLIC HEALTH EXPENDITURE

DECREASED BY

6.5%

BETWEEN 2013 – 2015

RIVSACA BUDGETARY ALLOCATIONS

DECREASED BY

80%

(FROM N108m TO N38m)

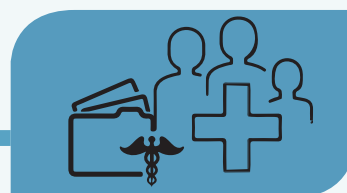
INTERVENTION AREAS



Domestic Resource Mobilisation (DRM)



Health Financing Reforms



Establishment and operationalization of State Social Health Insurance Scheme (SSHIS)



Approach



MULTI- SECTORAL APPROACH

Establishing deliberate collaboration among various health sector stakeholders and groups (e.g. government, civil society, and private sector) to jointly achieve health financing reform policy outcomes



EVIDENCE -BASED APPROACH

Using well researched diagnostic findings to make a case for health financing reforms



ADVOCACY VISITS

Advocacy visits to key Influencers and stakeholders in the state



Achievements

- Upon commencement of HFG's efforts in 2016, a multi-sectoral DRM was formed and other financial and policy making MDAs became advocates of health issues and financing and a resource mobilization plan was outlined.
- Budgetary allocations increased by 307 per cent (NGN 154,800,000/ \$427,896.15) in 2016 compared to 2015, 48.5 per cent in 2017 and 161 per cent by 2018 signifying its peak in 6 years valued at NGN 405,588,880 (\$1,121,123.51).
- SASCP secured financial releases to the tune of NGN 9,945,337 (\$27490.77) in 2016 while RIVSACA secured a 20 per cent (NGN 4,692,000/ \$12,969.57) increase in fund in same year compared to 2015.
- Overhead expenditures for RIVSACA continued to increase to NGN 5,588,880 (\$15,448.71) by 2017. SASCP secured a line item in the 2018 budget under Public health with a budgetary allocation of NGN 134,612,800 (\$ 372094.95).
- Health insurance bill was reviewed and sent to the Executive council, and the Health Financing Unit (HFU), HCF CIT and TWG were formed and trained.
- The entire legislature was trained and their roles which includes appropriation, accountability, legislative and oversight were strengthened, and a synergy established with the Executive to drive health financing reforms.
- The State now has a SSHIS operational plan, benefit package and actuarial analysis report with HIV services integrated.
- Almost 2 per cent of the total 2018 budget was allocated to the start-up of the SSHIS.
- General knowledge of health insurance might have increased from the baseline of 1.7 percent. This was evidenced by the increase in enrolment of other existing schemes in the State as residents await the commencement of the SSHIS

161%

INCREASE IN 2018
**BUDGETARY
ALLOCATION**

A PEAK IN SIX YEARS VALUED AT N405m

20%

INCREASE IN 2016
**FUNDING TO
RIVSACA**

OVERHEAD EXPENDITURES FOR RIVSACA
CONTINUED TO INCREASE TO N5.6m IN 2017

2%

OF 2018 BUDGET
**ALLOCATED TO THE
START UP OF SSHIS**



Lessons Learnt



AWARENESS CREATION

Awareness creation is instrumental to the buy in of stakeholders including policy-makers, members of the legislature and CSOs, amongst others.



EXPLORE OTHER INITIATIVES

Projects should immediately explore other initiatives in the event of unanticipated delays and surprises by the government. Eg the project should have explored the sponsor of a private member bill which could have accelerated the transmission of the RIVCHPP bill to the State House of Assembly.



EARLY AND SUSTAINED ENGAGEMENT

Early and sustained engagement with key government offices both at national and local levels and gaining their support was critical



DETERMINATION AND TEAMWORK

For any project to succeed, determination and team work are vital. For example, the USAID/HFG team were able to convince the State to explore using a single pool as opposed to fragmented community-based health insurance schemes (CBHIS).



Challenges



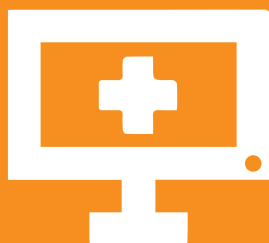
**Over dependence
on donors /
partners funding**



**Delay in release
of budgeted funds
for health service
implementation**



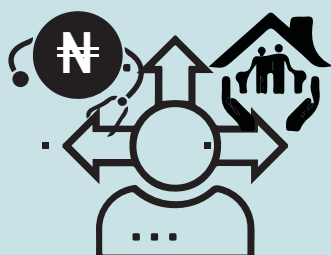
**Non-prioritization of
health in the political
agenda which indirectly
affects the state's health
system**



Legacy



**Domestic Resource Mobilization
for Health and HIV/ AIDS activities**



**Improved technical capacity of State
Government staff in the areas of
healthcare financing and DRM**



Recommendations

Early and proper engagement of the political class and stakeholders to secure their buy-in due to mistrust of “multinational entities/development partners” occasioned by long years of exploitation of the environment and people.



To engender trust amongst the citizens of the state, locals should be engaged as staffs of the project. recommendations



There is a need to factor into project planning continuous capacity building activities to foster sustainability after closeout.



Projects should from the onset inform and constantly remind the government functionaries the lifespan of a project to ensure that set out goals are met before project close-out.





Sustainability Initiative



SUSTAINABLE FINANCING INITIATIVE PROJECT

This has helped and enlightened the state to increase local resources for health and initiation of health reforms.



DRM TECHNICAL WORKING GROUP

DRM TWG has brought together actors from State AIDS Control Agencies, state ministries of health, budgeting and planning, and other relevant MDAs, state house of assembly and civil society organizations (CSO). The state will continue to ensure the implementation of the comprehensive resource mobilization plan that makes a case for more money for health and HIV and AIDS.



HEALTHCARE FINANCING UNIT, MOH AND HEALTH FINANCING TWG

The establishment and operationalization of state supported health insurance scheme (RIVCHPP) with the inclusion of HIV and AIDS services will ensure a sustainable source of funding for health and HIV/AIDS services in the state. A total of N9.5bn has been appropriated for the start off of the scheme in the 2018 budget.



SENSITIZATION OF STAKEHOLDERS

Sensitization of stakeholders and the ability to demand more from government. The level of awareness created will also ensure the citizenry demands for better deal from government. The government and the political class will have no option than to strengthen the **DRM TWG** and implement **RIVCHPP**.



AWARENESS

High level of awareness among the political class, especially members of the legislature, **CSOs**, stakeholders and high-level decision-makers in government on marching forward to achieve **UHC**.



Follow us!

On the web at www.HFGproject.org

On Twitter at [@HFGproject](https://twitter.com/HFGproject)

On Facebook at www.facebook.com/hfgproject

The HFG project is funded by the United States Agency for International Development (USAID) under cooperative agreement No. OAA-A-12-00080.
The views expressed in this publication do not necessarily reflect the views of USAID or the United States government.