



Technical Brief

IMPACT OF JOINT STATE ADVOCACY VISITS, STATE ENGAGEMENT, AND CAPACITY STRENGTHENING IN NIGERIA

The MOMENTUM Country and Global Leadership Quality of Care (QoC) activity in Nigeria (2021–2024) with focus on maternal, newborn, and child Health, provided technical support to the Federal Ministry of Health (FMOH), including the Department of Health Planning, Research and Statistics and Department of Family Health, Reproductive, Maternal, Newborn, Child, Adolescent and Elderly Health Plus Nutrition (RMNCAEH+N) and the National Primary Health Care Development Agency (NPHCDA) to strengthen capacity of state ministries of health and RMNCAEH+N QoC technical working group (TWG) members in selected states. The capacity strengthening included QoC approaches to monitor priority QoC indicators and use of findings to strengthen maternal, newborn, and child health QoC programs.



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State advocacy, engagement, and capacity strengthening in RMNCAEH+N QoC played a vital role in the project's implementation, stakeholder participation, and collaboration with government agencies.

BACKGROUND

Quality service delivery in Nigeria has experienced setbacks and challenges over the years, adversely affecting health outcomes, particularly for mothers and children. These challenges include:

- **Weak advocacy for improving RMNCAEH+N QoC, leading to low prioritization in policy development and budgetary allocations.** States have faced significant constraints in mobilizing resources for RMNCAEH+N QoC, which hindered the implementation of comprehensive quality health care programs.
- **Inadequate training and professional development opportunities for frontline health care workers (HCWs).** Because they do not receive regular updates on global developments in health care delivery, many frontline HCWs in Nigeria lack the technical competencies and confidence to effectively implement QoC strategies. Quality improvement (QI) training has not been focused on or been tailored to the needs of health care providers. This lack of training has limited effective access to quality care across the continuum of care.
- **Insufficient coordination.** Lack of adequate coordination at the federal, state, and facility levels of RMNCAEH+N QoC implementation resulted in fragmented efforts and inefficiencies in health care service delivery.

PROJECT RESPONSE

In response to these challenges, the project identified state advocacy, engagement, and capacity strengthening as critical areas for intervention. The project aimed to foster collaboration among stakeholders, enhance HCWs' skills and competencies, and improve health outcomes for mothers and children across the 24 selected states. Through joint efforts, partnerships, and collaborations with the FMOH and National Primary Health Care Development Agency (NPHCDA), advocacy plans, training modules, and schedules were developed, enabling organized and effective training.

Program Quick Facts

Project dates: October 2021–September 2024

Geographic focus: 24 states and the Federal Capital Territory, Nigeria

Project scope: Support the strengthening of QoC of maternal, newborn, and child health services through national and subnational policy and strategic technical support, learning and research, and strengthening QoC data systems.

METHODOLOGY AND STRATEGY FOR IMPLEMENTING ADVOCACY, ENGAGEMENT, AND CAPACITY STRENGTHENING

START-UP STRATEGY FOR ENGAGING THE STATES

To lay a solid foundation for state engagement and ensure alignment with local health priorities, the following comprehensive start-up strategy was designed:

- **Stakeholder mapping:** The project team identified and engaged key stakeholders (government officials, policymakers, health care providers, and partner organizations) in 12 states (Borno, Cross River, Edo, Enugu, Imo, Jigawa, Kwara, Nasarawa, Ondo, Osun, Rivers, and Taraba) to gain support and buy-in for the project and create an enabling environment for project implementation.
- **Baseline assessment:** A baseline assessment of the current health care landscape, including health care infrastructure and workforce capacity, was conducted.
- **Awareness raising and sensitization on RMNCAEH+N QoC:** Meetings, workshops, and learning sessions were organized to raise stakeholder awareness about the project, RMNCAEH+N QoC, implementation, and expected outcomes.
- **Partnership building and development of coordination mechanisms:** Establishing partnerships with the federal, state, and relevant health agencies helped to secure commitment and support for the project and further strengthened QoC implementation.

STATE VISITS/ENGAGEMENT WITH COMMISSIONERS AND STATE ACTORS

Engagement with state actors was a critical component of the project's strategy to gain buy-in and foster collaboration.

- **High-level meetings:** Meetings with state commissioners of health, senior health officials, and other key state actors to discuss the project's goals and strategies proved beneficial in promoting RMNCAEH+N QoC implementation.
- **Planned joint advocacy visits:** State visits with FMOH staff, NPHCDA, and the project team increased support for RMNCAEH+N QoC implementation.

PLANNED AND STRATEGIC QI TRAINING

More than 3,500 participants attended the trainings in the 12 states (see Table 1). Effective planning was crucial to ensure that training programs were well-structured, organized, relevant, and impactful.

TABLE 1: NUMBER OF HEALTH CARE WORKERS TRAINED, BY STATE AND TRAINING

QoC training		Frontline health care worker training	
States	Number of participants	States	Number of participants
Borno	43	Edo	104
Cross River	45	Enugu	104
Edo	37	Imo	144
Enugu	41	Kwara facility training of trainers (TOT)	2,200
Imo	50	Kwara state TOT	99
Jigawa	28	Ondo	104
Kwara	43	Osun	156
Nasarawa	49	Rivers	127
Ondo	51	Taraba	99
Osun	44	Total participants	3,137
Rivers	34		
Taraba	42		
Total participants	507		

BEFORE THE TRAINING

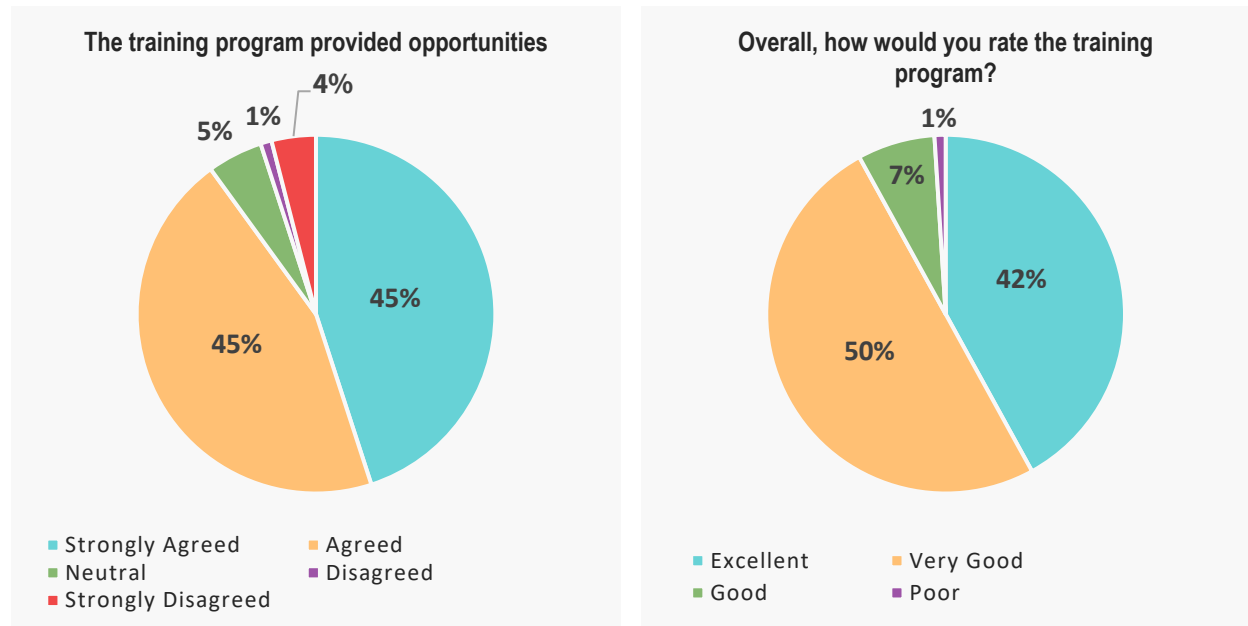
- **Training needs assessment:** A needs assessment to identify HCWs’ training needs and the specific areas requiring capacity strengthening allowed for tailored state training.
- **Logistics planning:** Training session logistics included selecting training venues, arranging for training materials and resources, and scheduling sessions to maximize attendance and participation.

DURING THE TRAINING

- **Training sessions:** Sessions were designed to be interactive, practical, and aligned with the overall objectives of RMNCAEH+N QoC implementation.
- **Training activities:** A variety of training methods were employed to ensure engagement and knowledge retention, including interactive lectures and presentations, hands-on practical sessions, simulations, group discussions, case studies, role-playing, and scenario-based learning.
- **Evaluation and feedback:** Continuous evaluation through pre- and post-training assessments, participant feedback, and practical demonstrations was conducted to ensure learning objectives were met.

Following the training, the majority of participants rated the program as either "very good" or "excellent," indicating a high level of satisfaction. Only a small percentage rated it as "good" or "poor" (Figure 1).

FIGURE 1: PARTICIPANT FEEDBACK ON THE TRAINING PROGRAM



FOLLOW-UP ACTIVITIES

Follow-up activities were essential to reinforce the training, support continuous improvement, and ensure sustainability of the project's impact.

- **QI teams:** QI teams were established in health care facilities to oversee the implementation of quality care practices and continuous monitoring of service delivery.
- **TWGs:** TWGs, consisting of key stakeholders and experts (e.g., reproductive health coordinator, QoC focal persons, state health information officer/monitoring and evaluation officer), were formed at the state level to provide ongoing technical support, monitor progress, and address challenges.
- **Regular monitoring and mentoring:** Regular follow-up visits to health care facilities were conducted to provide mentoring and support to trained HCWs, ensuring they apply their new skills and knowledge effectively.
- **Performance review meetings:** Periodic review meetings were held with state actors and stakeholders to assess the project's progress, share successes and lessons learned, and plan for further improvements.

RESULTS

The methodology and strategy for implementing advocacy, engagement, and capacity strengthening were comprehensive and systematic, focusing on strategic engagement, well-planned training programs, and continuous follow-up activities. The project was thus able to achieve significant improvements in health care delivery and outcomes for mothers and children in the 12 states.

The advocacy was effective in facilitating resource mobilization in the states, resulting in increased funding allocations. Its impact will extend beyond the project's scope, contributing to sustainable improvements in health care delivery and health outcomes at the state and national levels.

Strengthening the capacity of the states, including the frontline HCWs, through training sessions, workshops, and technical capacity development and assistance also contributed to the project's success. Frontline HCWs received training on best practices, guidelines, and protocols for delivering quality care to mothers, children, and other clients. The technical competencies and skills of health care personnel were strengthened, leading to improved service provision and client care, enabling them to better diagnose, treat, and manage various health conditions. The training program also boosted the confidence of frontline HCWs in delivering health care services. These improvements will contribute to better health outcomes for mothers, children, and communities in the 12 states.

The trainings also strengthened the health care systems in the 12 states, ensuring that they adopt best practices, streamline processes, and maintain compliance with quality standards such as the development and implementation of the Annual State QoC Operational Plan. These stronger systems will contribute to improving health outcomes beyond the project's duration. In addition, building trust in the health care system has encouraged individuals to seek care when needed.

LESSONS LEARNED

- Engaging key stakeholders early and continuously is critical for gaining support, ensuring alignment with local priorities, and fostering a collaborative environment.
- High-level engagement with state commissioners and health officials was essential for securing buy-in and resources.
- States have unique contexts and challenges, so tailoring engagement strategies to fit the specific political, social, and economic contexts of each state enhanced the effectiveness of the advocacy efforts.
- Advocacy at the state level can lead to improved funding allocations for QoC programs and persuade policymakers to prioritize resource allocation.
- Hands-on training and simulations are particularly effective in enhancing the competence of frontline HCWs.
- Setting up QI teams within health care facilities creates a structured approach for continuous monitoring and improvement of service delivery.
- The TWGs at the state level provide a platform for sustained technical support and knowledge sharing among stakeholders, helping to address emerging challenges and scale successful interventions.

CHALLENGES

- Engagement and commitment levels varied among state officials and stakeholders, leading to disparities in project implementation and outcomes across states.
- Organizing and conducting training sessions across multiple states involved significant logistical challenges, including arranging venues, coordinating schedules, and ensuring attendance.
- Security concerns leading to travel restrictions and safety risks impeded project activities in some states.
- Ensuring that the improvements and practices introduced by the project would be sustained beyond its duration was a significant challenge, particularly without continued funding and support. Scaling this training to other states will require additional funding.

RECOMMENDATIONS

The following are recommendations to address the challenges:

- Implement a structured continuous professional development program tailored to the specific needs of HCWs and incorporating the latest global health care delivery practices and quality care strategies.
- Utilize and leverage the QoC learning platforms to provide accessible and flexible training opportunities for the HCWs.
- Establish mentorship and peer support programs to build confidence and reinforce learning among HCWs.
- Establish TWGs at the federal and state levels to oversee the implementation of RMNCAEH+N QoC initiatives.
- Facilitate regular dialogues between policymakers, health care providers, and community representatives to ensure RMNCAEH+N QoC is prioritized at the state and national health levels.
- Develop a robust resource mobilization strategy to secure additional funding from diverse sources, including government budgets, international donors, and private sector partnerships, to scale up QoC efforts to new states.

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