

# Leveraging Multisectoral Support in the Development and Implementation of Four Year Operational Plan for the Care and Support of Vulnerable Children in Lagos State, Nigeria: Experience of ARFH



HEALTH SYSTEMS  
STRENGTHENING  
ACCELERATOR

Iwuala Felix<sup>1</sup>, Alawode Gbadegesin<sup>1</sup>, Magaji Doreen<sup>2</sup> Mobereade Ayokanmi<sup>1</sup>, Idoko Elijah<sup>1</sup>, Johnson Inioluwa<sup>1</sup>

<sup>1</sup>Association for Reproductive and Family Health <sup>2</sup>United States Agency for International Development Nigeria

## Context

Caring for vulnerable children and their households require multisectoral support to enable them attain better health outcomes. The Association for Reproductive and Family Health (ARFH) implementing Integrated Child Health and Social Services Award (ICHSSA-2) project in partnership with FHI360, Project HOPE and Lagos State Ministry of Youth and Social Development (MYSO) with support from USAID to mitigate the impact of HIV/AIDS on Orphans and Vulnerable Children (OVC). Towards this end, the organizational and technical capacity of local organizations and state health systems have been strengthened to offer basic services to vulnerable children and their families especially those infected or affected by HIV/AIDS. Lagos State is one of the red states with 65,420 PLHIV (>50% of the burden) experiencing unmet needs (NAIIS, 2018).

Hence, prior to the kick-off of the project, no multisectoral operational plan exists for Orphans and Vulnerable Children (OVC) in the state leaving a critical gap to harness the voices and inputs of key stakeholders in providing a framework that will coordinate, ensure equity, effective and sustained resource optimization and quality care vulnerable children.

## Activity Description

ARFH through the USAID funded ICHSSA-2 project supported the Lagos State Ministry of Youth and Social Development (MYSO) to develop 4-year operational plan for Vulnerable Children in Lagos State. The Ministry of Youth and Social Development is the line ministry responsible for the coordination of OVC activities in Lagos State. Advocacy visits were paid to the Honourable Commissioner, Permanent Secretary of MYSO and Local Government Chairmen/Council Managers of the 11 LGAs (Agege, Ajeromi, Apapa, Badagry, Kosofe, Lagos Island, Lagos Mainland, Ojo, Shomolu, Ikorodu and Surulere) where ICHSSA-2 project is being implemented in Lagos. Mapping of key stakeholders and sectors critical to quality service delivery for vulnerable children was done.

A five-day stakeholders workshop was organized between 8<sup>th</sup> – 13<sup>th</sup> November 2021 to deliberate, map out and develop concrete framework for the 4-year operational plan. Voices across diverse sectors were involved including Ministry of Youth and Social Development; Ministries of Education, Health, Economic Planning and Budget, Justice, Lands, Information, Agriculture; Lagos State AIDS Control Agency; National Population Commission; Association of OVC NGOs in Nigeria; Child Protection Network; State Universal Basic Education Board; Nigeria Business Coalition Against AIDS and Local Government and Community Affairs. Others include Primary Healthcare Board; Juvenile Welfare Centre (Police); Lagos State Office for Disability Affairs; Christian Association of Nigeria; Federation of Muslim Women Association in Nigeria; Network of People Living with HIV/AIDS in Nigeria; USAID-supported implementing partners in Lagos, Heartland Alliance, Project HOPE, ARFH.

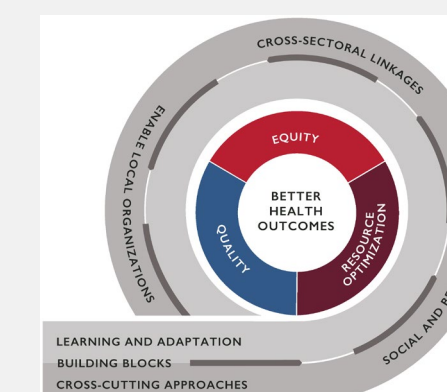
The engagement used a participatory approach. Participants were divided into six key thematic areas- Leadership, Governance and Coordination; Healthy, Stable, Safe, Schooled and Monitoring, Evaluation and Information System. The following key steps were used in the development of the AOP: situational and SWOT analysis of the six thematic areas, workplan development, AOP budget costing and analysis with monitoring and evaluation framework.

## Activity Impact

This effort led to the development of a 4-year costed operational plan to guide investment, resource mobilization and quality comprehensive service delivery across the four OVC service domains of Healthy, Stable, Safe and Schooled. On the healthy domain, 3,000 beneficiaries have been placed on the basic health care provision fund of Lagos State Government for uninterrupted access to healthcare services beyond the project tenure. This represents eloquent testimony of ownership and sustainability by Government through the Lagos State Health Management Agency (LASHMA) implementing the Lagos State Health Insurance Scheme – Ilera Eko (*Good health of Lagosians*). As part of private sector involvement, the Access Bank provided 500,000 naira to support economic empowerment of vulnerable households through cash transfer and business startup; which increased access of vulnerable children to food and improved economic resilience of the households.

In addition, the project has leveraged various support from local governments (Lagos Island, Lagos Mainland, Shomolu, Ojo, Surulere, ) in Lagos State in the provision of food packs and economic empowerment of vulnerable households for the overall wellbeing of vulnerable children.

The costed operational plan provided clear pathways to activities and programmes to be funded at both the state and local government levels geared towards improved health outcomes for OVC and their families. It ensured effective governance systems through the Technical Steering Committee (TSC) at the state and the local government level. These platforms bring together critical stakeholders to effectively coordinate comprehensive care and support for OVC.



## Evidence

Bringing together diverse voices from relevant sectors was critical to the success of the first 4-year operational plan for OVC in Lagos State. In addition, 4-year Operational Plans were also developed for 10 LGAs where the project is being implemented.

This document served as a significant advocacy tool in mobilizing resources, promoting equity and strengthening healthcare delivery to vulnerable children and their families in Lagos State.

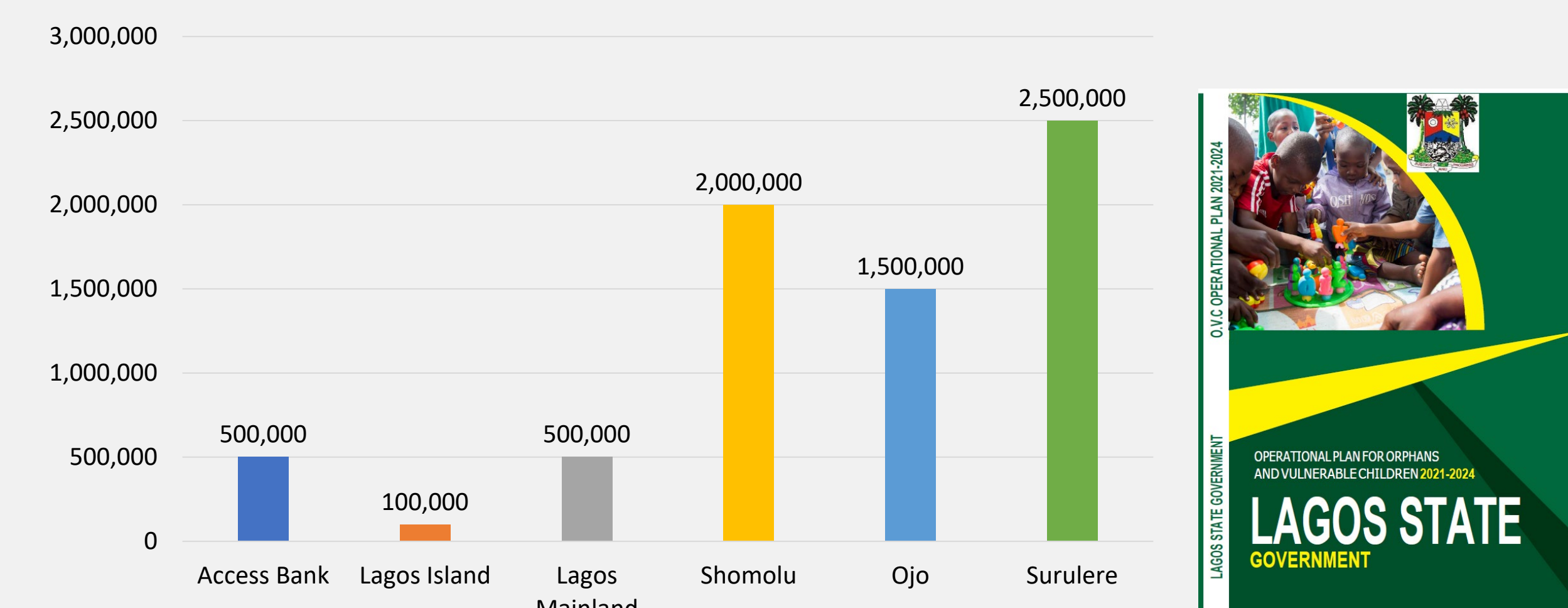


Figure 1: Resources mobilized (Naira) as a result of the Operational Plan

## Facilitators

Key partners responsible for the success of the result include:

- USAID Nigeria
- Lagos State Government
  - Ministry of Youth and Social Development
  - Lagos State Health Management Agency
  - Project Local Governments (Eleven)
  - State Universal Basic Education Board (SUBEB)
- ICHSSA-2 Health Systems Strengthening team (ARFH, Project HOPE, FHI360)
- State OVC Technical Steering Committee (TSC)
- Civil Society Organizations (CSOs)

## Challenges

The underlisted challenges were anticipated based on the experience of ARFH in implementing OVC activities in Nigeria and the responses below and approaches were part of the lessons learned in previous implementation which currently have proved very successful on the ICHSSA-2 project

Challenges	Responses
Limited support from the private and public sector	Sustained advocacy and stakeholders meetings, inauguration of a broad based technical steering committee involving both the public and private sector which culminated in the increased leveraging of support from the private sector e.g., access bank and the public- LASHMA, SUBEB, MYSO, LGA
Sustainability of interventions	High profile advocacy conducted which facilitated the creation of line budgets across the MDAs at the state level to be coordinated by MYSO and also line budgets for LG to be coordinated by Heads of Agric which has continued to ensure access to funds budgeted for OVC activities at the state and LG level

## Lessons Learned

Leveraging multisectoral voices is critical to inclusiveness, trust, ownership and sustainability. Other sub-national units have taken the same step to put in place collective frameworks/plans to improve resource optimization, achieve equity and quality service delivery to vulnerable children and their families. Countries or states should not be afraid to go through the road less travelled especially if the results will improve health outcomes for the vulnerable populations. Other health system activities can take a cue from this approach.

Health systems actors should cast their nets wide and see themselves as partners rather than competitors. This will help improve intersectoral collaboration and partnerships that will have a multiplier effect on the health and wellbeing of the population they serve.

Strategic engagement of the public and private sectors as demonstrated by ARFH on ICHSSA-2 project will go along way in mobilizing more resources for health, while promoting overall wellbeing of children including the sub population made vulnerable by HIV.