REQUEST FOR CONCEPT NOTES (RFCN) FOR THE NIGERIA SERVICE DELIVERY INNOVATION CHALLENGE

1.0 CONTEXT

Nigeria has a complex and dynamic healthcare system laden with both supply and demand side challenges. The state of the health system is characterized by sub-optimal health outcomes, poor quality of care and a lack of protection from financial risk as a result of cost of care. The disease burden is primarily driven by communicable, maternal and child conditions. The rising burden of non-communicable disease is also a major concern. The high maternal, neonatal and child mortality rates in Nigeria have resulted in a demographic profile with higher dependency ratios than some of her comparable counterparts whose profiles have evolved.

Malnutrition accounts for nearly 50% of under 5 deaths. Evidence suggests that thirty seven percent (37%) of children under five are reported as stunted (*DHS, 2013*). The insurgency in the North East has been particularly detrimental to Reproductive Maternal Neonatal Child Adolescent Health (RMNCAH) outcomes: driven by low coverage of RMNCAH services, multiple deficits in the building blocks of the health system and significant demand side barriers. It is estimated that there are nearly 2.1 million internally displaced persons and 170,000 Nigerians seeking refuge in neighboring countries. The insurgency directly affects three million people and indirectly affects nine million people. As such, addressing the urgent RMNCAH needs of affected populations is one of the key priorities of the government of Nigeria.

2.0 THEORY OF CHANGE

Despite significant investments in the health system, there has been limited impact in terms of outcomes. Current health interventions in the North East are inadequate and necessitate bold and disruptive innovations to raise the low level health system equilibrium. The government of Nigeria's transition towards Universal Health Coverage provides a compelling opportunity for Nigeria to reflect on its aspirations, take stock on progress and inspire innovative approaches to improve service delivery as well as engage the capabilities of the country's vibrant private sector to function as a source of effective and viable innovations. The private sector plays an important role in the financing and delivery of basic primary health services. Private sector capabilities, expertise, resources, reach and innovation can be leveraged to accelerate improvement in health outcomes.

3.0 GLOBAL FINANCING FACILITY (GFF)

The Global Financing Facility (GFF), launched by United Nations Secretary-General Ban Ki-moon and World Bank Group President Jim Yong Kim at the Third International Financing for Development Conference, is a multi-stakeholder partnership that supports country-led efforts to improve the health of women, children, and adolescents. The GFF supports country leadership by drawing on the diverse expertise of the many stakeholders involved in the reproductive, maternal, newborn, child and adolescent health response. There is an unprecedented global momentum to further accelerate improvements in Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH). Through key global partnerships such as the Partnership on Maternal, Newborn and Child Health (PMNCH), the G8 Muskoka Initiative, Family planning 2020, Committing to Child Survival: A Promise Renewed and the United Nations Secretary-General's Every Woman Every Child (EWEC)

movement, the importance of women's and children's health have been put at the center of global development efforts. Building on this momentum, there is now strong support for the concept of "convergence": accelerating progress in improving the health and quality of life of women, children, and adolescents so that all countries achieve the levels reached by the best-performing middle-income countries. The global interest in RMNCAH is an opportunity to ensure rapid acceleration towards the achievement of the Sustainable Development Goals (SDGs).

4.0 INTRODUCTION

The Federal Ministry of Health of Nigeria (FMOH) is leading the development of the Nigeria GFF Investment Case based on the National Strategic Health Development Plan II (NSHDP II), with support from the World Bank and the GFF secretariat. As part of the GFF Investment case, the FMOH desires to integrate private sector driven innovative approaches that can dramatically increase the quality and coverage of the low RMNCAH and nutrition interventions – particularly to under-served populations.

The FMOH has outlined a unique public private partnership, where the government defines the problem statements and the private sector creates a platform for innovators and non-state actors to collaborate to address priority health system challenges. The FMOH is partnering with the Private Sector Health Alliance of Nigeria (PHN), the Healthcare Federation of Nigeria (HFN) as implementing partners and the International Finance Corporation (IFC) - World Bank Group facilitating the process; to source, showcase and select through a competitive process, the most promising health innovations which can address the country's biggest healthcare challenges.

It is envisaged that selected health innovations will form part of the FMOH GFF Investment case and will receive business operations support, technical assistance and market linkages to ensure selected innovations achieve scale and sustain their impact. There will also be a strong emphasis on linking disbursements to results, lesson learning, evaluation and impact assessment - recognizing that success should be judged against actual and potential scope for broader coverage uptake and quality of care, not just on the success or failure of individual project inputs.

5.0 THE NIGERIA SERVICE DELIVERY INNOVATION CHALLENGE

The Nigeria Service Delivery Innovation Challenge (NSDIC) has been conceived as a competitive process to identify, showcase and spur innovations in service delivery to improve the quality and coverage of RMNCAH and nutrition interventions in the North East. We define service delivery innovation as a new or considerably changed service approach to improving the delivery of basic primary health care services with an aim to expand coverage and ensure quality of services at the population level with an emphasis on under-served populations. The GFF investment case provides a timely entry point to source, refine and scale up selected innovations. The financing mechanism will be co-designed with the FMOH based on the outcomes of the challenge and will be driven by the financial proposal and scale of impact of the selected innovators.

As a first step, the Federal Ministry of Health in partnership with the Private Sector Health Alliance of Nigeria (PHN), the Healthcare Federation of Nigeria as implementing partners and IFC are issuing a Request for Concept Notes (RFCN) to solicit submissions from innovators, entrepreneurs, organisations, NGOs and other non-state actors with promising innovations in service delivery to participate in the NSDIC.

Concept Notes (***between 3-5 pages***) solicited should described innovative solutions that have been piloted, proven, currently being implemented and could be replicated in Northeast Nigeria. These innovations must address at least one of the problem statements outlined **in Section 7.0** below.

More broadly, innovations that will be selected will contribute to helping Nigeria make progress on some of the following indicators of success:

- Vaccination coverage (fully immunized) among young children;
- Contraceptive prevalence rate (modern methods);
- Vitamin A coverage among children 6 months to 5 years of age;
- Coverage of skilled birth attendance;
- Use of insecticide-treated bed nets by children under 5;
- Prevention of mother to child transmission of HIV;
- Improve the quality of care as measured by robust evidence based approaches;
- Improve the quality and use of birth, death, and cause-of-death information; and
- Availability of medicines and other supplies at the health facility.

In summary, the NSDIC prioritizes four areas: (i) increasing the coverage of RMNCAH and nutrition interventions; (ii) improving the quality of care; (iii) improving the availability of life saving commodities and (iv) strengthening the availability, timeliness, and quality of civil registration and vital statistics system.

6.0 RFCN GUIDELINES

The Nigeria Service Delivery Innovation Challenge (NSDIC) is a multi-stage competition to identify and support promising healthcare innovations that address specific RMNCAH and Nutrition quality of care, supply chain performance and data systems needs in the North East. The challenges consists of three phases:
Phase 1 – Concept Note submissions
Phase 2 – Initial selection and showcase
Phase 3 – Final selection to incorporate in the GFF investment case.

All submissions will undergo an initial screening and shortlisted concept notes will be invited to the innovation exhibition event and given the opportunity to showcase their innovation before a team of assessors. The Concept Notes would be judged blindly by an independent entity based on explicit criteria.

Eligibility and Evaluation Criteria

Candidates must:

- Respond to a pre-defined problem statement (stated below) in the specified priority areas (RMNCAH and Nutrition, CRVS, Supply Chain, Quality);
- Ensure that submissions demonstrate an innovative approach (with a clear description of the innovation and evidence that it significantly increases the coverage and quality of services being delivered);
- Have tested, piloted and proven that the innovative model(s) submitted works in the Nigerian context;

- Have an efficient (low cost per capita) and scalable approach;
- Have the capacity to deploy the service delivery innovation(s) in the Northeast;
- Have a rigorous framework for results measurement;
- Have a credible track record;
- Meet our conflict of interest standards;
- Be legally incorporated/registered business with relevant regulatory approvals;

Candidates may be invited to make additional submissions or have physical/virtual interviews during later stages of challenge. Due diligence will be carried out on selected innovations.

Candidates may be individuals, groups of individuals, corporate for profit and non-profit entities, academic institutions amongst others. Concept Notes must clearly show ability to address the chosen problem statement, capacity to deploy and function effectively in the Northeast, and proposed impact on RMNCAH and nutrition coverage, quality of care, supply chain performance and data systems.

How to Apply

Concept Notes are to be submitted to the link below *(*Innovators must respond to one or more specified problem statements)

http://nsdic.org.ng/

Important Dates

Deadline for submissions: **December 16, 2016**

Service Delivery Innovation Showcase: **December 20, 2016**

7.0 PROBLEM STATEMENTS

The key RMNCAH and Nutrition service delivery constraints that emerged from the Situational Analysis conducted by the FMOH are summarized in the four major areas below:

TRACK 1: Coverage of RMNCAH and Nutrition Services

Nigeria's maternal mortality rate is at an unacceptable high level and the tragedy is that most of these deaths are preventable. A number of factors are responsible for these high rates of mortality spanning the continuum of care.

Preventable childhood diseases such as malaria, pneumonia and diarrhea account for more than 50 per cent of the under-five deaths in Nigeria, while about 30% of under-five deaths is attributable to newborn deaths - 250,000 children die in the first month of life and approximately 90,000 on the day of birth.

Malnutrition accounts for 50% of childhood deaths. Numerous factors both on the supply and demand side have impacted the nutrition indices of the country. Although several nutrition

focused interventions are being implemented, there is still a persistent need to employ innovative approaches to tackling malnutrition.

Many states in Nigeria do not undertake extensive family planning (FP) programming, training, awareness creation, or supervision, etc. Several challenges inhibit the effective delivery of reproductive health services, these range from supply side challenges such as poor knowledge level for healthcare workers providing services to demand side challenges such as cultural barriers and poor knowledge of available methods and services.

There is a need for innovations along the continuum of care to tackle issues on both the supply side (particularly functional Primary Healthcare Centers (PHCs) to deliver basic RMNCAH + N healthcare package, widespread and functional Emergency Obstetric and Newborn Care services, efficient and integrated ambulance/emergency transport 2- way referral system for PHCs and General Hospitals, efficient logistic management system and supply chain for life saving medicines and commodities) **AND** demand side (particularly for Family Planning, Antenatal Natal Care, Skilled Birth Attendants and Hospital Delivery).

We therefore request innovations to tackle the following challenges around the coverage of reproductive, maternal child, newborn, adolescent health and nutrition services:

- **Low Coverage of Interventions**: Low coverage has been a major challenge with the delivery of healthcare services in Nigeria. Lack of awareness has been found to be one of the most important barriers to accessing focused interventions. An example of this includes lack of awareness of nutrition interventions such as community based management of acute malnutrition (CMAM). Limited availability of affordable RMNCAH commodities and services especially in hard to reach areas has also contributed to the challenges around coverage.

- **Cost**: Cost of services and cost of care impede the effective delivery of services in the country. Challenges such as high staff wages, high cost of drugs and consumables, direct price of service, informal fees, and out of pocket payments have contributed immensely to the poor health outcomes. To improve health outcomes in Nigeria, the model of **health care financing** must facilitate access and guarantee service quality.

- **Health Seeking/Behaviourial Factors**: Poor knowledge of methods of contraception and knowledge of transmission of STIs affect access of RH and FP services. Poor access to information that leads to misconceptions about Sexual and Reproductive Health services. Perceived stigmatization, fear of disapproval via societal norms and beliefs, harmful traditional practices and gender based violence (GBV) are some of the factors that impact on coverage of health services. Clients' perception of poor quality of services for family planning and sexually transmitted infections (STIs) affect the willingness to pay for SRH services. These factors play a role in health seeking strategies and responses to health interventions across several cultures. Other underlying challenges include: differences in social status, perceptions of modesty and cultural and family opinions and gender bias in use of health services (and this relates mostly to male preference in household health decision making). Poor understanding of specific health services, clients' lack of knowledge on health and clients' perception and experience in accessing services are areas that require targeted strengthening.

Poor infant and young child feeding practices have also been identified as a major contributor to the high burden of childhood morbidity and mortality in many countries including Sub Saharan Africa. In Nigeria, only 25% of babies are exclusively breastfed; complementary foods are not introduced in a timely fashion, over 50% of infants are fed complementary foods too early, which are often of very poor nutritional value. Maternal education is a strong predictor of poor nutritional status of children and in Nigeria poor education of mothers has been linked to the poor use of nutrition services. It is important to address issues around integrating interventions along the continuum of care and increasing coverage of key services

- **Management/Workforce Efficiency:** Workforce management and efficiency has negatively impacted the delivery of health services. The issues are largely due to **lack of performance management structures** to monitor productivity and performance of the workforce. Also, health worker performance barriers such as unclear roles and expectations, unclear guidelines, poor processes of work, inappropriate skills mix within the work setting, competency gaps, lack of feedback, difficult work environments and unsuitable incentives mean that even where there are no critical workforce shortages, health workers may still fail to provide quality care.

- **Access**: Location of health services/facilities and terrain of health facilities have an influence on accessibility of services. This is apparent in **accessing PHC services in hard-to-reach communities and in rural terrains**. Long distances, financial constraints, poor communication and transport, weak referral links, all limits access to care for those who need it most in Nigeria

- **Poor Coordination and Integration of Interventions:** There are missed opportunities across the continuum of care to integrate RMNCAH and Nutrition services. Poor oversight of available interventions, poor coordination and integration of these interventions are some of the underlying governance and management factors that affect coverage of health services in Nigeria.

TRACK 2: Quality of Care

Poor quality of care across most health services have contributed to the poor health indices recorded in the country. A range of supply side challenges have hindered quality care and we therefore, invite bold innovations to address these challenges that affect the quality of healthcare services:

- **Workforce Efficiency, Skills and Knowledge**: The low level of skill and knowledge amongst Healthcare Workers offering various services e.g. contraceptive and sexually transmitted infections (STIs) service, handling obstetric emergencies in mothers, treating important ailments in children such as malaria, diarrhea and pneumonia. Staff efficiency and proficiency

- **Management:** Challenges around availability of skilled birth attendants, implementation of national guidelines, clear definitions of roles for health workers, and adherence to treatment processes contribute to the poor quality of care.

- **Data and Performance Management**: Data is key to managing and evaluating healthcare services. The absence of quality service delivery information/data to aid management and evaluation of these services has greatly impeded the quality of services provided.

TRACK 3: Civil Registration and Vital Statistics

The births and deaths of many Nigerians are known to be unregistered each year. Civil Registration (CR) is the compulsory, continuous, universal and permanent recording of vital events such as births and deaths. From these records, vital statistics (VS) on births, deaths, causes of death, fertility and mortality can be produced for policy and planning. This information is essential for Nigeria's population data as a denominator for all population-based targets and indicators. For Nigeria to measure and meet its SDG targets, CRVS play an important role. The impact level indicators are: maternal mortality ratio, under-5 mortality rate, neonatal mortality rate, adolescent birth rate, percentage of women of reproductive age who have their need for family planning satisfied with modern methods and prevalence of stunting among children aged below five years. We therefore invite bold innovations that can track and help to improve the availability and quality of CRVS.

Challenges: In spite of the functional registration centres in Nigeria, implementation of vital registration program is still faced with very low coverage and the challenges of inadequate number of registration centres. Persistent low coverage is majorly caused by the dual registration systems which permit parallel National Population Commission and LGA birth registration activities, leading to incomplete registration coverage. This is coupled with lack of a formalised partnership framework between birth registration processes and health systems, thus presently constituting a big challenge and serious hindrance to wider coverage. According to the WHO, Nigeria has 30% birth registration coverage but insufficient data on its death coverage. The national public health programming includes more than 25,000 health centers as well as many groups of community health workers. In contrast, there are about 3,000 birth registration centers. Thus, millions of children accessing the remaining 22,000 health centres are missed constituting a major reason for very low registration rates of new born and under 1 birth.

SDG Target	Role of CRVS	Data Needed
1. By 2030, reduce the maternal mortality ratio to less than 70 per 100,000 live births.	Direct measurement of this target.	▪ Deaths due to maternal causes ▪ Number of births
2. By 2030, end preventable deaths of newborns and children under 5 years of age, and reduce neonatal mortality to at least as low	Direct measurement of this target.	▪ Deaths by age (<28 days, <1 year and <5 years) ▪ Number of Births

as 12 per 1,000 live births and under 5 mortality to at least as low as 25 per 1,000 live births.		
3. By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.	A key measurement of the impact of these epidemic diseases is the number of deaths that are attributed to them.	▪ Deaths by cause
4. By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.	Direct measurement of premature mortality related to NCDs. Deaths must be reported by age if we are to develop an indication of 'premature deaths' that is relevant to pacific countries. There is also a suggestion to measure deaths due to suicide as an important indicator of mental health and well-being.	▪ Deaths by cause – disaggregated by age group and sex ▪ Life expectancy (calculated by deaths by age group and population)
5. Strengthen the capacity for early warning, risk reduction and management of national and global health risks.	Changes in the number of deaths and the causal patterns of death are a critical surveillance tool to be able to identify (and subsequently respond to) emerging health concerns.	▪ Deaths by cause – by age group, sex, and geographic sub-region.

TRACK 4: Access to Medicines

Nigeria's positive health outcomes are highly dependent on how well the health delivery system—health information, financing, personnel and supply chain is performing. The importance of having medicines and other supplies available at the health facility cannot be overstated, and their availability often depends on how well or how poorly the supply chain is performing. We therefore invite bold innovations that can solve the challenges in any of these areas.

- **Distribution Network** - The medicine supply chain is a complex system with public and private organizations such as private distributors, governmental warehouses and NGOs. Procurement and distribution, which often work as separate functions with a poor, irregular communication and share of information, hinders a coordinated, coherent and efficient national procurement and distribution plan. Furthermore, due to a lack of efficiency, shortage of vehicles and poor condition of vehicles, many programs

built their own supply chain systems within the private sector. The system becomes even more complex due to special supply chain requirements for each drug such as cold chains and short shelf lives, which makes the whole distribution network even more complex.

- **Inventory Management** - Medicine needs to be stored in warehouses under appropriate conditions regarding security, temperature, conditions and storage area. Furthermore, a correct inventory management is necessary to ensure adequate stock levels. Therefore strategies such as regular stock taking, inventory reconciliation, first-expired-first-out practices and traceability of batches are beneficial. Research outlines that more centralized warehouse management models with guidelines and standard operating procedures will improve the performance of a supply chain network.

- **Transportation** - Transportation of medicine is crucial to an efficient supply chain network. Transportation cost can account for 10-20% of the stock value and thus, distribution systems need to be optimized. There are several challenges for the final delivery to facilities such as poor road and vehicle infrastructure, long travel distances and shortage of funding. Last mile delivery deals with transportation, data collection and order fulfilment. New approaches have been introduced, such as mobile warehouses, collection, scheduled delivery or manufacturer-managed transportation, but there still remains an inefficient supply chain system.

APPENDIX

***Additional Information on Nigerian RMNCAH & Nutrition Situation**

Reproductive Health

Data *(1)*

- 61% of women age 15-49 who had a live birth in the five years preceding the survey received antenatal care from a skilled provider (i.e., a doctor, nurse or midwife, or auxiliary nurse or midwife).
- 51% of women who had a live birth in the five years preceding the survey reported making at least four antenatal care visits during the pregnancy.
- 63% of women age 15-49 who had a live birth in the five years preceding the survey took iron tablets or syrup, and 14% took intestinal parasite drugs.
- 53% of women age 15-49 had their last birth protected against neonatal tetanus.
- 36% of births in Nigeria are delivered in a health facility.
- 38% of deliveries are attended by a skilled birth assistant.

Plans for the Future *(2)*

- Provide accurate and comprehensive knowledge of FP methods to every segment of the population through easily accessible channels to generate demand and change behaviour.
- Ensure that every State in Nigeria contributes at least 50% of the funds it requires for adequate FP service delivery every year.
- Ensure that every health facility (including PHCs and private and faith-based clinics) has an adequate number and category of trained staff—according to national guidelines—to provide LARC services throughout the country.
- Strengthen contraceptive logistics management systems to ensure continuous contraceptive availability at all health facilities.
- Improve routine data management (including collection, collation, reporting, and use) at all levels of the healthcare delivery system in the country to allow for smooth tracking of FP progress.

Maternal

Data – *(1)*

- Maternal deaths account for 32% of all deaths among women age 15-49. The maternal mortality rate for the seven-year period preceding the survey was 1.05 maternal deaths per 1,000 woman-years of exposure.
- The maternal mortality ratio was 576 maternal deaths per 100,000 live births for the seven-year period preceding the survey. This ratio is not significantly different from the ratio reported in the 2008 NDHS.
- The lifetime risk of maternal death indicates that 1 in 30 women in Nigeria will have a death related to pregnancy or childbearing.

Plans for the future

- Increase the number of births assisted by a skilled attendant
- Improve and integrate antenatal care
- Ensure reliable access to life saving commodities
- Ensure high quality care around the time of birth
- Ensure emergency obstetric and newborn care (basic and comprehensive)
- Improve and integrate postnatal care
- Improve access to family planning counseling,
- Increase the number of births assisted by skilled health personnel

Neonatal/Child

Data *(1)*

- One in every four children age 12-23 months (25%) were fully vaccinated at the time of the survey, a 9% increase from the figure reported in the 2008 NDHS and nearly twice the figure reported in 2003.
- 38% of children age 12-23 months received the third dose of DPT at any time before the survey, a 9% increase from the figure reported in 2008 and an 81% increase from 2003.
- 54% of children age 12-23 months received the third dose of polio vaccine. That proportion was 39% in 2008 and 29% in 2003.

- 2% of children under age 5 showed symptoms of acute respiratory infection in the two weeks before the survey; for 35% of these children, advice or treatment was sought from a health care facility or provider.
- 13% of children under age 5 had a fever in the two weeks before the survey; for 32% of these children, advice or treatment was sought from a health care facility or provider.

- 10% of children under age 5 had diarrhoea, and 2% had diarrhoea with blood, in the two weeks before the survey.
- Knowledge of oral rehydration salt packets or pre-packaged liquids is high (80%) among Nigerian mothers age 15-49 with a live birth in the five years preceding the survey.

Plans for the Future- *(3)*

- Immediate removal of all major bottlenecks
- Delivery of intervention packages
- Implementation reinforced at all service delivery modes
- Achieve 80% effective coverage of clinical interventions at basic healthcare facilities and 70% at first and secondary referral care facilities
- Reduction of neonatal mortality

Adolescence

Data *(4)*

- Young people contribute 55% of the 760,000 unsafe abortions taking place annually in Nigeria.
- A quarter of females aged 15-19 years in Nigeria had already begun childbearing in 2003, and an age-specific fertility rate of 126 per 1,000 was recorded for the group.
- Reproductive morbidities, including vesico-vaginal fistula (VVF) and mortality resulting from biological, social and health- seeking behavioural factors are important challenges among pregnant adolescent females.
- The 2005 national HIV sero-prevalence survey conducted at sentinel ante-natal care clinics reported a rate of 3.6% and 4.7% for young people aged 15-19 years and 20-24 years respectively.

- 57% of young people in 2005 knew all the transmission routes for HIV
- 31% of females aged 15- 19 years already married in 2003
- 30% of the young people assessed had a body mass index below the normal while 4% had values above the normal.

Plans for the Future *(4)*

- Increase the proportion of young people who have access to accurate and comprehensive reproductive health information and services by 50%
- Increase access of all categories of young people to comprehensive youth-friendly health services by 50%
- Reduce incidence of unwanted pregnancies among young females by 50%
- Reduce rate of marriage among young people less than 18 years by 50%
- Reduce maternal mortality ratio among young people by 75%
- Eliminate incidence of female genital cutting/mutilation among young people
- Reduce the proportion of young people with nutritional problems by 75%
- Integrate family life and HIV&AIDS education into the curricula of all primary and secondary schools

Nutrition

Data *(1)*

- Thirty-seven percent of children under age 5 are stunted, 18 percent are wasted, and 29 percent are underweight.
- The proportion of stunted children has declined since 2008 (from 41 percent to 37 percent).
- Ninety-eight percent of children were reported to have been breastfed at some time.
- Seventeen percent of children less than age 6 months are exclusively breastfed. The median duration of exclusive breastfeeding (0.5 months) has remained unchanged since 2008.
- Complementary foods are not introduced in a timely fashion for all children. Only 67 percent of breastfed children age 6-9 months received complementary foods.
- Overall, only 10 percent of children age 6-23 months are fed appropriately based on recommended infant and young child feeding (IYCF) practices.

- Eleven percent of women are undernourished (BMI <18.5), and 25 percent are overweight or obese (BMI ≥25.0).

Plans for the Future– *(5)*

- To reduce the number of under-five children who are stunted by 20% by 2018
- To reduce low birth-weight by 15% by 2018
- To ensure no increase in childhood overweight by 2018
- To reduce and maintain childhood wasting to less than 10% by 2018
- To reduce anaemia in women of reproductive age by 50% by 2018
- To increase exclusive breastfeeding rates in the first six months to at least 50% by 2018

PARTNERS

About Private Sector Health Alliance of Nigeria (PHN)

The Private Sector Health Alliance of Nigeria is an unprecedented, world-class country owned private sector led coalition that complements Federal and State government's efforts in accelerating improvement in health outcomes; by leveraging private sector innovation, capabilities, expertise, advocacy, impact investments and partnerships to support Nigeria's health goals. PHN based its strategic approach on the premise that the vibrant and fast growing private corporate sector in Nigeria with its capacities, influence, resources and capabilities, could be greatly beneficial to the health system whether it is the use of technology platforms or leveraging supply chains amongst a gamut of many others. PHN launched the Nigeria Health Innovation Marketplace as a convergence platform to spur innovation and connect actors in the innovation eco-system. The platform has since incubated over 40 healthcare innovators to build market and technical linkages. From amongst these, several have benefited financing from an innovation fund and are undergoing intensive support to ensure promising health innovations are supported to achieve scale. PHN has carried out multiple rounds of requests for innovations from private sector entities and has put in place a number of support services for innovators including training and technical assistance, a platform for matching investors with entrepreneurs; and resources to support impact evaluation of the innovations. For more details, visit http://www.phn.ng

About Healthcare Federation of Nigeria (HFN)

The Healthcare Federation of Nigeria (HFN) is an active coalition of Nigerian Private Sector professionals. Our mission is to improve healthcare indices and create an environment where Nigerians can receive affordable and accessible healthcare of the highest quality. A non-partisan, non-profit, non-governmental coalition; the HFN is independent of any political ideology, economic interest or religious affiliation. We are an inclusive body of sector-wide health professionals, passionate, time-tested, intellectually-versatile and ethically-sound. The HFN membership is open to individuals, organisations and corporate bodies interested in making a positive impact in the Nigerian health sector. Our mission is centered on the pillars of Industry growth, Advocacy and Access to Finance. For more information, kindly visit www.hfnigeria.com

About International Finance Corporation (IFC) – World Bank Group

IFC, a member of the World Bank Group, is the largest global development institution focused exclusively on the private sector in developing countries. IFC utilizes and leverages its products and services—as well as products and services of other institutions in the World Bank Group—to provide development solutions customized to meet clients' needs. They apply our financial resources, technical expertise, global experience, and innovative thinking to help partners overcome financial, operational, and political challenges.
For more details, visit http://www.ifc.org/

About Sterling Bank

Sterling bank is at the forefront of innovation in the banking industry with awards such as Most Innovative Bank, Most Disruptive Technology and Best Corporate Governance Bank.

As an institution, our purpose is to enrich lives and this is directly linked to our engagement with the health sector. One of the ways to enable industries scale quickly and effectively is through the adoption of technology. We have experienced this in our work in the Education and Agriculture sectors where we continue to make impact on lives and communities. This has informed our foray into supporting the innovation challenge- we believe that this is the first of many ways to bring efficiency into the sector. Sterling Bank Plc "the one-customer bank" is a full service national commercial bank in Nigeria with asset base above N762 billion. We have also been given investment grade ratings by Moody's at a time when corporate and sovereign ratings were under downward ratings pressure. For more information, visit: https://www.sterlingbankng.com/

Resources

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