

Facilities in Borno, Adamawa and Yobe States

**Theme: Strengthening Participation,  
Ownership, and Integration in Implementing  
the ACEBAY Project.**

Date: July 15-16, 2024

Location: Gom Tra International Hotel, G

USAID

ACEBAY



ACHIVING HEALTH NIGERIA INITIATIVE

# Capacity Statement

# Overview

## a. Organizational Mandate, Vision, and Mission

Achieving Health Nigeria Initiative (AHNi) is mandated to provide time-bound, non-substitutive technical assistance to the Government of Nigeria and the public sector to strengthen systems, improve service delivery, and advance equitable outcomes across health and related development sectors. AHNi operates as a systems-strengthening partner, supporting public institutions to effectively perform their stewardship, coordination, implementation, financing, and accountability roles.

Guided by its vision of a healthy and safe society where everyone thrives, and its mission to improve the quality of life of poor and vulnerable populations through inclusive, innovative, and community-led programming, AHNi adopts an integrated, multi-sectoral approach that recognizes health outcomes as interdependent with water, sanitation, and hygiene; education; climate resilience; livelihoods; governance; peacebuilding; social cohesion; migration; and reintegration.

Operating in line with national reform priorities and public-sector leadership, AHNi deliberately avoids creating parallel systems. Instead, it strengthens government stewardship, reinforces the use of public systems, and supports the institutionalization of sustainable, nationally owned solutions across sectors. This approach is applied intentionally in fragile, conflict-affected, and hard-to-reach settings, where institutional resilience, coordinated action, and continuity of services are essential to improving population well-being.

## b. Strategic Orientation and Value Proposition

AHNi's strategic orientation is grounded in institutional development rather than project delivery, and in government ownership rather than partner substitution. All AHNi engagements are designed to meet national expectations for government-led planning, coordinated implementation, use of public systems, shared accountability, and sustainable domestic ownership of outcomes.

AHNi's value proposition lies in its ability to translate technical assistance inputs into durable outcomes through clearly articulated results chains. Inputs such as technical expertise, embedded advisory support, systems tools, and alignment with public planning and financing processes are deliberately structured to generate institutional outputs that improve system functionality. These outputs, in turn, produce intermediate outcomes such as improved service quality, access, efficiency, equity, and accountability, leading to resilient system-level performance and sustained population-level impact.

**AHNi defines success as lasting change in institutional performance and people's lives, rather than the completion of short-term activities or the delivery of isolated outputs.**

## ABOUT US

Achieving Health Nigeria Initiative (AHNi) is a Nigerian non-governmental organization established in 2009 and registered with the Corporate Affairs Commission (RC 33391). AHNi is committed to strengthening public systems and improving health outcomes, equity, and overall well-being through evidence-driven, inclusive, and community-centered programming. Guided by a vision of a safe and healthy society and a mission to improve the quality of life of underserved and vulnerable populations, AHNi implements system-strengthening interventions across health, humanitarian response, agriculture and food security, livelihoods, environmental safety, and sustainable systems financing.

Headquartered in Abuja with a permanent office in Maiduguri, AHNi supports both national and subnational engagement to promote sustainable development. The organization emphasizes transparent program management, strong stewardship, and accountability, earning sustained donor confidence. AHNi's work enhances government and community ownership, system functionality, resilience, and sustainability beyond external support, guided by its core values of respect, integrity, dedication, achievement, and responsiveness.

## Our Vision, Mission & Core Values

### VISION



**A Healthy and Safe Society Where Everyone Thrives**

### MISSION



**Improved quality of life for poor and vulnerable groups through inclusive and innovative Community Led Programming in Nigeria**

### CORE VALUES



**Respect**



**Integrity**



**Dedication**



**Accountability**



**Responsiveness**

# TECHNICAL EXPERTISE



01



### Systems Strengthening and Institutional Development

Public systems performance strengthening

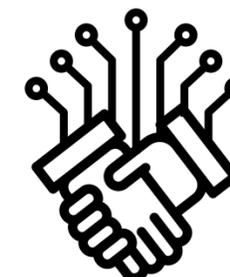
05



### Supply Chain and Pharmaceutical Systems

Accountable public commodity systems.

09



### Public-Private Partnership Facilitation

Structured public-private collaboration.

02



### Results-driven service quality improvement using TAIQoS

(Quality Improvement Framework)

06



### Health Information Systems and Digital Enablement

Data-driven decision systems

10



### Cross-Sectoral and Fragile Context Programming

Integrated, resilience-focused, and durable programming

03



### Government Ownership and Embedded Technical Assistance

Embedded, non-substitutive support

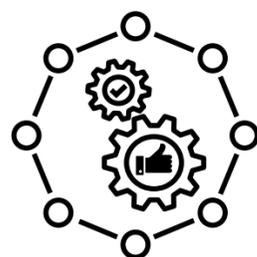
07



### Health Workforce and Institutional Capacity Strengthening

Leadership and workforce development

04



### Enabler of Integrated Health Systems and Service Delivery

Integrated, people-centred services

08



### Monitoring, Evaluation, Learning, and Impact Measurement

Evidence-based performance tracking

## a. Programming Approach

AHNI applies a systems-strengthening, results-chain-driven programming approach designed to convert partner-supported inputs into sustainable, government-managed outcomes. This approach is operationalized through AHNI's signature framework—the Total Approach for Improving the Quality of Service (TAIQoS), which defines how AHNI designs, delivers, monitors, adapts, and exits technical assistance across sectors.

### ⚡ Institutional Capacity Development

At the core of this approach is a deliberate focus on institutional development. Through TAIQoS, AHNI strengthens the rules, relationships, routines, and resources that enable public institutions to function effectively over time. This includes enhancing stewardship and coordination mechanisms; institutionalizing policies, standard operating procedures, planning and review cycles; and building leadership, managerial, and supervisory capacity. Institutional strengthening is guided by structured diagnostics and improvement tools, such as capacity assessments, organizational performance index, institutional strengthening plans, maturity models, and transition-readiness benchmarks, to ensure that capacity gains are measurable, absorbed, and retained within public systems.

### ⚡ Government Ownership and Embedded Support Model

Government ownership is operationalized through an embedded support model. Under TAIQoS, AHNI operates under public-sector leadership, aligning all inputs and activities with approved national and sub-national priorities. Technical assistance is delivered through advisory, mentoring, and co-working roles alongside government counterparts, using government planning, budgeting, reporting, and data systems. This model preserves public authority, reinforces accountability, and avoids creating parallel structures, ensuring that improvements are institutionalized within government-owned platforms.



## ⚡ Transition-Oriented Programming

Transition is treated as a managed, continuous process, embedded in programme design rather than deferred to project close-out. Through TAIQoS, AHNi defines time-bound technical assistance objectives, tracks institutional maturity as an intermediate outcome, and supports the phased step-down of partner inputs. Transition decisions are evidence-based and risk-informed, ensuring continuity of essential services while progressively reducing partner dependence and strengthening domestic ownership.

## ⚡ Partnerships and Collaborative Approach

AHNi's partnerships are shaped by a CLAN culture—Collaboration, Learning, Adaptation, and Networking. Collaboration ensures shared ownership of results with public institutions and communities. Learning is embedded through routine reflection, evidence use, and feedback loops that inform programme refinement. Adaptation allows context-sensitive adjustments, particularly in fragile and high-risk environments, without compromising accountability or public-sector leadership. Networking enables harmonization across actors and sectors, reducing fragmentation and supporting scale.

## b. Programs

Across all engagements, accountability, learning, and adaptive management are explicitly oriented toward outcomes and long-lasting impact. AHNi emphasizes whether systems function better, whether services are more integrated and equitable, whether institutions can sustain results independently, and whether communities experience measurable improvements in wellbeing. Routine data reviews, dashboards, and joint performance forums link outputs to intermediate outcomes and inform disciplined adaptive management under government stewardship.

AHNi delivers technical assistance across interrelated programmatic areas, implemented through integrated systems-strengthening approaches rather than vertical projects. All programs are designed and executed through TAIQoS as the unifying technical framework, ensuring coherence, institutionalization, and sustainability.

## ⚡ Health Systems and Service Delivery

AHNi supports the strengthening of health systems and service delivery platforms across HIV and TB prevention, care, and treatment; reproductive, maternal, newborn, child, and adolescent health and nutrition; and primary health care revitalization. Support focuses on integrating services within routine public delivery platforms, strengthening referral pathways, improving quality assurance mechanisms, and reinforcing continuity of care under government leadership.

Illustrative Example 1: Transition from Partner-Supported Innovation to Government-Sustained Practice

Context: Maternal and newborn service delivery in fragile and resource-constrained settings

Institutional Focus: Transition readiness, government ownership, sustainability

AHNi has supported state health authorities in introducing and institutionalizing innovations in maternal health service delivery through embedded technical assistance rather than parallel implementation. From inception, support was designed around time-bound inputs, government leadership, and the use of public systems.

Through joint planning, mentoring, and regular performance reviews, state institutions gradually assumed responsibility for these services. Following the step-down in external support, after 2 years, over 60% of facilities continued to implement using government resources, demonstrating that partner-supported outputs matured into sustained, government-managed outcomes.

## ⚡ Supply Chain and Pharmaceutical Systems

AHNI strengthens public supply chain and pharmaceutical systems by reinforcing governance, accountability, and routine system functionality, operating strictly within national procurement, distribution, and oversight arrangements. Support focuses on forecasting, inventory management, logistics management information systems, storage standards, and oversight mechanisms—without assuming commodity custody.

□ Illustrative Example 2: Institutionalization of Integrated Supply Chain Management within Public Facilities

Context: Strengthening accountability, continuity, and sustainability of health commodities

Institutional Focus: Systems integration, governance, and sustained service readiness

AHNI has supported public health facilities and state institutions in institutionalizing integrated supply chain management by strengthening governance, processes, and accountability within existing public systems, rather than assuming commodity control. Technical assistance focused on mentoring facility and state teams to operationalize nationally approved logistics practices, improve routine LMIS use, and embed oversight within facility management structures.

A key element of this approach has been the support for institutionalizing Facility Health Drugs and Commodities Management Committees (FHDCMCs)—government-led, multidisciplinary committees responsible for internal oversight of forecasting, inventory management, redistribution decisions, and data validation. By anchoring these functions within routine facility governance, logistics management became part of standard operations rather than a project-driven activity.

## ⚡ Health Information Systems and Digital Enablement

AHNI supports government institutions in strengthening health information systems, improving data quality, and institutionalizing routine data use for planning, performance management, and accountability. Digital enablement is applied to enhance interoperability (LAMISplus, DHIS, LMIS, NDARS, NDR, etc.), connectivity, visualization, and access in resource-constrained and fragile settings, ensuring that data systems support active decision-making and system management, rather than compliance reporting alone.

## ⚡ Health Workforce and Institutional Capacity Strengthening

AHNI strengthens institutional and workforce capacity through workforce analysis (WISN, HWA, etc.), embedded mentoring, coaching, and supervisory support, guided by TAIQoS principles of non-substitution, skills transfer, and institutional learning. This includes strengthening leadership and management capacity, reinforcing accountability structures, and supporting adaptive workforce strategies in fragile and conflict-affected contexts where human resource constraints are acute.



## ⌘ Cross-Sectoral and Integrated Development Programming

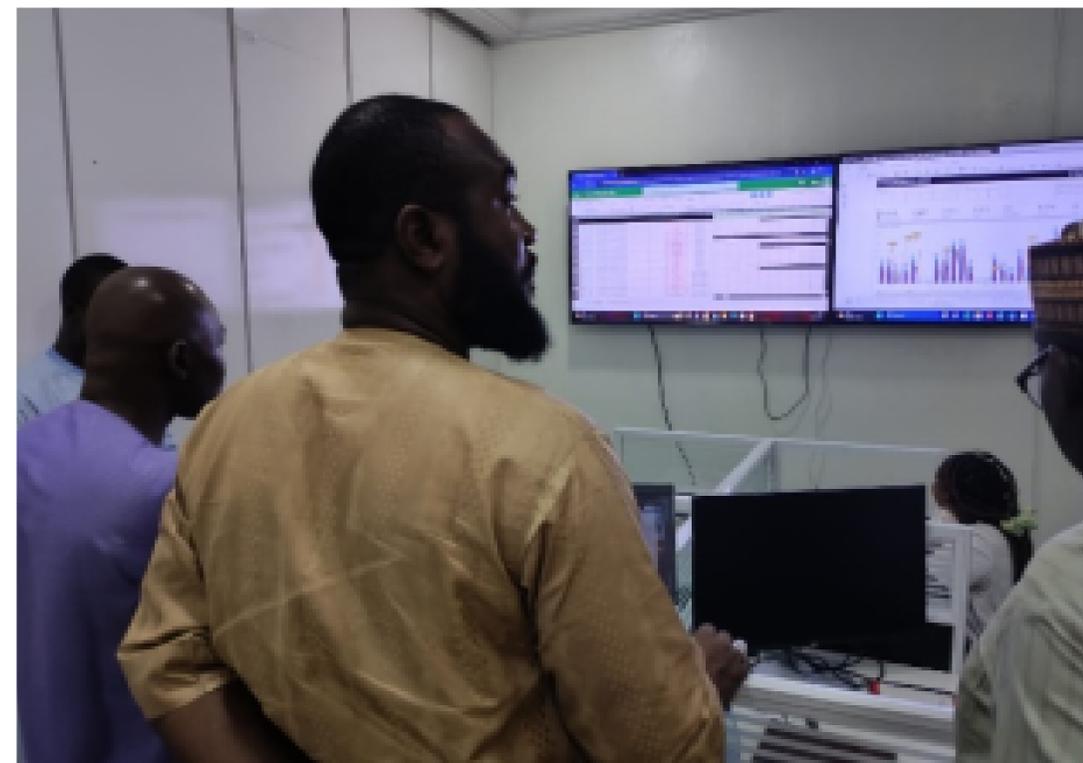
Recognizing health as a cross-cutting outcome, AHNi applies TAIQoS beyond the health sector to mainstream health objectives across water, sanitation, and hygiene; education and adolescent development; livelihoods and economic recovery; climate resilience; governance and social accountability; peacebuilding, social cohesion, migration, and reintegration. This integrated approach addresses structural determinants of health and reinforces system-level resilience and sustainability.

## ⌘ Enabler of Private Partnerships (PPPs).

Private Partnerships (PPPs) facilitate structured collaboration between public healthcare entities and private pharmaceutical and diagnostics providers to improve access, quality, and sustainability of services. Through its subsidiary, AHNi Global Plus LTD/GTE, AHNi is establishing a private medical laboratory and radio-imaging hub-and-spoke network to expand diagnostic services in security-challenged areas of the Northeast, while also supporting private-sector distribution of life-saving commodities such as anti-snake venom (EchiTab). These initiatives demonstrate AHNi's capacity to leverage PPPs to strengthen public systems and close critical service gaps in fragile settings.

## c. Institutional Impact Pathway

Across all programmatic areas, AHNi applies a consistent institutional impact pathway enabled by capacity development and TAIQoS:



# Portfolio

- Scale & Credibility: ₦90.5bn (USD 250.5m) portfolio funded by major bilateral, multilateral, UN, and private partners, with AHNi serving as Prime and Sub-recipient.
- Breadth & Reach: Active and closed projects span health, education, livelihoods, and humanitarian response across 20+ states, including fragile and conflict-affected areas.
- Performance: Strong record in grants delivery, close-out, and compliance across HIV, TB, RMNCAH, malaria, nutrition, protection, and cross-sectoral programs.
- Transition & Sustainability: Proven track record of time-bound technical assistance resulting in successful transition of services and systems to government ownership.

**₦90.5bn**

PORTFOLIO VALUE  
(\$250.5m USD)

**20+**

STATES COVERED  
Including Fragile Areas

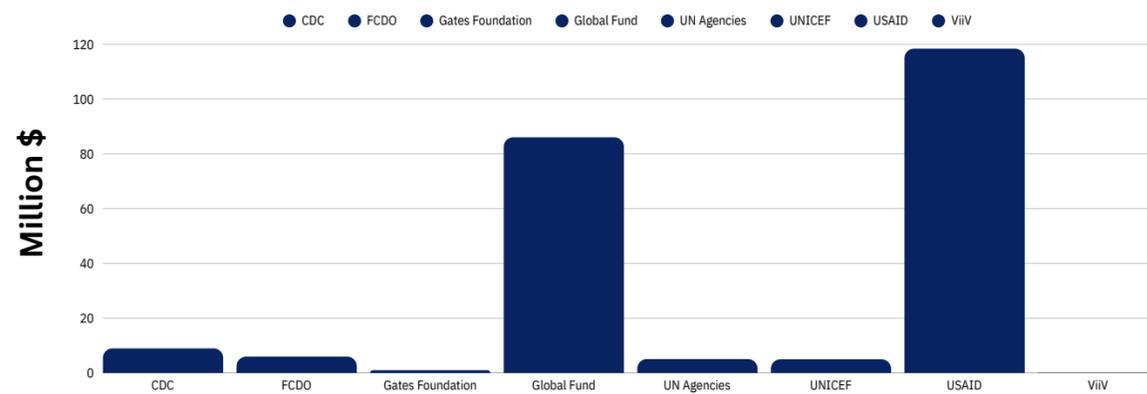
**60%**

SUSTAINABILITY RATE  
post-Transition (Example)

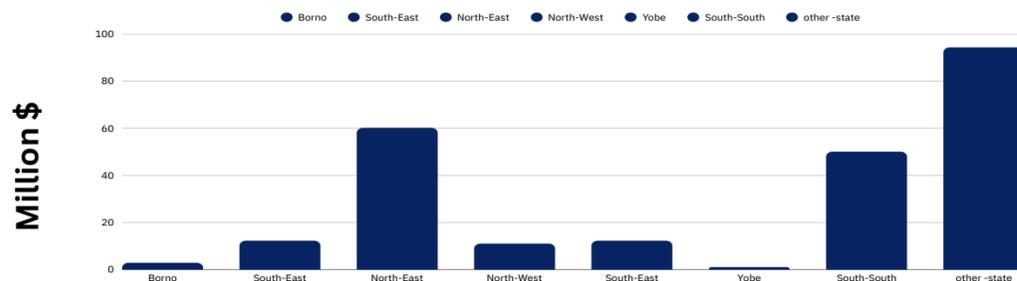
**7+**

MAJOR DONORS  
USAID, UN, Global Fund

Portfolio by Donor (USD)



Portfolio for Geography (USD)



## Achieving Health Nigeria Initiative (AHNi)

### Current Project Portfolio

	Project Title	Funder	Duration	Amount (NGN)	Amount (USD)	Location
1	Accelerating Control of the HIV Epidemic in Nigeria - (Cluster 1)	USAID (AHNi as Prime)	02/04/2022 - 02/03/2027	21,595,908,502	53,323,231	Adamawa, Borno, Yobe & Taraba State
2	Nigeria Partnership for Learning for All in Nigeria (PLANE)	FCDO (AHNi Sub to FHI 360)	01/01/2022 - 05/31/2028	2,453,269,812	5,983,585	Kano, Kaduna & Jigawa State
3	Accelerating Control of the HIV Epidemic in Nigeria - (Cluster -5)	USAID (AHNi Sub to ECEWS)	01/07/2022 - 17/02/2027	9,079,969,880	22,146,268	Akwa Ibom State
4	Sustainable for HIV Epidemic Control and Equitable Service Delivery (SPEED)	CDC (AHNi Sub to ECEWS)	01/11/22 - 09/29/2027	574,000,000	1,400,000	Delta State
5	The Nigeria TBHIV Reach Integration & Impact Project (N-THRIP)	Global Fund Round 7	01/01/2024 - 12/31/2026	6,135,509,655	11,155,472	Anambra State
6	LAFIYAN MATASA (Improving Adolescent Health and Well-being: Fostering Inclusive Youth Healthcare Access for Optimal Continuity of Care).	ViiV Positive Action	01/01/2025- 30/11/2026	158,233,000	102,086	Yobe State
7	Technical assistance and Skills Connector	ViiV Amplify Grant	1/01/2025 - 31/06/2026	19,399,800	12,516	AHNi
8	Strengthening the Polio Programme through Enumeration of under 5 children and	SCIDaR	01/21/2026 - 30/03/2026	134,054,641	96,359	Borno Stae
<b>Total</b>				<b>40,150,345,290</b>	<b>94,219,517</b>	

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USAID Award for exceptional Accomplishment in HIV service delivery. Awarded to ACE-1 by USAID