



WORLD HEALTH ORGANIZATION NIGERIA YEAR ONE PROGRESS REPORT TO TY DANJUMA FOUNDATION

Contribution towards Investment Round for WHO Nigeria



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EXECUTIVE SUMMARY

In 2025, the World Health Organization (WHO) Nigeria, in partnership with the Theophilus Yakubu (TY) Danjuma Foundation, advanced its mission to promote health, keep the world safe, and serve the vulnerable by strengthening Nigeria's health system and supporting national strategic priorities. Through a \$2.26 million, long-term, flexible grant, WHO Nigeria was able to strategically deploy resources, adapt to evolving health needs, and drive impactful interventions, particularly in underserved communities across Taraba, Edo, and Enugu states.

Context and Rationale

Nigeria's health system, serving a rapidly growing population of over 233 million, faces persistent challenges including fragmented service delivery, high maternal and child mortality, and uneven access to quality care. Primary Health Care (PHC) facilities make up nearly 85% of all health facilities, yet service uptake and quality remain suboptimal. The private sector provides about 70% of healthcare services, highlighting the need for integrated public-private approaches.

Partnership Approach

The WHO–TY Danjuma Foundation partnership, launched in June 2025, exemplifies a model of domestic philanthropy supporting national health priorities. The collaboration focused on maternal and child health, PHC strengthening, and health system resilience, aligning with the Nigeria Health Sector Renewal Investment Initiative (NHSRII), the national health sector blueprint, and WHO's General Programme of Work (GPW) 14.

KEY ACHIEVEMENTS



Capacity Building

150 frontline health care workers were trained in clinical management of newborn and child health, essential newborn care, and integrated management of childhood illnesses (IMCI), resulting in improved quality of care and case management across three TYDF health facilities and eight referral PHCs.



Strategic Planning

National and state Annual Operational Plans (AOPs) for 2026 were developed, strengthening leadership, coordination, and operational capacity at all levels of the health system.



Service Readiness

Baseline assessments identified and addressed gaps in infrastructure, staffing, and service delivery, leading to targeted improvements in facility readiness and quality of care.



Enhanced Partnerships

The partnership fostered stronger collaboration between public and private sectors, increased visibility for local philanthropy in health, and catalyzed broader investment and ownership at national and subnational levels.

Impact of Donor Support

The TY Danjuma Foundation's flexible funding was instrumental in enabling WHO Nigeria to address underfunded priorities, respond swiftly to emerging needs, and maintain operational agility. This support strengthened WHO's core capacity, boosted operational effectiveness, and reinforced its credibility as a trusted partner in Nigeria's health sector. Without this support, critical system-strengthening activities—such as improving neonatal care and revitalizing PHC—would have faced significant delays or remained underfunded.

Lessons Learned and Way Forward

To ensure long-term benefits and sustainability, it is essential to fully implement the grant workplan, support ongoing monitoring of AOPs, and provide systematic follow-up and supervision for trained health workers. Upgrading facilities and recruiting skilled staff remain priorities for improving care for newborn and pediatric clients. The partnership sets a replicable standard for leveraging local resources and philanthropy to achieve Universal Health Coverage (UHC) in Nigeria.



BACKGROUND

Overall National Health Situation

Based on the 2022 National Population Commission (NPopC) projections, Nigeria’s population is expected to reach 233,072,967 by 2025, growing at an annual rate of 2.4%. The health system operates under a decentralized three-tier structure—federal, state, and local government— with Primary Health Care (PHC) facilities making up 84.8% of all health facilities. Despite this extensive network, service delivery remains fragmented. The private sector provides approximately 70% of healthcare services while owning only 35% of facilities, resulting in uneven access and coordination challenges.

The government has set an ambitious goal to increase PHC utilization by 20%, supported by strategic investments to expand the number of PHCs meeting minimum standards from 27 in 2023 to 1,000 by 2027. In 2024 alone, PHCs recorded 66.7 million outpatient visits and 2.37 million deliveries. Yet, only 43.3% of women delivered in health facilities, highlighting persistent gaps in service uptake.

Reproductive, maternal, and child health indicators remain suboptimal. Maternal mortality stands at 512 per 100,000 live births, neonatal mortality at 41 per 1,000, and under-five mortality at 110 per 1,000. Additionally, only 63% of women receive antenatal care from skilled providers, underscoring the need for improved access to quality maternal health services.

Non-communicable diseases (NCDs) contribute to 29% of all deaths, particularly hypertension, diabetes, cardiovascular diseases, and cancer. Mental health disorders affect an estimated 12.1%–26.2% of the population, with a suicide rate of 9.5 per 100,000.

Health governance is guided by the National Health Act (2014) and the National Health Policy (2016), while current reforms are driven by the Nigeria Health Sector Renewal Investment Initiative (NHSRII) and the Sector-Wide Approach (SWAp). These frameworks promote alignment across federal and state strategies and strengthen coordination among government entities, development partners, and community stakeholders.



Between 2024 and 2025, the health sector recorded growth in the number of facilities, higher patient satisfaction, and increased adoption of advanced medical technologies. However, rising costs continue to constrain access and affordability. Although private facilities have enhanced quality standards—supported by initiatives such as SafeCare—significant disparities persist, especially for lower-income groups.

Opportunities for sectoral growth include expanding service coverage to underserved communities, scaling digital health innovations, and deepening public-private collaboration to improve access, quality, and equity.

As one of Nigeria’s leading independent philanthropic grant-making organizations, the TY Danjuma Foundation (TYDF) continues to play a catalytic role in strengthening the health system. Through sustained investments in health infrastructure, equipment, and workforce development, the Foundation effectively complements government efforts and contributes to transformative improvements in healthcare delivery nationwide.

States Health Situation

The Target States (Edo, Enugu, and Taraba) for the project face common health challenges with high burden of diseases, but their individual health profiles show variations in disease prevalence, healthcare infrastructure, and government initiatives. All three states are actively working to revitalize their primary healthcare (PHC) systems with support from partners. WHO has operational presence in these states.

Edo State has a relatively good healthcare ranking in Nigeria and is proactively addressing several key health issues. The government is focused on revitalizing PHCs to meet a high standard, with plans to establish one per ward and Edo State is among the top ten performers in health insurance coverage nationally.



Edo State



5,096,321

Summary BUDGET		784																																																																																													
<p>Summary BUDGET</p> <p>(((N33,647,000,000.01) Proportion of 2024 State Budget allocated to Health</p> <p>HEALTH INSURANCE</p> <p>5.1%</p> <p>(256,633) State health insurance coverage</p> <p>PARTNERS</p> <p>Implementing partners supporting the state</p> <p>Total annual BHCPF disbursement</p> <p>NGN 879,219,076</p> <p>NOTABLE OUTCOMES</p> <ul style="list-style-type: none"> Strengthened Primary Healthcare and Improved access to quality healthcare services Reduction in Zero-Dose Population Strengthened Public Health Emergency and Outbreak Response Improved Vaccine Storage Efficient distribution of essential medical supplies Improved emergency response times and reduced preventable deaths due to the pilot emergency medical response service <p>MAJOR PUBLIC HEALTH INITIATIVES</p> <ul style="list-style-type: none"> Public-private partnership orthopedic outreach Upgrade of 46 Primary Health Centers (PHCs) Remodeling of College of Nursing Sciences and College of Health Sciences and Technology. Health Insurance Coverage expansion Introduction of Telemedicine in some primary healthcare facilities Installation of solar-powered cold stores to improve the efficiency of vaccine storage and cold chain management. 		<table border="1"> <thead> <tr> <th>Functional Health Facilities</th> <th>Level of Care</th> <th>Public</th> <th>Private</th> </tr> </thead> <tbody> <tr> <td></td> <td>Primary Health Care</td> <td>497</td> <td>844</td> </tr> <tr> <td></td> <td>Secondary Health Care</td> <td>34</td> <td>738</td> </tr> <tr> <td></td> <td>Tertiary Health Care</td> <td>6</td> <td>1</td> </tr> <tr> <td>BHCPF</td> <td>Number of Basic Healthcare Provision Facilities</td> <td>158</td> <td>0</td> </tr> </tbody> </table> <p>HEALTH WORKFORCE</p> <table border="1"> <thead> <tr> <th>Total number of Health Workers</th> <th>Medical Doctors</th> <th>267</th> </tr> </thead> <tbody> <tr> <td></td> <td>Nurses</td> <td>784</td> </tr> <tr> <td></td> <td>Midwives</td> <td>218</td> </tr> <tr> <td></td> <td>Pharmacists</td> <td>78</td> </tr> <tr> <td></td> <td>Pharmacy Technicians</td> <td>71</td> </tr> <tr> <td></td> <td>Medical Laboratory Scientists</td> <td>115</td> </tr> <tr> <td></td> <td>Laboratory Technicians</td> <td>117</td> </tr> <tr> <td></td> <td>Community Health Workers</td> <td>379</td> </tr> <tr> <td></td> <td>Junior Community Health Workers (JCHEWS)</td> <td>471</td> </tr> </tbody> </table> <p>HEALTH OUTCOMES</p> <table border="1"> <thead> <tr> <th>Priority 1</th> <th>Under 5 Mortality</th> <th>ND-5 2018</th> <th>ND-5 2023</th> </tr> </thead> <tbody> <tr> <td></td> <td>% of pregnant women with at least 4 ANC attendance</td> <td>71</td> <td>19</td> </tr> <tr> <td></td> <td>% of deliveries attended to by skilled birth attendants</td> <td></td> <td>63</td> </tr> <tr> <td></td> <td>% of children under 5 Stunting</td> <td>88.2</td> <td>92.8</td> </tr> <tr> <td></td> <td>Facility-based maternal deaths (MPDR)</td> <td>0(2022)</td> <td>0(2024)</td> </tr> <tr> <td></td> <td>Infant Mortality rate</td> <td>52</td> <td>13</td> </tr> </tbody> </table> <p>HEALTH OUTCOMES</p> <table border="1"> <thead> <tr> <th>Priority 2</th> <th>% of Children aged 12-23 months Received No Vaccination (Zero Dose Children)</th> <th>6.5</th> <th>9.4</th> </tr> </thead> <tbody> <tr> <td></td> <td>% of children aged 12-23 months fully</td> <td>56.3</td> <td>58.4</td> </tr> <tr> <td></td> <td>% of children aged 12-23 months who received Penta 3</td> <td>80.7</td> <td>84.5</td> </tr> <tr> <td></td> <td></td> <td>2023</td> <td>2024</td> </tr> </tbody> </table> <p>Priority 4 (Source: NASCP):</p> <table border="1"> <thead> <tr> <th>HIV incidence rate 15+</th> <th>0.08</th> <th>0.05</th> </tr> </thead> <tbody> <tr> <td>% of HIV exposed infants whose final outcome status is negative (PMTCT)</td> <td>9%</td> <td>99%</td> </tr> </tbody> </table> <p>MAJOR PUBLIC HEALTH CHALLENGES</p> <ul style="list-style-type: none"> Recurring outbreaks of diseases such as Lassa Fever and Monkeypox Healthcare infrastructure Deficits. Many health facilities still require upgrades. Vaccine distribution in rural areas remains inconsistent due to logistical and economic challenges and absence of Zonal cold stores with incinerators Shortage of healthcare workers continues to affect the quality and timeliness of healthcare services. Health personnel working in rural and remote areas often face security risks, affecting their ability to deliver essential services. Some patients' refusal of treatment for diseases such as Lassa Fever, hindering effective disease management and control efforts. Inadequate vehicles for regulatory activities assessments and supportive supervisory visits. 	Functional Health Facilities	Level of Care	Public	Private		Primary Health Care	497	844		Secondary Health Care	34	738		Tertiary Health Care	6	1	BHCPF	Number of Basic Healthcare Provision Facilities	158	0	Total number of Health Workers	Medical Doctors	267		Nurses	784		Midwives	218		Pharmacists	78		Pharmacy Technicians	71		Medical Laboratory Scientists	115		Laboratory Technicians	117		Community Health Workers	379		Junior Community Health Workers (JCHEWS)	471	Priority 1	Under 5 Mortality	ND-5 2018	ND-5 2023		% of pregnant women with at least 4 ANC attendance	71	19		% of deliveries attended to by skilled birth attendants		63		% of children under 5 Stunting	88.2	92.8		Facility-based maternal deaths (MPDR)	0(2022)	0(2024)		Infant Mortality rate	52	13	Priority 2	% of Children aged 12-23 months Received No Vaccination (Zero Dose Children)	6.5	9.4		% of children aged 12-23 months fully	56.3	58.4		% of children aged 12-23 months who received Penta 3	80.7	84.5			2023	2024	HIV incidence rate 15+	0.08	0.05	% of HIV exposed infants whose final outcome status is negative (PMTCT)	9%	99%
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Table 1- Edo State “State of Health of the Nation Report 2024 (Ref)

Enugu State prioritizes the development of its primary healthcare system and has a moderate ranking for overall healthcare in the country. Enugu has an under-five mortality rate of 49 per 1000 live births compared to the National figure of 110 per 1000 live births, and notable number of people living with HIV (around 61,028 cases as of late 2024), and has experienced cholera outbreaks. Health workforce is also a major health challenge. A 2023 assessment revealed a significant infrastructure challenge, with many of its 557 PHCs in dilapidated conditions and a need for more healthcare workers. In response, the state is building and renovating PHCs, aiming for one in each of its 260 wards. The state has implemented a District Health System as a reform policy. Enugu also ranks within the top ten states for health insurance coverage. There are notably outcomes in increased cancer screening and zero cases reports from some outbreaks.



Enugu State



4,953,737

Summary

BUDGET

7%

((N34,926,360,817) Proportion of 2024 State Budget allocated to Health

HEALTH INSURANCE

3.8%

(190,623) State health insurance coverage

PARTNERS

13

Caritas Catholic Foundation of Nigeria, Marie Stopes, Planned Parenthood Federation of Nigeria (PPFNL), Integrate 3 Prisons, The Center Centre, RedAid Nigeria, UNICEF, WHO, CDOSAIN PROJECT, TASK FORCE FOR GLOBAL HEALTH, CORONA MANAGEMENT SYSTEMS, GHSC-PSM, CHAJ

Implementing partners supporting the state

Total annual BHCPF disbursement
NGN 1,332,920,650

NOTABLE OUTCOMES

- Screened 1,307 individuals, of which 15 tested positive and received treatment in Cervical Cancer
- Increase in the State social health insurance
- Zero cases reported for Diphtheria, Cholera, and Mpox following public health advisory

MAJOR PUBLIC HEALTH INITIATIVES

- Construction of Enugu State command and control Emergency Operations Center (EOC). 95% completed
- Construction of 260 Type 2 Primary Health Centers across the LGA's
- Expansion of ESUT Accident and Emergency Two-Storey Triage building
- Upgrade of Enugu State Central Medical Store (ESCMS) to a Pharma-grade Facility

HEALTH CARE FACILITIES

Functional Health Facilities	Level of Care	Public	Private
		Primary Health Care	566
	Secondary Health Care	43	530
	Tertiary Health Care	4	23

BHCPF	Number of Basic Healthcare Provision Facilities	260	0
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HEALTH WORKFORCE

Total number of Health Workers		
Medical Doctors		2278
Nurses		882
Midwives		
Pharmacists		550
Medical Laboratory Scientists		1498
Laboratory Technicians		
Community Health Workers		1707

HEALTH OUTCOMES

Priority 1		NDHS 2018	NDHS 2023
		Under 5 Mortality	61
	% of pregnant women with at least 4 ANC attendance		61.9
	% of deliveries attended to by skilled birth attendants	93	94.3
	% of children under 5 Stunting	51.8	36.4
	Facility-based maternal deaths (MPDSR)	0(2023)	-(2024)
	Infant Mortality rate	40	34

HEALTH OUTCOMES

Priority 2		2023	2024
		% of Children aged 12-23 months Received No Vaccination (Zero Dose Children)	6.8
	% of children aged 12-23 months fully	36.4	51.8
	% of children aged 12-23 months who received Penta 3	80.9	81.6
Priority 4 (Source: NASCP)	HIV incidence rate 15+	0.05	0.04
	% of HIV exposed infants whose final outcome status is negative (PMTCT)	100%	94%

MAJOR PUBLIC HEALTH CHALLENGES

- Security challenges in some health facilities, especially with health facilities in Enugu North Senatorial Zone.
- Mpox Outbreak in 2 LGAs in Enugu State, Enugu South and Nkanu West LGAs.
- Lessa Fever Outbreak in 2 LGAs of Uzo-Uwani and Nsukka LGAs.
- Cholera Outbreak in Nkanu East and Isi-Uzo LGAs of Enugu State.
- Non-Availability of Emergency State Owned Ambulances.
- Non availability of equipment in the some of the Isolation and Treatment Centers in Enugu.
- Inadequate skilled professionals to handle disease burden in the State.
- Non-Availability and of State-Owned Genexpert Laboratory Machines for sample testing and other essential diagnostic machines for result analysis.
- Shortage of some essential commodities and consumables in some health facilities.
- Donor fatigue on some programs

Table 2- Enugu State "State of Health of the Nation Report 2024 (Ref)

Taraba State faces considerable health challenges, often ranking lower in health metrics compared to Edo and Enugu, and having one of the highest rates of multidimensional poverty. Taraba is one of the states with a high under-five mortality rate of 80 per 1000 live births, burden of HIV/AIDS, with over 58,000 recorded cases, and a prevalence rate of 2.7%. It is frequently cited as one of the three high-burden states with recurrent Lassa fever outbreaks, accounting for a significant percentage of national cases. The state has faced challenges with low measles vaccination coverage during campaigns. The state has worked with the WHO and other partners to strengthen primary healthcare for maternal, newborn, and child health services



Taraba State



3,904,498

Summary

BUDGET

10.6%

(N 33,054,686,848.04) Proportion of 2024 State Budget allocated to Health

HEALTH INSURANCE

1.69%

(60,944) State health insurance coverage

PARTNERS

9

WHO, UNICEF, SFH, Marie Stopes, Helen Keller, Mosogidiya CMSI-centre for Youth Development, TY Danguma Foundation, AHR

Implementing partners supporting the state

Total annual BHCPF disbursement
NGN 1,157,370,254

NOTABLE OUTCOMES

- Improved Emergency transport in the communities.
- Quicker response to threats and outbreaks of diseases.
- Improved health indices among under five, poor and vulnerable groups

MAJOR PUBLIC HEALTH INITIATIVES

- Procurement of mobile emergency Ambulances and distributed for community services in 1 PHCC of the 168 wards in the state...
- Seasonal Malaria Chemoprevention initiative

HEALTH CARE FACILITIES

Functional Health Facilities	Level of Care	Public	Private
	Primary Health Care	468	0
	Secondary Health Care	42	210
	Tertiary Health Care	510	210
BHCPF	Number of Basic Healthcare Provision Facilities	189	0

HEALTH WORKFORCE

Total number of Health Workers	Category	Count
	Medical Doctors	329
	Nurses	912
	Midwives	
	Pharmacists	56
	Medical Laboratory Scientists	50
	Laboratory Technicians	
	Community Health Workers	55

HEALTH OUTCOMES

Priority 1	Indicator	NDHS 2018	NDHS 2023
	Under 5 Mortality	98	80
	% of pregnant women with at least 4 ANC attendance		65.7
	% of deliveries attended to by skilled birth attendants	41.4	51.5
	% of children under 5 Stunting	19.6	24.1
	Facility-based maternal deaths (MPDSR)	(2023)	-(2024)
	Infant Mortality rate		56

HEALTH OUTCOMES

Priority 2	Indicator	2022	2024
	% of Children aged 12-23 months Received No Vaccination (Zero Dose Children)	13.7	15.1
	% of children aged 12-23 months fully	42	50.8
	% of children aged 12-23 months who received Penta 3	62.2	72.8
Priority 4 (Source: NASCP)	HIV Incidence rate 15+	0.08	0.07
	% of HIV exposed infants whose final outcome status is negative (PMTCT)	99%	99%

MAJOR PUBLIC HEALTH CHALLENGES

- Increasing cases of drug-Resistant Tuberculosis strain due to poor case holding and lack of drugs to treat
 - Increased mortality from Drug Resistant Tuberculosis due to inadequate DRTB treatment centre in the state as the present facility cannot admit both gender at a time
 - A large proportion of service delivery points are manned by volunteers which is due to poor manpower at the facility level
 - Lack of State government counterpart funding for NTDs activities
 - Non-release of budgetary allocation for program activities
- Data not available

Table 3- Taraba State "State of Health of the Nation Report 2024 (Ref)

Overall, these states, supported by the Federal Ministry of Health and international partners, are working to improve their health system and address prevalent infectious diseases, with ongoing efforts in public health financing and policy implementation.

OVERVIEW OF PROJECT

The WHO's mission is to promote health, keep the world safe and serve the vulnerable, with measurable impact for people at country level. We are individually and collectively committed to put these values into practice.

The values of the WHO workforce reflect the principles of human rights, universality, and equity established in WHO's Constitution as well as the ethical standards of the Organization. These values are inspired by the WHO vision of a world in which all peoples attain the highest possible level of health.

WHO has aligned to all national health priority initiatives by ensuring a coordinated approach that enhances Nigeria's health system resilience and effectiveness in delivering integrated quality health services such the health sector reform: NHSRII & SWAp Principles: One Plan, One Budget, One M&E, development of the health sector strategic blueprint (2023–2027). Supported the MAMII Initiative: Targets 172 high-burden LGAs to reduce maternal mortality by 20% and under-five mortality by 15% and deploying strategies for free life-saving care, community mobilization, PHC strengthening.

The World Health Organization (WHO), Nigeria and the Theophilus Yakubu (TY) Danjuma Foundation signed a multi-year, \$2.26 million partnership in June 2025 to advance public health outcomes in Nigeria with agreement to strengthen Nigeria's national health priorities over the next decade until December 2034. This partnership emphasizes on improving primary healthcare, maternal and child health and strengthening health system resilience for service delivery in underserved areas, aligning with national health goals. This collaboration brings philanthropic capital and global expertise to support implementation of interventions to reduce preventable mortality, enhance service quality, and support frontline services in states like Taraba, Edo and Enugu bolstering efforts to improve health outcomes for vulnerable populations. This collaboration, emerging amid shifting global health financing landscapes, represents a powerful model of domestic philanthropy to support national health priorities and sets a new standard for local resource mobilization in Africa, reinforcing commitment to achieving Universal Health Coverage (UHC) in Nigeria.

The agreement was signed and launched in June 2025 in Abuja. The signatories were Dr. Walter Kazadi Mulombo (Former, WHO Country Representative) and Lt. General Theophilus Yakubu Danjuma GCON (Founder, TY Danjuma Foundation).

The focus areas are Maternal & Child Health (MCH), Primary Healthcare (PHC) strengthening, and health system resilience, main beneficiaries are mothers, children, and vulnerable groups in targeted States like Taraba, Edo, and Enugu.

This initiative aligns with the Nigeria Health Sector Renewal Initiative (NHSRI), to drive comprehensive health plan and revamp the Nigerian healthcare system with the aim to improve governance and address systemic challenges in healthcare delivery. In addition, it's also aligning to the health sector strategic blueprint that provides a structured framework for health development, with WHO providing technical and operational support to realize as well as prioritising the donor request & WHO General Programme of Work (GPW) 14 and all aim to create a sustainable, inclusive health system for all Nigerians



Overall Objectives of the Grant

- To support WHO Nigeria's priority activities aligned with national health goals.
- To strengthen primary health care (PHC) and expand access to integrated health services for women, children, and vulnerable groups through field-level implementation, visibility, and sustainability with focus on the following:

The outputs from these thematic areas based on developed workplan with set strategic objectives, activities, expected outcomes and key performance indicators (KPI) have contributed to some key achievement/outcomes during this reporting period that aligned with national health goals, strengthened primary health care (PHC) and expanded access to integrated health services for women, children, and vulnerable groups.

Table 4: Strategic Objectives and Expected outcomes

Thematic Area	Strategic Objective	Key Activities	Expected Outcomes
1 Reproductive, Maternal, Newborn, and Child Health (RMNCH)	Improve access to and quality of reproductive, maternal, newborn, and child health services through strengthened PHC delivery and community-based interventions.	Capacity Strengthening in Integrated Management of Childhood illness, Life Saving Skills, antenatal and postnatal care and family planning aligned to the Maternal Mortality Reduction Initiative (MAMII), Follow-up after training for quality improvement (QOC)	Improved quality of antenatal, delivery, postnatal care, and case management of children in the primary health care facilities and at community level.
2 Routine Immunization and PHC Outreach	Increase immunization coverage and equity by expanding routine immunization and PHC outreach services to underserved and hard-to-reach populations.	Conduct quarterly integrated supportive supervision for PHC interventions Community Engagement for demand creation, Strengthening supply Chain and logistics at the LGA levels, Improve Data quality and utilisation	Improved uptake of immunization and other interventions at PHC, Reduction in zero-dose children in targeted LGAs, Improved Data Quality
3 Integrated Disease Surveillance and Response (IDSR) and Outbreak Preparedness	Strengthen early detection, reporting, and timely response to priority diseases through enhanced IDSR implementation and PHC-level outbreak preparedness.	Strengthen facility and community based integrated disease surveillance and response, Community sensitization on prevention of diseases including hygiene and sanitation	Improved timeliness and completeness of surveillance reporting Improvement in number of HFs submitting weekly and Monthly IDSR data Improved Case detection of priority diseases
4 Priority NCDs and NTDs Management	Improve prevention, early detection, and management of selected non-communicable and neglected tropical diseases through integration into PHC services.	Community sensitisation, screening and management of non communicable diseases, gender-based violence, and neglected tropical diseases including helminthiasis in school going children	Early detection diagnosis, treatment and follow up of NCD and neglected tropical diseases including helminthiasis in school going children
5 Referral Systems and Ambulance Services	Enhance the effectiveness and responsiveness of health referral systems, including emergency transportation, especially for maternal and child health emergencies.	Capacity strengthening on referral protocols, basic emergency care training for frontline health workers	Improved referral timeliness and case outcomes

6	Community Medical Outreach and UHC Expansion	Expand access to essential healthcare services among remote and underserved populations through regular medical outreaches and community health initiatives	Conduct integrated outreaches to remoted communities for routine immunization, Nutrition, ANC skilled birth Attendance, ANC, HPV, Child Health intervention, malaria, HIV/TB/NCD/NTD	Increased access to integrated health services for communities in hard to reach areas
7	Health System Strengthening and Partnerships	Strengthen local health systems through capacity building, coordination, and strategic partnerships to support sustainable delivery of essential services.	Strengthen Coordination platforms at State, LGA and Ward levels Coordinate and assist State Annual Operational planning process	Enhanced capacity of leadership and improved coordination at all levels

INVESTMENTS

Activities that were carried out between June-Dec 2025 are included below:

Launch of the WHO and TY Danjuma Foundation Partnership

The partnership was launched in June 2025 at United Nations Building in Abuja with a \$2.26 million, 10-year agreement to strengthen Nigeria's health system, focusing on maternal and child health, primary healthcare, and health system resilience, with a vision to achieve Universal Health Coverage and support the President's health initiatives in underserved areas like Taraba, Edo, and Enugu states. The partnership aims to serve as a model for local philanthropy-led health investments in Nigeria, encouraging more private sector involvement. It aligns with Nigeria's health reforms and supports the President's Renewed Hope Investment Initiative. The collaboration strengthens efforts to reduce maternal and under-five mortality rates and addressing critical gaps in care across the PHC system. This partnership represents a significant, long-term commitment from a major Nigerian philanthropic organization to partner with the WHO to transform public health outcomes in Nigeria, building on TYDF's existing work in improving access to quality health and education.

This event brought together key stakeholders, including representative of the Nigerian First Lady - Mrs Hope Uzodinma, representatives from the Ministry of Health and Social Welfare, Taraba State government, the diplomatic communities and other partners committed to advancing health in Nigeria.



Fig 1: Endorsement of the WHO/TY Danjuma Foundation Partnership signatories; Dr Walter Kazadi (WHO Representative and RT Lt. Gen Theophilus Yakubu Danjuma GCON (TYDF Founder)

Health Facility Visit Tour

A visit tour was conducted in Taraba State on 3 June 2025 highlighted the partnership's on-the-ground impact. The delegation toured the TY Danjuma Foundation's Medical Centre and commission the newly constructed Christian Reformed Church of Nigeria Hospital in Takum donated by the Foundation. This visit also assessed the quality of care and explore opportunities to enhance community access to health services. Similar visit tour was also conducted at the Goodwill Medical Centre Enugu Sate by WHO team.



Fig 2: WHO Team Visit Tour to TY Danjuma Hospitals in Takum, Taraba State



Fig 3: WHO Team Visit Tour to TY Danjuma Hospitals in Enugu, Enugu State

Targeted Advocacy

WHO team held several consultations and engagement at the State level through advocacy visits and technical meetings with the Honourable Commissioners of Health, Executive-Secretaries of the State Primary Health Care Development Boards, Directors of PHCs across the three states to strengthen field - level implementation, visibility, and suitability of the project. Various strategic partnership meetings, consultation and engagement have been carried out at the state levels.



Fig 4: WHO and FMOH Advocacy visit to Prof Ugwu, Hon. Commissioner of Health Enugu State on the WHO/TY Danjuma Foundation Partnership

Strengthened State- levels Capacity on Technical Assistance Needs Assessment and AOP 2026 Development

In September 2025, WHO supported the training State and LGA program managers across the 3 states on Health NSRII Leadership and Health system strengthening capacity in line with national priorities and conducted Technical Assessment need to the 3 States, LGAs and Wards development Committee (WDCs) with the aim to support the state in development of the State Annual operational Plan for 2026 in line with the health sector strategic Plan. WHO conducted 2-day capacity building for State and LGA assessors on technical assistance needs to Edo, Enugu and Taraba State. A total 350 State/LGA Officers were trained per state.

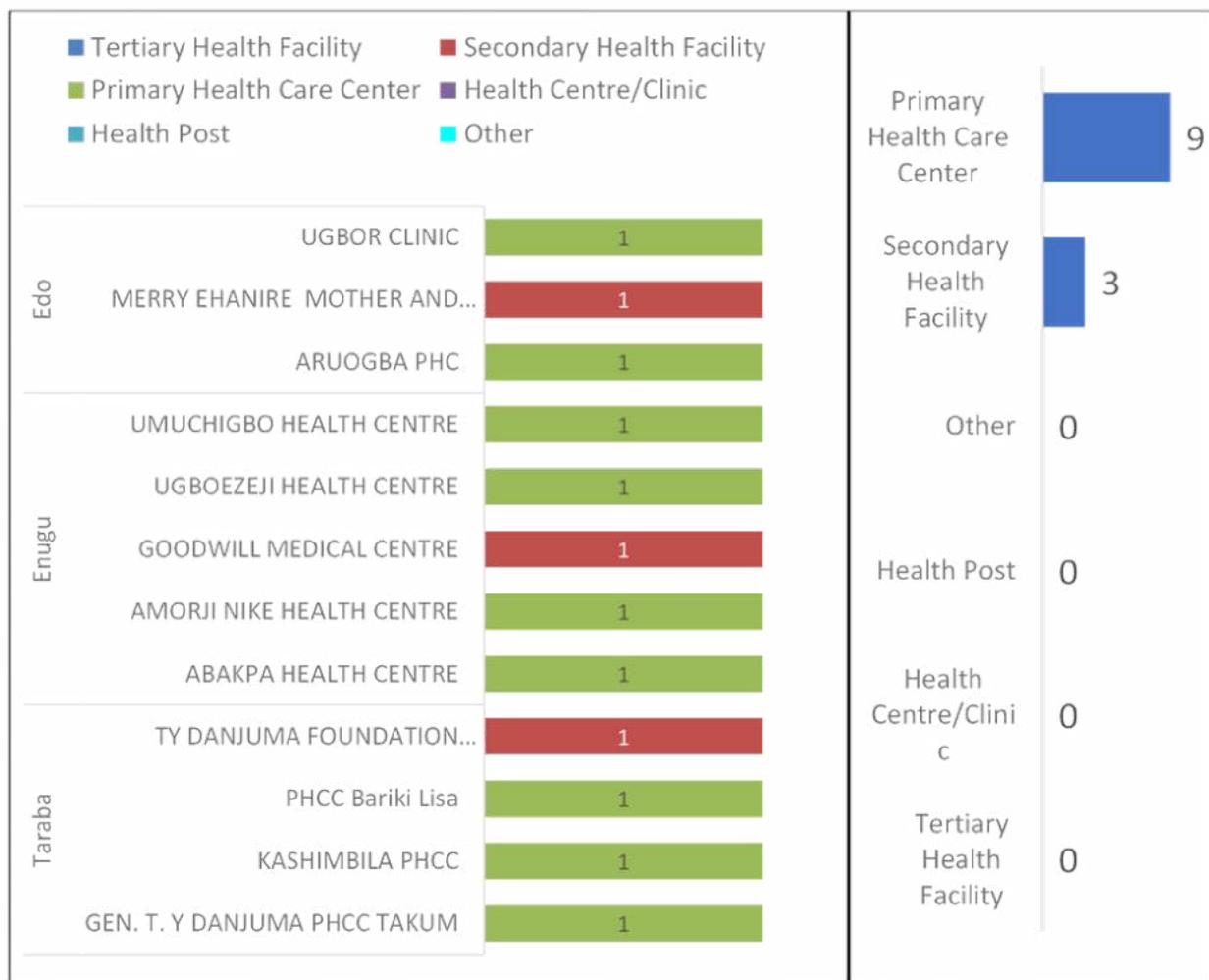


Fig 5: Edo state level training on Technical Assistance Need

Fig 6: Enugu State Annual Operational Plan 2026 development with WHO/TY Danjuma Support

Service Readiness Assessment

In October 2025, using WHO tools, Service readiness assessment was conducted across the three TY Danjuma Foundation health facilities including referral PHCs to these health facilities with the aim to identify gaps in infrastructure, staffing, service provision, and data management as well setting up baseline for quality improvement. Assessment targeted infrastructures, staffing, essential medicine and health products, Service delivery, data management and community engagement. Data was collected through structured interviews and observations to identify strengths, gaps and challenges. Evaluation of 12 healthcare facilities across Enugu, Edo, and Taraba states in Nigeria was conducted as below table.



Capacity building at Health Facility

One of the key gaps from the service readiness assessment across the selected health facilities was weak capacity and quality of services provided by the health care workers. In addressing this gap, the capacity needs of the frontline health care workers from the three TYDF health facilities and the 8 referring PHCs were built with the overall aim is to improve the competencies and confidence to provide evidence-based quality care to save lives, prevent disabilities and ensure that every newborn and child reaches their full potential. The training covered Essential Newborn Care and Integrated management of child illnesses (IMCI) in line with National Standards.

Training on Integrated Management of Childhood Illnesses

The Integrated Management of Childhood Illness (IMCI) remains the main thrust of the Federal Government of Nigeria's strategy for improving child survival. The national IMCI training materials, recently updated in line with the WHO new technical guidelines, were used for the training to scale up implementation across the country. With Technical support from WHO in collaboration with the with Federal Ministry of Health and Social Welfare (FMoH&SW) and SPHCDA, IMCI training was conducted at TY Danjuma-supported health facilities and referral PHCs across 3 States (Edo, Enugu and Taraba).

The Integrated Management of Childhood Illness (IMCI) Clinical Skill training was conducted over six days to strengthen the capacity of Doctors, Nurses and CHEWs in the effective assessment, classification, and management of common childhood illnesses. The training aimed at improving the quality of care for children under five by equipping healthcare providers with standard case management skills at both outpatient (OPD) and inpatient (IPD) levels.



Fig 7: IMCI training at TY Danjuma Foundation Hospital in Takum, Taraba State

Specific objectives of the training:

1. Enhance the knowledge and skills of doctor, nurses and CHEWs on IMCI guidelines.
2. Improve participants' ability to assess, classify, and treat childhood illnesses using IMCI protocols.
- 3 Strengthen practical skills through hands-on sessions in OPD and IPD settings.
4. Promote early identification, referral, and follow-up of severe cases.
5. Ensure uniform application of IMCI tools and documentation across health facilities.



Fig 8: IMCI training at Merry Enhanire maternal and children Hospital Edo State

At the end of the six days training the front-line health care workers working at the TY Danjuma- supported facilities and referring PHCs in Enugu, Edo and Taraba State were trained in IMCI as a child survival strategy using the 2024-2025 revised and updated national IMCI materials. The health care workers acquired the skills for the management of under-fives using the IMCI guidelines to improve the quality of the health facilities. A total of 75 health care workers were trained across the 3 states with 25 trainees per state.

Essential Newborn Care training

Essential newborn care course is one of the several simple, low-cost, evidence-based, high impact interventions packages by the Federal Ministry of Health and Social Welfare (FMOHSW) in Nigeria. It is a competency-based training designed for use by doctors and nurses at the Primary and Secondary health facilities. The six-day Essential Newborn Care Course (ENCC) was organized to strengthen the capacity of frontline health care workers involved in maternal and newborn care. The training targeted nurses and doctors, aiming to improve their knowledge and practical skills for providing high-quality, evidence-based newborn care from birth through the early neonatal period. This training aligns with ongoing efforts to reduce neonatal morbidity and mortality and improve the quality of care across health facilities in the State and LGAs



Fig 9: Training at the Merry Enhanire maternal and children Hospital, Edo State

The main objectives of the six-day ENCC were to:

1. Enhance the knowledge and competence of nurses and doctors in essential newborn care practices.
2. Improve skills in immediate care at birth, thermal protection, breastfeeding support, and infection prevention.
3. Equip participants with the ability to identify newborn danger signs early and initiate prompt management or referral.
4. Build capacity in neonatal resuscitation, including correct use of bag and mask ventilation.
5. Strengthen standardized documentation and application of newborn care protocols in health facilities.



Fig 10: ENCC training on Neonatal Resuscitation at Good will Medical Centre Enugu State



Fig 11: ENCC training at Goodwill Medical Centre TYDF Enugu State

The training was attended exclusively by nurses and doctors from selected health facilities. A total of 90 participants were trained across the three states. These cadres were chosen because of their direct involvement in labour, delivery, and newborn care services.

RESULTS ACHIEVED

Strengthened Strategic Partnership at National, State and LGA levels

WHO Facilitated and strengthened National-level Strategic Partnership that led to:

- Development of the National AOPs 2026 in line with National health Goals.
- Trained 120 Pool of National Trainers that stepped down the capacity building on leadership and skills at the state levels for the development states AOPs 2026 Plan
- Facilitated Policy dialogues and strategic partnership that led to:
 - Presidential declaration of mandatory health insurance across ministries and Agencies
 - Revised National School Health Policy 2025-2030
 - Multisectoral Actions declaration for National policy for Adolescent and Youth Reproductive and sexual health rights
- Established a joint learning and knowledge sharing platform from the on-going WHO implementation Research sites in Ibadan, Ife, Osogbo and Lagos for 3 States to leverage on.

Through various State-level engagements, WHO introduced the TYDF and WHO partnership for sub-national level supports, visibility and sustainability that led to:

- Developed State Annual Operational Plan 2026 across the 3 states
- Trained 300 OICs, LGAs, Health Fellows across the 3 states on Health NHSRII Leadership and Health system strengthening capacity in line with national Priorities.
- Facilitated and developed the 3 States Maternal and Neonatal Mortality Reduction Innovation Initiatives (MAMII) Annual Workplan (AWP) and Inaugurated States MAMII Task Force.

Enhanced Capacity for delivery of Primary Health Care

WHO supported field-Level implementation to strengthen integrated PHC service delivery which resulted to:

- Established Baseline for the Service Readiness across the three TYDF Health facilities and 8 referral PHCs after a successive service readiness assessment.
- Trained and upskilled 75 and 75 frontline health workers from TY Danjuma Foundation health facilities and 8 referring PHCs across the 3 states on IMCI and Essential Newborn Care, respectively, which resulted to:
 - Increased confidence and competence among frontline health care workers in providing quality essential newborn and child health services.
 - Improved skills in assessing and classifying sick children.
 - Improved skills in neonatal resuscitation, management of newborn emergencies, and childhood illness.
 - Better understanding of newborn danger signs and appropriate referral protocols.
 - Strengthened teamwork between nurses and doctors in newborn care units.
 - Standardized use of IMCI, ENCC job aids and clinical tools across the facilities.

- All trained health care workers received certificates of completion.

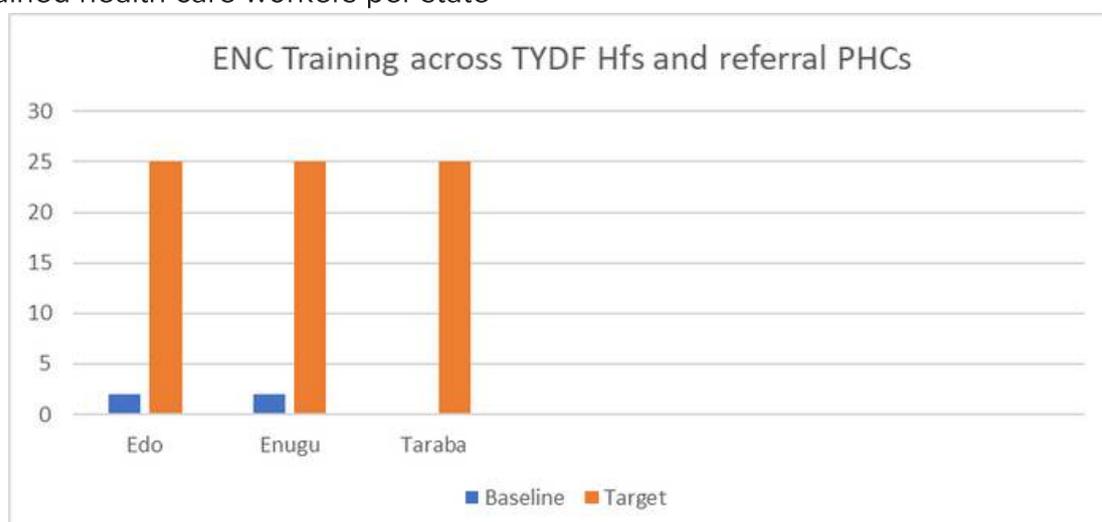
During this reporting period, significant progress was made toward strengthening health system capacities and advancing the Primary Health Care (PHC) approach. A key achievement was the successful capacity building of 150 frontline health care workers on the clinical management of newborn and child health. This intervention is expected to result in improved quality of neonatal care and enhanced case management of children across three TYDF health facilities and eight referral primary health centers. By equipping health workers with updated clinical skills and knowledge, the initiative addresses critical gaps in service delivery and ensures better health outcomes for mothers and children.

In addition to workforce development, the formulation of national and state Annual Operational Plans (AOPs) for 2026 represents another major milestone. These plans are designed to strengthen leadership capacity and improve coordination at all levels of the health system, ensuring that strategic priorities are effectively implemented and monitored. The AOPs provide a clear roadmap for operationalizing health policies and aligning resources to achieve sustainable improvements in service delivery.

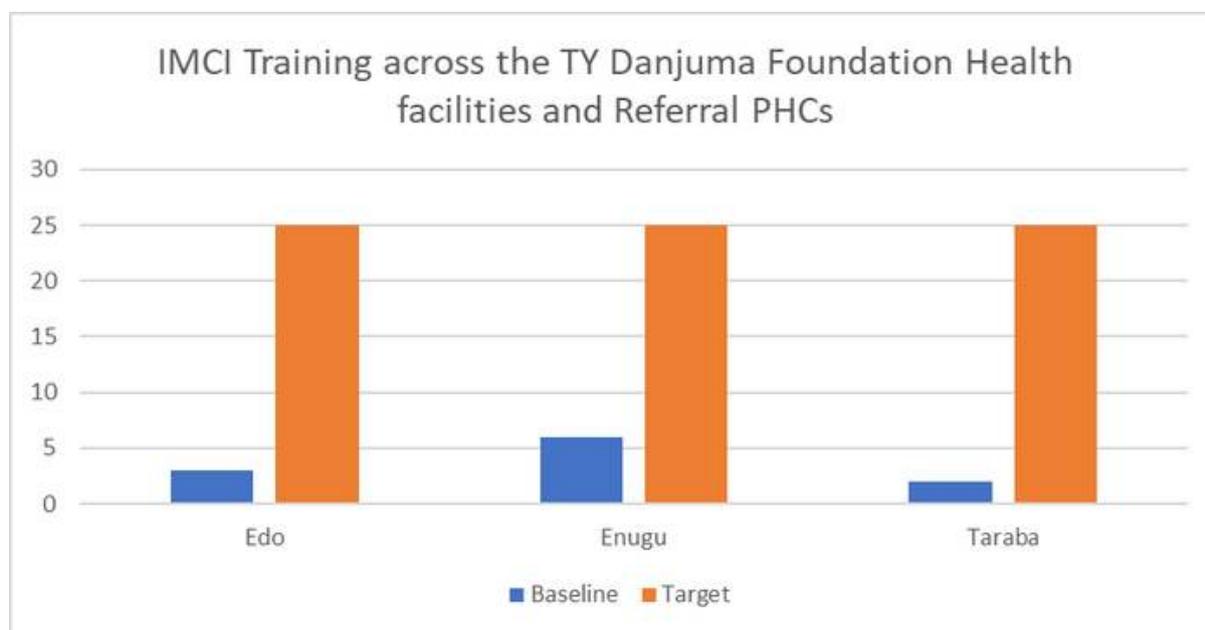
Collectively, these deliverables and specific results are fully aligned with the World Health Organization’s General Programme of Work (GPW) 14 and the Country Cooperation Strategic Objective. They contribute directly to advancing the PHC approach and building essential health system capacities required for Universal Health Coverage (UHC). By focusing on both human resource development and strategic planning, this reporting period demonstrates a holistic approach to strengthening health systems and improving population health outcomes.

Progress Made

From the baseline conducted, only 2 frontline health care workers have received Essential newborn care training across the TYDF health facilities and referral PHCs in Edo and Enugu states while none in Taraba State but with the training we achieved a target 25 trained health care workers per state



For IMCI, baseline of trained frontline health care workers in Edo, Enugu and Taraba were 4, 6 and 2 respectively across the TYDF health facilities and referral PHC but with the training, additional 25 per state were trained achieving the set target of 25 per state.



Impact of Donor Support

The World Health Organization (WHO) has significantly benefited from the TY Danjuma Foundation's support, not only through the delivery of programmatic results but by strengthening WHO's core capacity to fulfill its mandate in Nigeria. Key areas of added value include:

- Strengthening WHO's Core Capacity:

The grant provided WHO Nigeria with a vital, independent funding source during a period of global funding constraints. This flexibility enabled WHO to strategically deploy resources to underfunded priorities, adapt to evolving health needs, and maintain continuity in essential health interventions. Without this support, critical system-strengthening activities—such as improving neonatal care and revitalizing primary health care—would have faced delays or remained underfunded.

- Boosting Country Office Operational Capacity:

The funding enhanced WHO's ability to support national leadership and coordinate health system improvements at both national and subnational levels. It allowed WHO to scale interventions in Taraba, Edo, and Enugu states, improving maternal and child health outcomes and reinforcing health system resilience in underserved communities.

- **Catalyzing Broader Investment and Local Ownership:**

This partnership serves as a model for leveraging domestic philanthropy to mobilize local resources for health initiatives. It aligns with the WHO Director-General's call for solidarity and national ownership in health financing, creating a replicable framework for future collaborations and encouraging additional investment from other stakeholders.

- **Enhancing WHO's Credibility and Strategic Alignment:**

Public endorsement and significant investment from a prominent national entity like the TY Danjuma Foundation reinforced WHO's credibility as a trusted partner capable of delivering impactful, locally driven health solutions. This partnership also strengthened WHO's alignment with Nigeria's national health priorities and the Sustainable Development Goals, ensuring coherence between donor support and WHO's Country Cooperation Strategy.

- **Added Value of Flexible Funding:**

Unlike earmarked funds tied to specific projects, this grant provided WHO Nigeria with flexible resources to address funding gaps and respond to emerging priorities. This agility is critical for timely and effective health responses, particularly in system-strengthening interventions that are often overlooked by other donors.

In summary, TY Danjuma Foundation's support has not only enabled WHO to deliver tangible health outcomes but has also fortified WHO's institutional capacity, operational agility, and strategic positioning in Nigeria. This partnership exemplifies how targeted, flexible funding can amplify WHO's impact and create sustainable models for health financing and collaboration.

Financial information

Total funding received **USD 226,000**

Total implementation rate: (%) **78.7%**

Lessons learned and way forward

From the key achievements, it is essential to fully implement the grant workplan to ensure long-term benefits and sustainable impact.

- **At the national and subnational levels:**

Continued support is needed for the implementation and monitoring of the developed national and state Annual Operational Plans (AOPs) to strengthen leadership and coordination.

- At the health facility level:

There is a need for systematic follow-up after trainings, including integrated supportive supervision of trained health workers to ensure skills retention and maintain quality of care. Additionally, facilities should be upgraded to improve services for newborn and pediatric clients. This includes recruiting young, skilled, full-time staff across various cadres to enhance service delivery.

Lessons learned/challenges

- Alignment of national priorities and involvement of subnational levels

The implemented activities in this reporting period aligned to national priorities which were fully implemented in collaboration with Federal Ministry of Health and Subnational levels (3 states and LGAs).

- Provisions for paediatric services at the TY Danjuma Health Facilities:

The gaps in paediatric services at the TYDF facilities need to be filled e.g. recruitment of fulltime paediatricians and paediatric nurses, creation of paediatric ward with cots and appropriate staffing, strengthening of emergency services, provision of daily immunisation services and capacity building for the promotion, protection and support of breastfeeding and optimal infant and young child feeding. The Essential Newborn Care skills acquired at the ENC Course should be implemented, especially the use of Kangaroo Mother Care for small or preterm infants. The trainings at these Health facilities provided supports to the health facilities through development of Action plan with recommendations for the Health facilities Management implementation.

- Access Road

The access roads to the benefiting communities for the facilities (Example Goodwill Medical centre) should be improved to ensure geographic access to services especially at the night and in emergencies. During the WHO team Advocacy to the Honourable Commissioner of health and Executive Secretary SPHCDA this concern was shared for state immediate intervention.

The activities are implemented under the leadership and collaboration with governments at national and subnational level to ensure ownership and sustainability.

Activities within this grant work plan complements other projects that WHO, Nigeria is implementing to strengthen the health system.

ANNEX 1: COMMUNICATIONS AND VISIBILITY MATERIALS

As part of the partnership between WHO and the TY Danjuma Foundation to improve health outcomes in Nigeria, targeted communication and visibility activities were carried out to promote transparency, accountability, and public awareness of the collaboration.

These initiatives adhered to the WHO donor visibility guidelines and reflected the Foundation's dedication to showcasing impact through clear, credible public communication.

The communication activities undertaken during the reporting period included a joint press statement developed and issued following the signing of the agreement between WHO and the TY Danjuma Foundation. The press statement:

- Highlighted the objectives and scope of the partnership.
- Clearly acknowledged the financial and strategic support of the TY Danjuma Foundation.
- Quoted representatives of both WHO and the Foundation, reinforcing shared commitment to improving health outcomes in Nigeria.

The statement was disseminated through WHO Nigeria's official communication channels and shared with over 30 national and health-focused media houses to support wider reach and amplification.

Event article on signing - An event article documenting the signing ceremony and partnership was published on the WHO Nigeria website. The article:

- Provided a clear narrative of the partnership, its significance, and expected impact.
- Included donor recognition in line with WHO visibility standards.
- Served as a permanent, publicly accessible record of the collaboration for partners, stakeholders, and donors.

This article also functioned as a reference point for media reporting and partner engagement.

Media engagement - Following the signing and publication of the press materials:

- Over 45 International, national and sector-specific media outlets covered the WHO-TY Danjuma Foundation partnership.
- Media reports amplified key messages on the purpose of the collaboration and its contribution to Nigeria's health priorities.
- The coverage increased public visibility of the Foundation's role in supporting health interventions and reinforced its reputation as a strategic health partner.
- To ensure strong physical and on-site donor visibility, branded banners were designed and produced bearing WHO and TY Danjuma Foundation logos. These banners were:
 - Displayed during the official launch and signing ceremony.
 - Used at related stakeholder meetings and public events.
 - The banners reinforced donor recognition at both high-level events and community-level health facilities, ensuring visibility beyond the launch period.

For the reporting period, 2 social media posts were made on X, facebook and Instagram. Below are the links to the posts highlighting the achievements and support from TY Danjuma Foundation:

1. <https://x.com/WHONigeria/status/1998673392069702012?s=20>
2. <https://x.com/WHONigeria/status/1929535734119108708?s=20>
3. <https://x.com/WHONigeria/status/1930192554982539281?s=20>
4. https://www.instagram.com/p/DSE8Fi1DDh4/?utm_source=ig_web_copy_link&igsh=MzRlODBiNWFlZA==
5. https://www.instagram.com/p/DSE7u7djAgy/?utm_source=ig_web_copy_link&igsh=MzRlODBiNWFlZA==



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#TYDFWHO4Health, #HealthForAllNG