Towards Transformational Primary Healthcare Service Delivery

Lessons from **Nasarawa** State

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This report summarizes Nasarawa State's progress toward improving Primary Healthcare (PHC) through the Strengthening PHC Systems Project, implemented by Sociocapital with support from Technical Advice Connect (TAConnect), to enhance PHC services through improved management capacity and data systems. The intervention was funded by the Gates Foundation

It compiles the accomplishments and chronicles the lessons learned during program implementation in the State. This report is also an important advocacy tool to stakeholders at state and local government levels on the relevance of the continued investment in Strengthening PHC leadership and management capabilities to enhance the delivery of and increase the uptake of PHC services. It also serves as a learning brief for partners and other states interested in adopting the project's lessons in scaling the evidence of what works.

We would like to express our gratitude to the state leadership for their steadfast commitment
towards more empowered and productive workforce driving more responsive and resilient health systems.

Problem Statement

The Primary Health System remains the cornerstone of the Nigerian health system with the Primary Health Care (PHC) as the first level of care, the entry point into the healthcare providing basic primary care services. Despite significant investments, the primary healthcare (PHC) system in Nigeria continues to perform sub-optimally with issues around governance, management, financing, and monitoring. To achieve the UHC in Nigeria, the Primary Health Care Under One Roof (PHCUOR) reforms was formulated by the Federal Government of Nigeria.

Findings from PHCUOR Scorecard 6 assessment (2022), identified gaps for an improved PHC system and more sustainable, high-quality PHC service delivery in Nasarawa State. Some of the gaps include: Unresponsive leadership, Parallel and fragmented program implementation, Inadequate domestic funding, Lack of implementation of supportive policies including operationalization of the MSPs, Inadequate HRH (number, distribution, and capacity), Interrupted supply of commodities and consumables, and Poor data management.

To move from a known problem to a targeted solution, the project began with a comprehensive baseline assessment across the 145 Basic Health Care Provision Fund (BHCPF) facilities in Nasarawa State. The assessment validated the overarching challenges and identified specific, measurable gaps.

Key Baseline Findings:

- Poor documentation of job description for Health workers
- Unapproved absenteeism - 27%
- Stock-out of essential drugs - 59%
- Poor use of data for programmatic decision - 48%
- Business plan implementation - 10%
- Loss of key assets - 30%
- Feedback from patients and community - 79%

These gaps often manifest as:

- frequent drug stock-outs

- high level of PHC staff absenteeism

- low quality and perception of care

- low level of trust for PHCs amongst communities

- ineffective use of scarce financial and non-financial resources

The baseline findings directly informed our dual-phase intervention strategy. We theorized that by simultaneously strengthening the management capabilities (PHC managers) and the systems they use (use of data for programmatic and operational decisions, community structures), we could catalyze significant improvement in PHC performance.

About the Project

Strengthening Primary Health Care (PHC) Systems Project

With funding support from the Gates Foundation, through Technical Advice Connect, Sociocapital implemented the Strengthening Primary Healthcare (PHC) Systems Project in Nasarawa State, Nigeria, to demonstrate the feasibility of enhancing PHC services through improved management capacity and data systems.
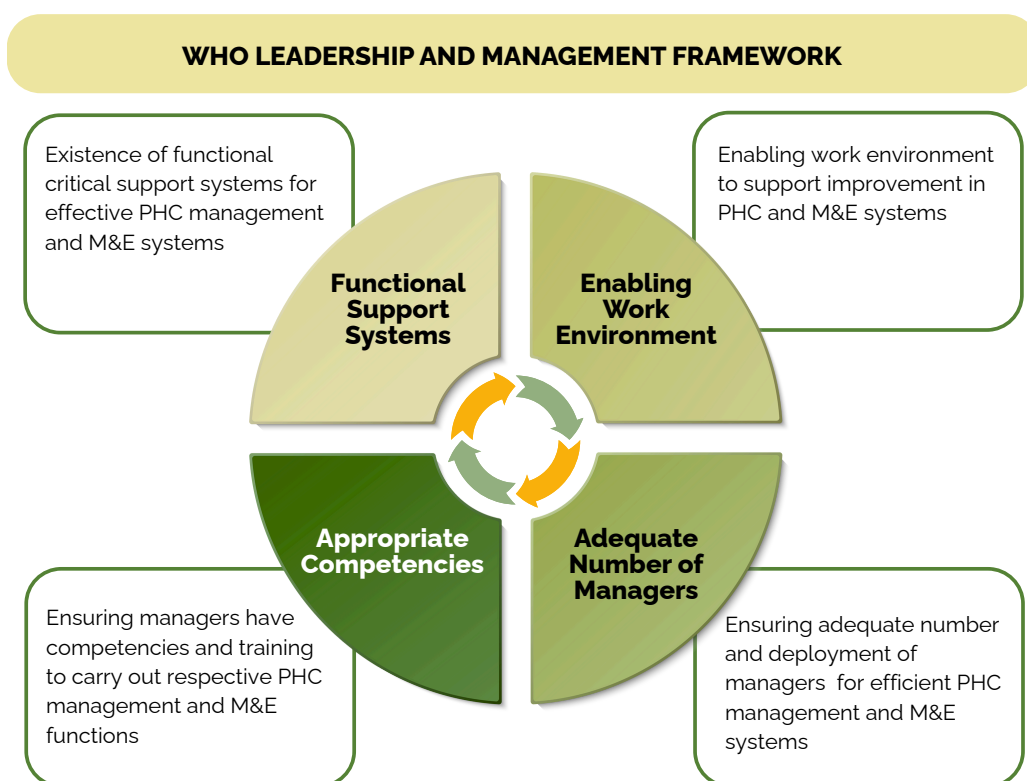
This Technical Assistance (TA) deployment aims to strengthen PHC systems' performance (with focus on management capacity and data management systems) to enhance the delivery of and increase the uptake of PHC services, ensuring accessible and quality healthcare for all communities.

The project's **specific objectives** include:

- To improve PHC managers' capacity for delivery of quality services.

- To improve Monitoring & Evaluation Systems to ensure use of data for decision making and PHC Systems Improvements

This project promotes sustainable health systems at the primary health care levels through a set of tailored interventions to address gaps across 4 themes of the WHO's framework for leadership and management as it relates to RMNCH+N.

WHO LEADERSHIP AND MANAGEMENT FRAMEWORK

Existence of functional critical support systems for effective PHC management and M&E systems

Functional Support Systems

Enabling work environment to support improvement in PHC and M&E systems

Enabling Work Environment

Ensuring managers have competencies and training to carry out respective PHC management and M&E functions

Appropriate Competencies

Adequate Number of Managers

Ensuring adequate number and deployment of managers for efficient PHC management and M&E systems

Our Approach

We worked with state government, with support from TAConnect, to improve the functionality and effectiveness of **145 Basic Healthcare Provision Fund PHC facilities** across **13 Local Government Areas** (LGAs) in Nasarawa state, ensuring better community health outcomes.

The Project was deployed in two concurrent phases – Systems Strengthening and Capacity Strengthening phases, targeting specific management and M&E needs. This approach addressed gaps across the continuum of the four WHO leadership and management building blocks, emphasizing capacity building across 7 management areas and 12 M&E domains.

Co-creation of evidence-based solutions
- Landscape PHC Management and Data Management domains to identify weak links and customise evidence-based, culturally sensitive solutions to address the identified gaps
- Integrate evidence-based solutions within government operational plans and budgets

Localize & Institutionalize Capacity Strengthening with Government Led Systems
- Work with local training institutions to integrate PHC Training Programs into pre- and in-service training
- Government-led coordination platforms for PHC Management/Governance with partner buy in

Leverage Digital Tools & Technology to improve Data Management Systems with simplified learning, workflow & decision making
- Design and distribute low fidelity, reusable facility-level runs charts
- Establish real time dashboards for PHC Management review and course corrections

Leveraging and alignment of Partners' effort to adopt, adapt and implement PHC Systems improvements

Improving PHC Systems: Our Recipe for Success

- **PHC Management Training** to improving management skills of PHC staff, plus on-the-job mentoring to enhance service delivery, financial accountability, and adherence to SOPs.

- **Optimizing PHC Operations** by shifting the mindset of PHC managers and service providers, transforming workflows with whole-site orientations, implementing established guidelines and SOPs, clarifying roles through a PHC competency framework, and addressing commodity procurement issues to improve drug availability and prevent stock-outs.

- **Strengthening Community Engagement** by working with local communities and strengthening oversight committees operations to increase awareness, feedback, and participation in PHC service delivery.

- **Coaching & Mentoring** jointly government and community-led via regular supportive supervision to validate reports, identify service delivery gaps, and provide real-time corrections.

Management Capacity Strengthening (MCS) strategy and Costed Annual Operations Plan for PHC Management and M&E Capacity Strengthening were developed with critical stakeholders (state/LGA representatives, partners) serving as key tools for guiding program planning and implementation in Nasarawa state.

Whole Site Orientation on Facility Management and Gender Responsive Approach to PHC Service Delivery improved shared understanding on quality standards with providers empowered to offer provider-initiated services and client-centered care working collaboratively with other staff in the health facility. This has resulted in increased levels of teamwork, less waiting time by patients leading to higher services uptake for immunization and ante-natal care.

Monitoring and Evaluation Review Meetings provided a platform to review facility services delivery data, identify data entry errors and course correct for improved facility and state data quality and enhanced decision making.

Project Transition Planning involved critical decision-making apparatus (state and LGA) enhanced understanding of the mentoring approach, performance monitoring tools and strengthened commitment by state and LGA structures to maintain projects gains.

Gender & PHC Improvements

- We integrated **gender, equity, and inclusion (GEI)** strategies into Technical Assistance, while engaging with state counterparts, enhancing leadership, management, and program implementation.
- Our initiatives strengthened the capacity to apply a GEI lens to programming, addressing male involvement, spousal discussions, provider bias, stigma and discrimination, adolescent health, and underserved populations, **improving access to primary health care services.**

Progress in Numbers

Our PHC Transformation Intervention has helped PHC boost productivity:

Coverage of Intervention

447 Trained HCWs

209 Supported facilities
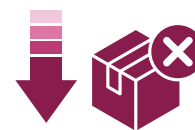
Management Capacity System

40% Improvement in use of data for programmatic decision making

4% Reduction in PHCs with unapproved absenteeism

55% Reduction in PHCs reporting zero stock-out of any of the 13-life life-saving essential commodities

18% Increase in PHCs instituting improvement changes based on QM action plans

22% Increase in PHCs that implemented their business plan

28% Reduction in PHCs without loss of key equipment and infrastructure

Monitoring & Evaluation System

20% Facilities with the required human capacity (HR) for M&E

15% Increase in facilities that implemented M&E-related activities

21% Facilities that implemented advocacy plans

6% Facilities that have high-quality data

9% Facilities that have a functional archiving system

44% Increase in facilities with evidence of data for information use

Key Lessons

1

PHC Improvement takes time.
This project successfully demonstrated that more effective and lasting PHC improvement only happens when PHC Managers understand their roles as leaders and managers, can understand and use data to make evidence-informed decisions, and can work collaboratively with communities as household producers of health

2

Improving PHC systems is rather a marathon than a sprint.
While this accelerated deployment within the 18-month period was able to establish critical building blocks on which consistent PHC improvement efforts can be built on, real change is long term through collective efforts by government, implementing agents and communities.

3

Successful PHC strengthening programs must consider evidence of what works and then scale it.
Changes in State health sector priorities and funding commitments may threaten change management efforts. However, by focusing on and scaling what works and incorporation of improvement activities into the States operational plans with financial backing, enables seamless transitions.

4

Platforms perform better when aligned within a shared PHC vision
PHC improvements are best adapted, adopted, sustained and scaled-up through relevant government-led, community-driven platforms. The established State PHC Management Committee act as connectors with other coordination platforms such as the Technical Working Groups, Steering Committees, Advocacy Core Groups and Quality Improvement Teams.

5

Institutionalizing PHC Management must start early.
The enhancement of management and leadership skills in PHCs is not for only individuals in key decision-making roles. For continuous development, it is essential to institute management training through in-service education and on-the-job coaching. We have partnered with state institutions to support PHC Management training programs that are now embedded within standard training curricula.

6

Technology is an enabler of PHC Improvement, when appropriately optimized.
PHC Management must embrace technology as enablers to simplify workflows, improve decision making and strengthen accountability.

7

Progressive and sustained PHC improvement requires collective efforts.
Ongoing collaboration is essential to enhance PHC governance, accountability, and to foster transparency and trust between communities and government.

Challenges & Mitigation Strategies

	Challenge	Mitigation
1	Initial resistance to new data tools and processes from overburdened staff.	• Intensive on-the-job mentoring and demonstrating the time-saving benefits of the new tools was critical for buy-in.
2	High turnover of trained government staff, threatening sustainability.	• Step-down and on-the-job training were used to enhance the capacity of new staff
3	Dip in performance across key project indicators following the contract expiration of PHC mentors.	• Engaged with the leadership of Nasarawa Primary Healthcare Development Agency and local government authorities to develop post-intervention strategies to ensure PHC resilience
4	High Level of Staff Absenteeism.	• Engaged with PHC facility managers and the NAPHDA leadership to advocate for stricter supervision and accountability mechanisms. • Introduced attendance monitoring tools and promoted supportive supervision visits to reinforce compliance and motivation. PHC Iwagu in Keana LGA experienced reduction in staff absenteeism from 29 staff to 9.
5	Weak Data Quality and Poor Use of M&E Systems.	• Trained M&E officers on data quality assurance, analysis, and use for decision-making. 35 LGHA Monitoring and Evaluation Officers, LGHA Health Management Information System and NAPHDA M&E Officers (Male: 30 Female: 5) • Introduced simple data visualization tools and feedback sessions at facility and LGA levels to encourage performance tracking. • Strengthened routine supportive supervision and mentoring for continuous improvement.

Sustainability

Sustainability for this intervention is built on three pillars:

Institutionalization:

- The PHC Management Competency Framework and training manual have been formally adopted by the State. The training curriculum is now part of the state's standard programs, ensuring continuous capacity building. PHC performance dashboards embedded into NAPHDA guidelines.
- Facility-based innovations (runns chart, training log, monthly budget forecast register and maintenance schedule) integrated into LGA supervision toolkits.
- Dedicated budget lines proposed for RMNCAH+N services, leveraging BHCPF 2.0 and AOP frameworks.
- Structured mentorship institutionalized at LGA level, with 3 former mentors absorbed into state systems.
- PHC training manual scheduled for adoption into curricula of the College of Health Technology Keffi and School of Nursing Lafia.

Government Ownership:

- Health System Strengthening Task Team established as state-level accountability platform. It provides ongoing oversight, review of dashboard data, and coordinates partners, ensuring the work continues.
- Engagement of WHO, UNICEF, and potential private sector CSR partnerships to co-finance community-level innovations.
- Empowered local health authorities ensure sustainability of intervention through performance tracking, mentorship and accountability

Community Accountability:

- Empowered Ward Development Committees to act as permanent community-level accountability and resource mobilization mechanisms, ensuring facilities remain responsive to community needs.
- PHC Garaku 1 supported in the recruitment of a medical doctor to optimize healthcare provision for community members

Stories of Change

Embracing Sustainability

"This Project has been a game changer for Nasarawa State. By embedding mentorship, stronger data systems, and practical management tools, we are not only improving service delivery today but laying the foundation for a more resilient and sustainable PHC system for the future."
 – *Dr. Usman Iskilu Saleh, Executive Secretary, Nasarawa State PHCDA*

"This project has transformed how we manage primary healthcare in Nasarawa. Our facility managers now use data to make real decisions, our communities are engaged through Ward Development Committees, and tools like the Competency Framework and dashboards, help us build a PHC system that is stronger, more accountable, and ready to serve our people better."
- *Dr. Absalom Madawa, Director Community & Family Health Services*

"For me, the mentoring approach of Sociocapital was one of the high points of the intervention. Having people constantly in the facility and not just to monitor them, but to support them to build stronger PHC management and M&E systems …Well done! I think you have left your footprints in the PHC space in Nasarawa State"
 – *Dr. Stephen Iliya Sasetu, Director Planning, Research, M&E NAPHDA*

Strengthening Data Accuracy and Capacity

"During routine mentoring visits, it was discovered that at least 8 out of 10 facilities had multiple discrepancies in patient data records. Our PHC Mentor provided on-the-job mentoring on proper data entry and validation techniques. Within weeks, the facilities saw about 40% improvement in documentation accuracy. In Wamba LGA, we've seen significant improvements in data management and data reporting. The healthcare workers are now more confident."
- *Nasiru Isiaka, Wamba LGA M&E Officer*

Staff Motivation Reducing Absenteeism Rates

During monitoring visits, we discovered high staff absenteeism of 35% weekly due to burnout and feeling undervalued. Through the introduction of a "Healthcare Hero" recognition, peer learning sessions, and structured feedback meetings, we paid attention to work culture. "Staff retention improved by 80%, unapproved absenteeism dropped to 0% across all facilities as of December 2024 and patient satisfaction increased by 40%."
- *Vera Yusuf, PHC Mentor*

Beneficiary

"Before this project, coming to the health center was often discouraging — medicines were not always available, and waiting times were long and staff treated us poorly. But now things have changed. The facility staff are more attentive, drugs are available, and we are treated with respect. I feel safer bringing my children here, and I trust the services much more than before."
- *Delilah Dennis, community member, Garaku 1 Kokona LGA*

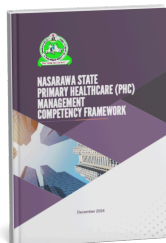## Community Leader/Representative

"Before, our clinic had no doctor and people suffered. With this project, we joined hands with the health center and brought a doctor. Now our people get care here in the community. We are happy things are better."
 – *Mr Livinus, WDC Chairman Kokona LGA*

Key Resources

The **PHC Management Competency Framework** outlines core values and competencies for health workers to deliver quality, client-centered services across various levels of primary health care (PHC). It includes job descriptions, standard operating procedures (SOPs), checklists for service delivery, and essential training recommendations for effective PHC administration.
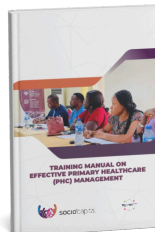
Effective PHC Management Training Manual -
A detailed training manual for health workers on effective management practices.

Project Partners

Technical Advice Connect LTD/GTE (TAConnect) delivers tailored and cohesive technical assistance to strengthen health systems and enhance service delivery. Its mission is to support national and sub-national governments to build and strengthen resilient health systems and improve health outcomes.

Learn more at https://taconnect-ng.org/

The Nasarawa State Primary Health Care Development Agency (NAPHDA) coordinates and oversees primary healthcare services in Nasarawa State. It leads policy development, service delivery, and health reforms, partnering with stakeholders to enhance access to quality healthcare across 13 LGAs. NAPHDA also focuses on capacity building, monitoring, and implementing national health initiatives, aligning with Nigeria's health sector goals.

Learn more at www.naphda.org.ng

Sociocapital Health employs evidence-based insights to address Social Determinants of Health Equity through strategies at patient, practice, and community levels, ensuring equitable access to respectful healthcare for underserved populations. Their mission is to eliminate systemic barriers to critical services and resources, fostering resilience and empowering communities to overcome poverty.

Learn more at www.sociocapital.org