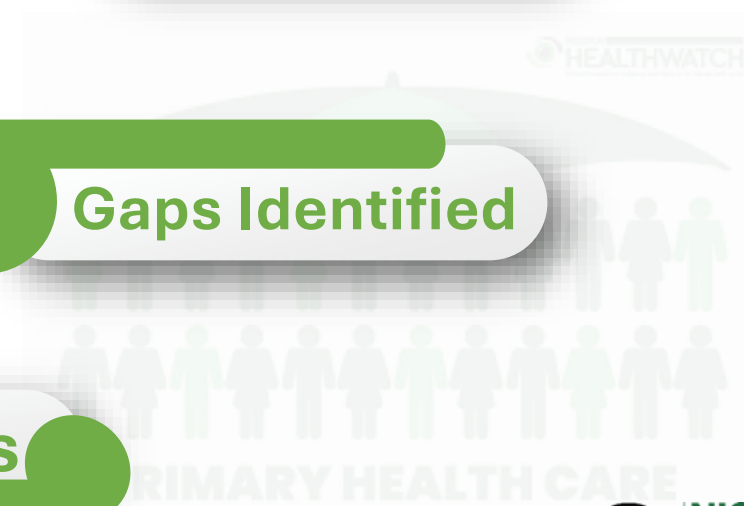
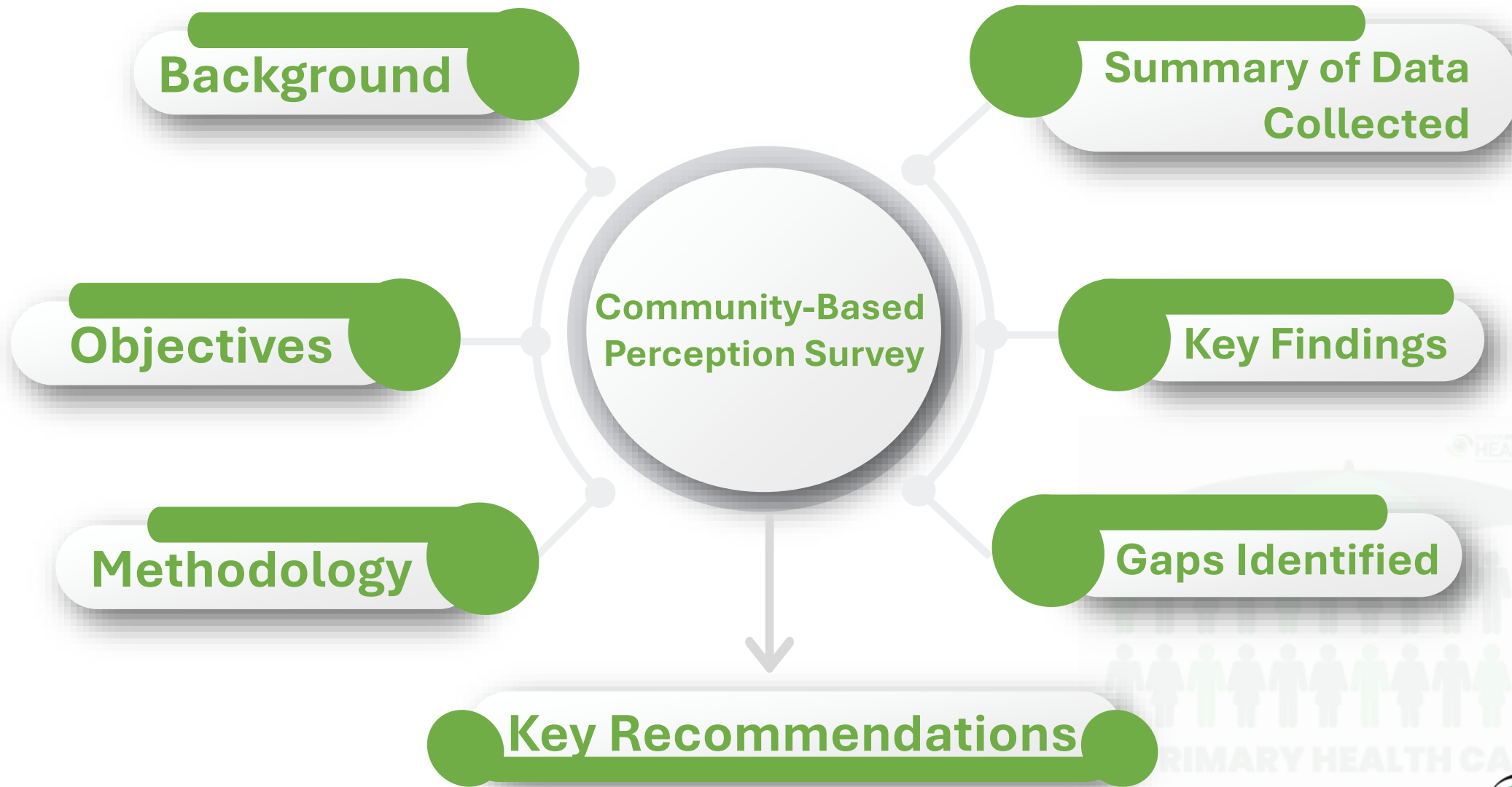


Nigeria Health Watch

Kano State Community-Based Perception Survey Findings Summary

October 2024

Presentation Outline



Background

- Nigeria's Maternal Mortality Ratio stands at 512 deaths per 100,000 live births, contributing to 20% of global maternal deaths (UNICEF, 2023)
- In response, the Federal Government, alongside state health ministries and partners, is working to reduce maternal and child mortality by enhancing primary healthcare services through the Health Sector Investment Renewal Plan
- The Nigeria Health Sector developed a new strategic health vision to save lives, reduce physical and financial pain, produce health and delivering a socially accountable healthcare system for a healthy and productive population
- As part of our Global Policy Advocacy project to increase accountability for primary healthcare, Nigeria Health Watch conducted a Community-Based Perception Household Survey across six LGAs in Kano State
- This document summarises the survey findings and key recommendations

The Objectives of this survey are to



- 1** Strengthen community accountability mechanisms for improved delivery of Primary Health Care services.
 - 2** Revive government and citizen-led efforts to ensure social accountability.
 - 3** Amplify citizens' voices in the delivery of healthcare services.
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Methodology

The survey employed a mixed-methods approach, combining both qualitative and quantitative data collection methods alongside a secondary data review. The methodology focused on understanding primary healthcare (PHC) service delivery and included the following key elements:

Secondary Data Review

- Existing data from government reports, international health organisations, and statistical databases were analysed to understand the current state of PHC services in Kano State and provide context for primary data collection.

Qualitative Data Collection:

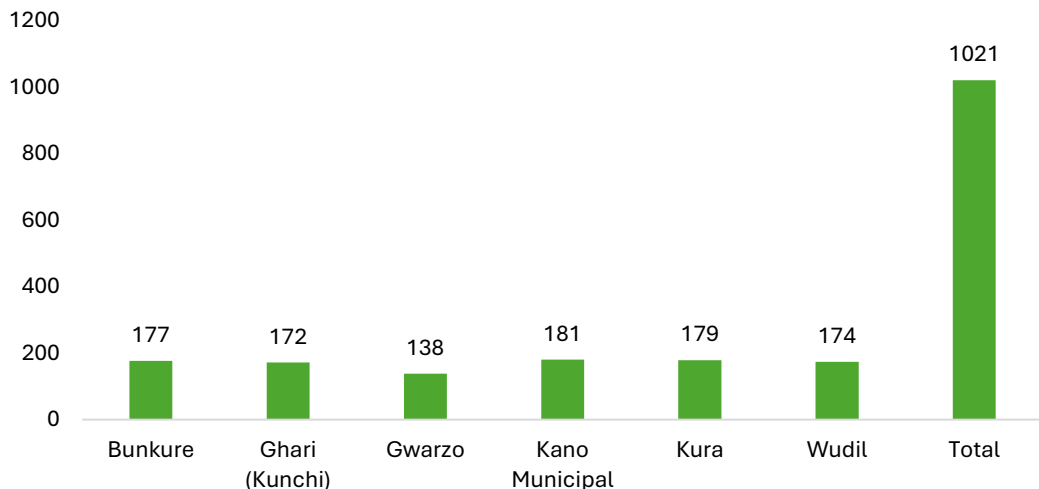
- Focus Group Discussions (FGDs):** Conducted in KMC, Kura, Ghari, Gwarzo, Bunkure and Wudil Local Government Area (LGA) of Kano, the FGDs involved participants from diverse community subgroups such as women of reproductive age, religious leaders, and youths. The discussions were moderated by trained facilitators and focused on identifying challenges, gaps, and achievements in PHC.
- Key Informant Interviews (KIIs):** KIIs were conducted with key individuals, such as Officers in Charge (OICs) of PHC facilities, state-level health officials, and LGA Ward Development Committee Chairmen, providing in-depth insights into PHC service delivery challenges and successes.

Quantitative Data Collection

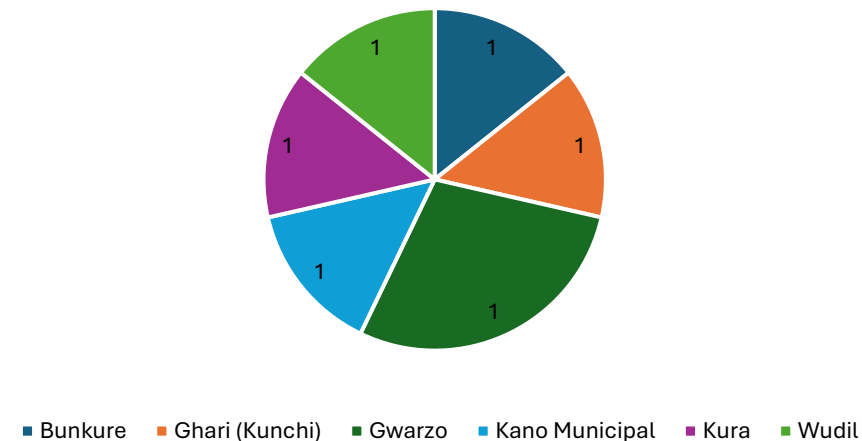
- Household Survey (HHS):** The survey used structured questionnaires administered through face-to-face interviews to gather data on community members' experiences with PHC. A multi-stage cluster sampling technique ensured representative data collection across Kano's LGAs, with households randomly selected to participate.

Summary of Data Collected

No. of Household Survey conducted



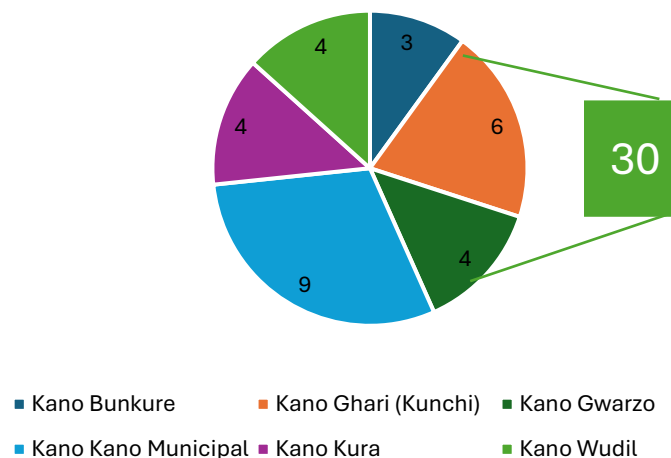
Number of FGDs



The distribution shows the number of surveys conducted per LGA in Kano state totalling up **1021** surveys

FGD_ we conducted 1 FGD per local government area, summing up to **6** FGDs

KIIs Conducted



We recorded a total of **30** KIIs in each LGAs distributed by wards

Key Findings (1/3)

Themes

1

Healthcare Access



Key findings

Significant disparities in healthcare access, with rural areas such as Ghari (Kunchi) and Kura reporting limited services



Recommendations

- Prioritize interventions in underserved areas by deploying mobile healthcare units, or
- Improving infrastructure in rural LGAs



Key discussions

How can subnational policies improve access in rural areas?"



2

PHC Facilities Resources and staffing



13.4% respondents believe PHCs are equipped

Respondents highlight critical gaps in staffing and equipment in Ghari (Kunchi) and Shamakawa Ward

13.4



- Investments in upgrading PHC infrastructure, providing essential medical equipment, and
- recruiting additional healthcare personnel



What steps can ensure PHCs are adequately staffed and equipped?"

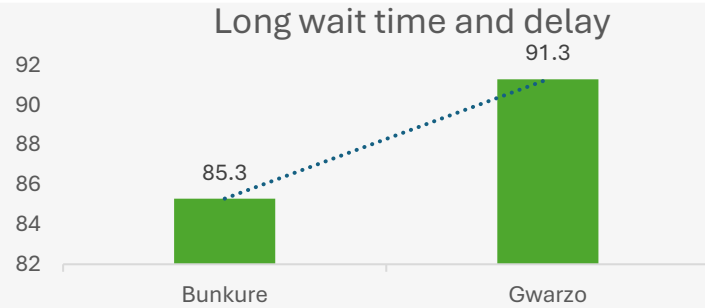


Findings (2/3)

Themes

3

Quality of Care and Long Wait Times



Key findings

Recommendations

- Implement healthcare performance management systems to reduce long wait times
- Introduce service efficiency standards across PHCs



Key discussions

“How can Kano’s healthcare system optimize service delivery to reduce long wait times in PHCs?”



4

Community Engagement and Awareness Mechanisms



Low awareness of healthcare interventions like the Basic Healthcare Provision Fund (BHCPF)



- Strengthening community outreach programs to raise awareness about government healthcare interventions
- Create a grievance redressal mechanism



“How can the government better engage communities to improve awareness of healthcare interventions?”



Key Findings (3/3)

Themes

5 Service Delivery and Accountability



Key findings

A need for enhanced transparency and accountability in PHC service delivery, particularly in areas where community confidence in management is low



Recommendations

Establish stronger accountability measures at the PHC level, such as introducing community scorecards and regular performance audits



Key discussions

“What mechanisms can improve accountability and transparency in PHC service delivery?”



6 Community Feedback and Participation



While 46.4% of respondents feel their feedback is considered, there is need for better feedback inclusion in decision-making



- Formalize community feedback channels at the PHC level that feedback is consistently analysed, and integrated into healthcare policy reforms
- Organize regular community meetings and forums



“How can PHC facilities enhance their feedback mechanisms to inform healthcare delivery improvements?”



Gaps Identified

Inadequate Staffing Levels

- Shortage of healthcare professionals, including doctors, nurses, and support staff
- More severe in rural areas with already limited access to healthcare

Overburdened Healthcare Workers

- Limited staff handling too many patients, leading to long wait times and service delays
- In Bunkure (85.3%) and Gwarzo (91.3%), respondents report significant delays

Negative Impact on Healthcare Worker Attitudes

- Workload and limited support causing frustration and burnout
- Reports of poor interpersonal relations and lack of empathy in areas like Wudil and Kano Municipal

Reduced Quality of Care

- High patient load compromises the attention given to patients
- Ghari (Kunchi) and Shamakawa Ward report a noticeable decline in healthcare quality and patient satisfaction

Key Recommendations

Strengthen Health Infrastructure

Invest in equipping PHC facilities with essential medical equipment and ensure equitable distribution across LGAs

Improve Health Workforce Capacity

Develop policies that prioritize staffing in rural and underserved LGAs through recruitment drives and incentives for healthcare professionals

Enhance Accountability and Transparency

Introduce governance frameworks that include community oversight, regular performance audits, and citizen participation in healthcare decisions

Expand Community Engagement Efforts

Strengthen community outreach programs and feedback mechanisms to ensure widespread awareness of government healthcare interventions and the inclusion of community input in healthcare policies

*Thank
you*

