



STRENGTHENING PHC ACCOUNTABILITY FOR
IMPROVED MATERNAL AND CHILD HEALTH:

**BRIDGING GAPS IN
PRIMARY HEALTH CARE
(PHC) SERVICE DELIVERY**

Held at Bon Hotel, Kano State Nigeria

3rd October 2024



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INTRODUCTION

Primary health care (PHC) is crucial for building resilient health systems. Globally, PHC is the foundation of [universal health coverage](#), offering communities integrated, people-centred, and equitable health services. For countries like Nigeria, strengthening PHC systems is not just a priority but a necessity.

This report, “*Strengthening PHC Accountability for Improved Maternal and Child Health: Bridging Gaps in Primary Health Care (PHC) Service Delivery*”, captures a vital dialogue to address the critical challenges and explore sustainable strategies for improving health outcomes in Kano State. With the high rate of [maternal and child mortality](#) of 377.8 per 100,000 live births, which is far above the national target of 288 per 100,000 live births, and persistent disparities in access to quality care, the need for a robust and accountable PHC framework is evident.

This dialogue examines evidence, challenges, and innovative approaches in depth and highlights the importance of bridging gaps in service delivery, ensuring accountability, and enhancing community engagement. It also discusses the different structures of primary health care, addressing issues such as workforce shortages and funding gaps, using data-driven solutions, and strengthening referral systems.

The insights shared are a testament to the collective commitment of stakeholders, from government and healthcare providers to non-governmental organisations (NGOs), civil society organisations (CSOs) and community/traditional/religious leaders. Together, these diverse voices present a unified vision of a health system that is resilient, equitable, and responsive to the needs of women and children.

As the state embarks on the challenging journey to enhance maternal and child health, this report reflects the progress and serves as a guide for future improvements. It calls on policymakers, healthcare professionals, and communities to work together, innovate, and hold each other accountable to achieve sustainable health outcomes by transforming and enhancing the performance of primary healthcare (PHC) centres across the states.

SPEAKERS



Alhaji Shehu Sani

The Permanent Secretary, Kano State Ministry of Health



Dr. Rahila Ali Mukhtar,

The Executive Secretary, Kano State Contributory Healthcare Management Agency (KSCHMA)



Ms. Thelma Oriade

Program Lead, For M(om) project, SCIDaR, Nigeria



Mansura Yahaya

The Coordinator for Maternal, Newborn, and Child Health, Kano State Ministry of Health

SPEAKERS



Alh. Sani Abdullahi Ngogo

Director of Environmental and Public Health, Kano State Primary Health Care Management Board.



Hon. Dr. Musa Ali Kachako

Member Health Committee-Kano State House of Assembly



Hajiya Habiba Mijinyawa

State Amira- Federation of Muslim Women's Association of Nigeria (FOMWAN)



Mallam Aminu Abdu,

Human Resource Health Coordinator, Kano State Primary Health Care

▶ EVENT COMPERE

Christopher Bassey

Programme and Event Manager, Nigeria Health Watch

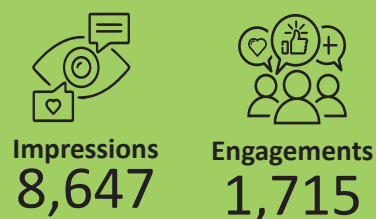


IMPACT IN NUMBERS

Social Media

The PHC Policy Dialogue generated significant social media traffic, contributing to the event's overall visibility and engagement.

Key Metrics:



Engagement Rate (per Impression):



Nigeria Health Watch
Thu 10/3/2024 8:03 pm CET

Tackling Maternal Mortality Through Strengthened Primary Health Care (PHC) Today, in the ancient city of Kano, we hosted our 2024 PHC Policy Dialogue titled Strengthening PHC Accountability for Improve...

Total Engagements	1,361
Reactions	118
Comments	4
Shares	12
Post Clicks (All)	1,227

@nighealthwatch
Wed 10/2/2024 4:05 pm CET

Just touched down 📍 We are ready for tomorrow's #PHC Policy Dialogue, where we will explore strategies to strengthen primary healthcare for improved maternal & child health outcomes. Watch th...

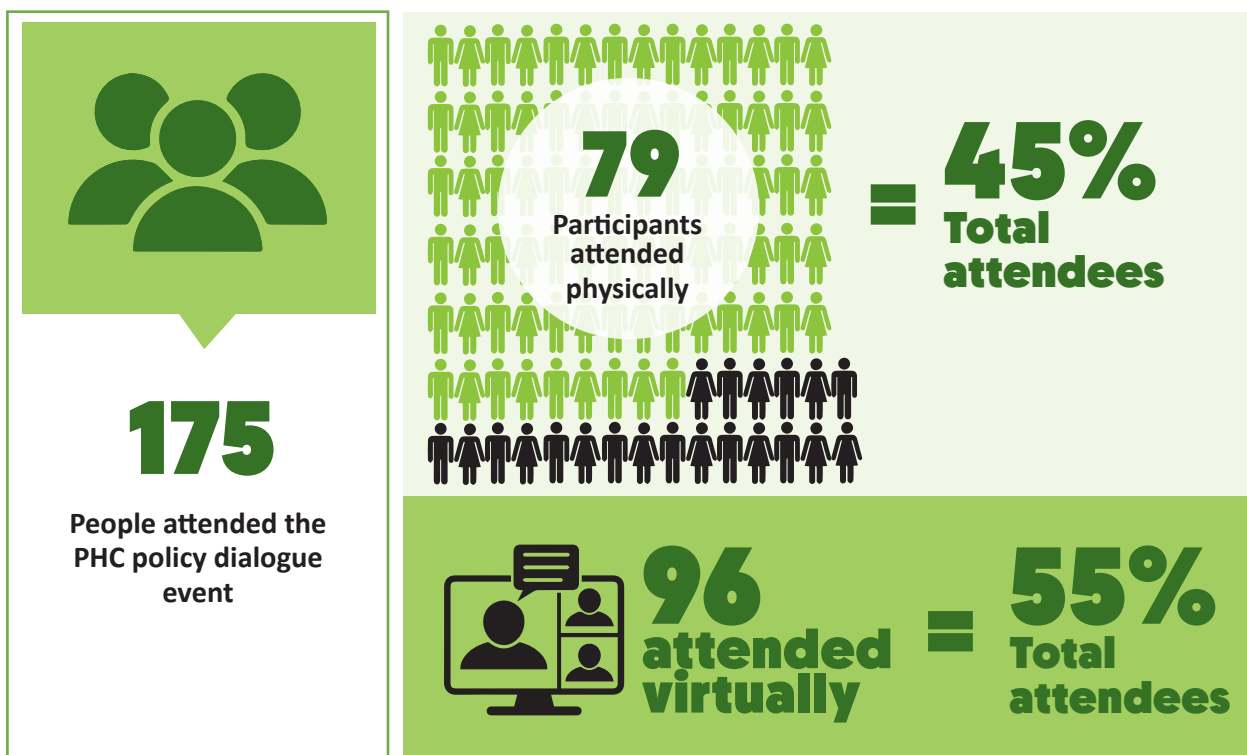
Total Engagements	41
Likes	8
@Replies	1
Reposts	1
Post Link Clicks	—
Other Post Clicks	31
Other Engagements	0

@nighealthwatch
Thu 10/3/2024 10:37 am CET

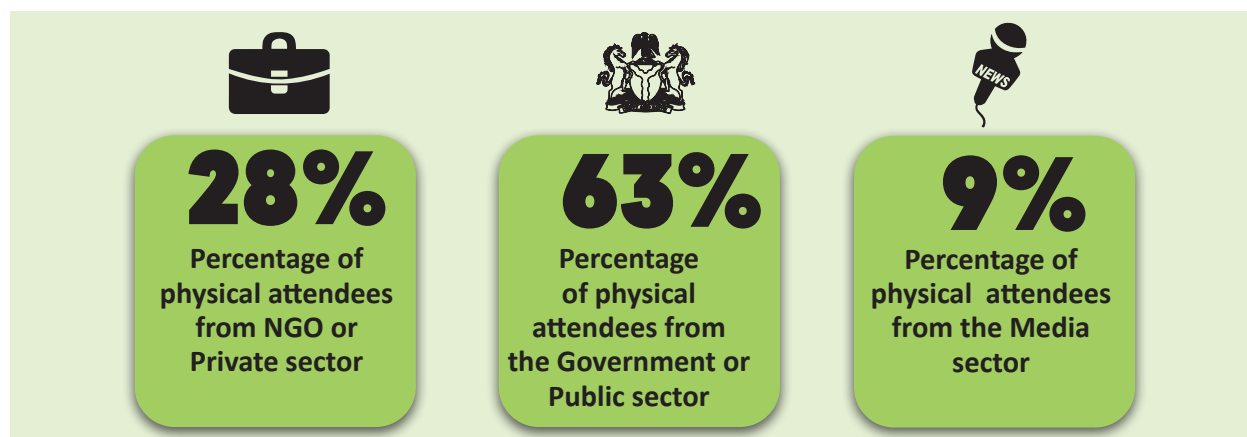
Primary Health Centres are the first point of care for many Nigerians, especially in rural areas. However, systemic issues often limit their ability to deliver quality health care. Strengthening accountability in...

Total Engagements	40
Likes	2
@Replies	0
Reposts	2
Post Link Clicks	—
Other Post Clicks	36
Other Engagements	0

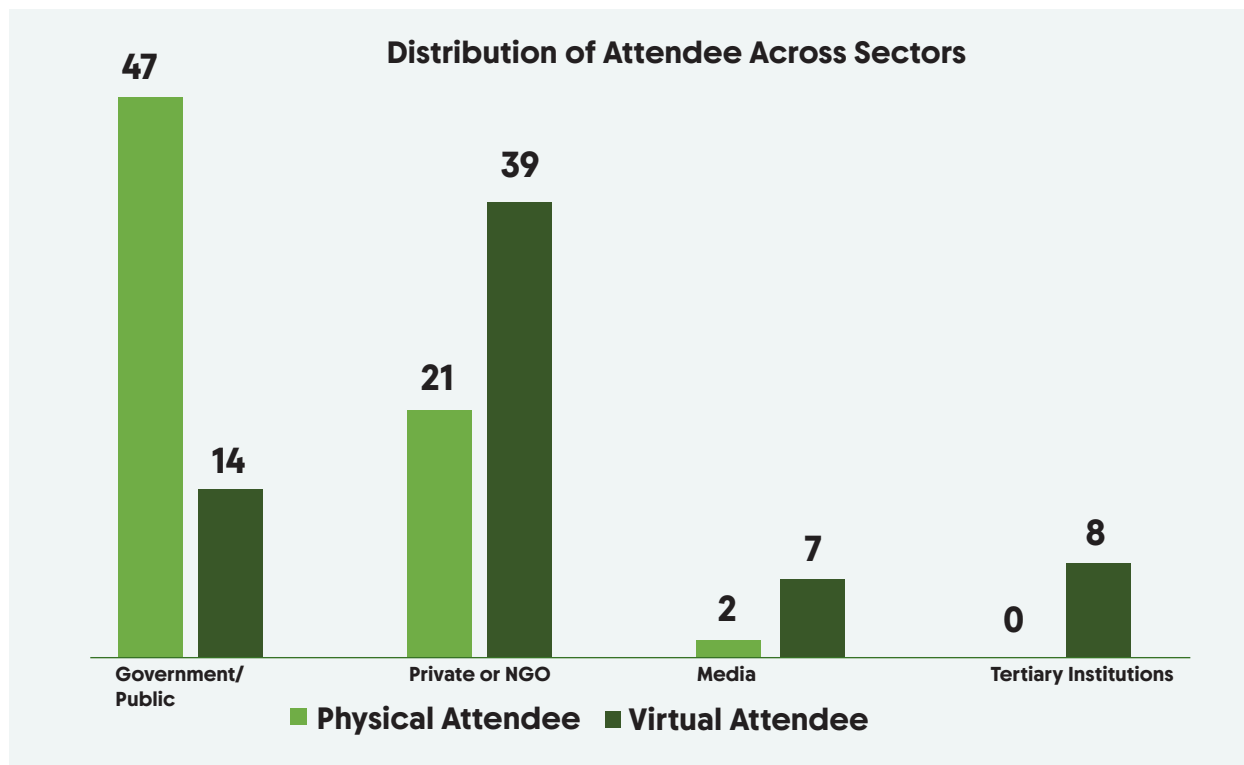
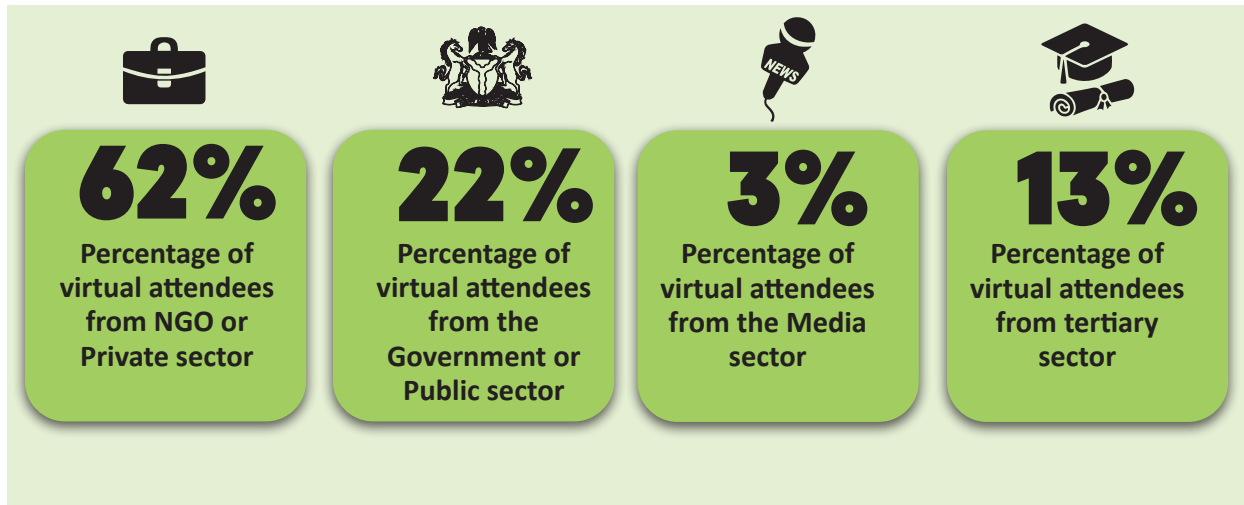
Attendance and Participation



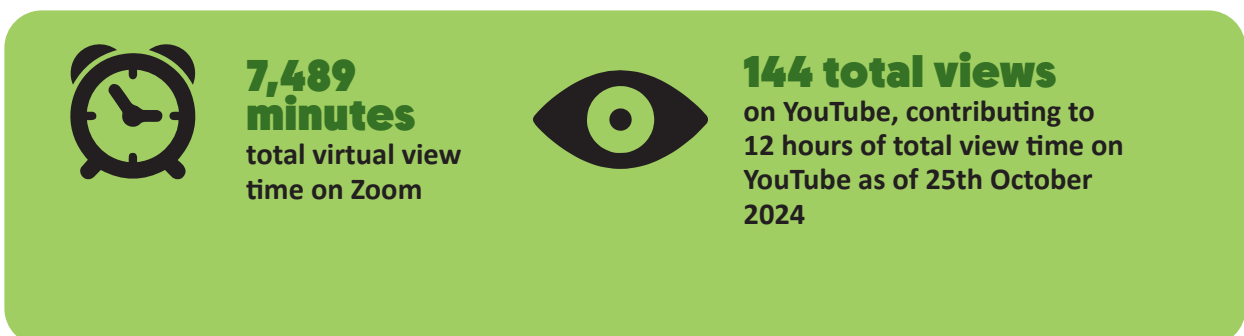
Physical attendance



Virtual attendance

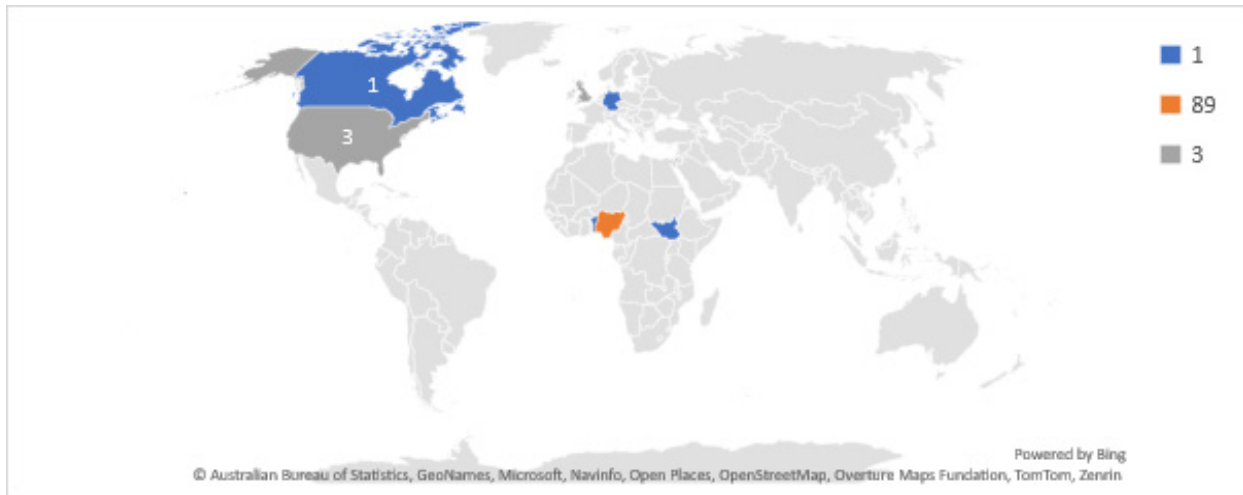


Virtual Engagement



Geographic Representation

Most of our virtual attendees (85%) are Nigerian based, 3% from the United Kingdom and the United States each. 1% from Benin, Canada, Germany, Israel, and South Sudan, each.



Post-Dialogue Survey Analysis

A post-event survey was deployed to assess participants' experiences and identify areas for improvement for future events. We received a 100% completion rate of responses; the findings below were drawn based on the responses.

1 Logistics:

63.16% of respondents were very satisfied with the logistics and event

2 Communications and planning:

52.63% of our respondents were satisfied with communications and planning of the event.

3 Respondents

52.63% of respondents were satisfied with the overall experience.

4 All participants

100% identified that the event met its objectives in discussing PHC service delivery gaps and identifying policy recommendations.

5 Majority of respondents

84.21% believed the findings presented from the Community-Based Perception Household Survey accurately reflected the community's perceptions and experiences of PHCs in Kano State.

6 Respondents reports

58% of total respondents reported that the panel sessions performed excellently well in terms of usefulness and clarity, and 42% reported that it was good.

7 Panel session

58% of respondents found panel one most impactful, while 42% preferred panel two.

8 Most respondents

63.16% gained actionable insights or recommendations from the event. 'Community engagement' was the most action or insight noted.

9 Respondents reports

74% of respondents reported that community feedback and accountability mechanisms in improving PHC services were effectively discussed?

10 All participants

100% indicated that they would love to be involved in future dialogues or events on improving PHC accountability.



Welcome Remark By Vivianne Ihekweazu

– Managing Director, Nigeria Health Watch



Vivianne made the welcome remarks, saying that the policy dialogue aimed to address health challenges in the state and the importance of citizen voices in identifying gaps in health care delivery.

There is a need to focus not only on successes but also on the existing gaps in the health system, particularly affecting women and children, as evidenced by high maternal and infant mortality rates.

Kano State allocates a significant portion of its budget to health, nearing the 15% target set by the government, which is commendable. The state has strong partnerships supporting health initiatives, and the national health sector renewal initiative aims to unify efforts among various partners and the private sector through a coordinated approach known as SWAP (one plan, one budget, one report). While progress may appear slow, the commitment from state health leadership is evident, and ongoing efforts are being made to tackle identified challenges.

Nigeria Health Watch has deployed strategies through the global policy and advocacy project in Kano State to mitigate health disparities, especially as they impact high maternal and child mortality. These strategies include working with community-based organisations in the state to conduct town hall meetings, community sensitisation activities, and radio programs to increase knowledge and awareness and improve the health-seeking behaviours of people in the community. These will be accompanied by active stakeholder engagement for policy and programme improvement. Nigeria Health Watch is also working with the Five Cowries Initiative to improve literacy among adolescent girls through arts and crafts on reproductive health, nutrition and WASH to raise community health champions. The community health watch leverages local reporters to document the experience of accessing and providing health services in the communities.

Vivianne expressed appreciation for the hospitality shown by the Kano State officials and looks forward to continued collaboration to improve health care in the state.



Kano State Community-Based Perception Survey Findings, Presentation

By Solomon Oladimeji
-Monitoring and
Evaluation Manager,
Nigeria Health Watch

A baseline community-based perception survey was conducted in Kano State as part of efforts to improve primary healthcare (PHC) accountability for better maternal and child health outcomes. This survey is part of the Global Policy and Advocacy Project's strategies to strengthen community accountability mechanisms, amplify citizen voices, and promote government-led initiatives for maternal mortality reduction in Nigeria.

The survey utilised both qualitative and quantitative methodologies, including a secondary desk review and data collection through household surveys, focus group discussions (FGDs), and key informant interviews (KIIs) across six local governments in Kano, stratified by geopolitical zones (Kano Municipal Council and Kura from Kano Central, Gwarzo and Ghari from Kano North and Wudil and Bunkure from Kano South). With 1,021 households surveyed and 30 FGDs conducted, the survey targeted various stakeholders, including women of reproductive age, community leaders, religious figures, and primary healthcare providers.

Key findings revealed significant disparities in healthcare access, especially between rural and urban areas. Rural areas like Ghari and Gwarzo lack adequate healthcare access compared to urban areas like Kano Municipal Council.

Only 13.4% of respondents believed their PHCs were adequately equipped, highlighting the need for investment in PHC infrastructure and staffing. Long wait times and lower quality of care in specific areas further underscored the need for enhanced service delivery and accountability.

The survey's recommendations included prioritising healthcare interventions in underserved rural areas, investing in PHC infrastructure and equipment, strengthening community feedback mechanisms, and improving staffing levels. Specifically, the survey emphasised the need for government frameworks that integrate community oversight through Ward Development Committees (WDCs) to ensure transparency and accountability.

The survey also suggested expanding community engagement efforts, establishing grievance redress mechanisms, and improving outreach programs to increase awareness and community involvement in healthcare policy reforms. These steps are critical to addressing staffing shortages, reducing the burden on healthcare workers, and enhancing the overall quality of care at PHCs in Kano and beyond.

Overview of the current state of PHC in Kano State, key challenges, and opportunities for improvement

A Keynote Address By **Dr Nasiru Mahmoud**
- Director General, Kano State Primary
Healthcare Management Board (KSPHCMB)



Dr. Nasir Mahmoud remarked that primary health care (PHC) serves as the initial point of contact within the health system. He emphasised that PHC structures are universal, affordable, accessible, and globally recognised. Dr Mahmoud noted the significant progress made in the state, including the establishment of the State Primary Care Management Board and the initiative to consolidate PHC services through the PHCUOR management framework.

He highlighted that important policy documents, such as the Minimum Service Package and human resource management strategies, play a vital role in guiding the operations of PHCs in the state.

However, he acknowledged that challenges persist, including a deficiency in the number of PHCs to meet the needs of the growing population. The state aims to ensure at least one functional Primary Health Center (PHC) in each political ward. Also, the state suffers from insufficient frontline health workers, with only 5,000 available instead of the 14,000 required to meet the minimum requirement to provide adequate services to meet the growing population's needs.

Dr. Mahmoud expressed confidence in the strong political commitment and financial resources available at national and state levels to improve healthcare in Kano State. He also mentioned the support from international partners, including the Gates Foundation and the World Bank. The IMPACT Project is a collaboration between the Nigerian government and the World Bank, which is working to revitalise 484 PHCs in Kano State to enhance local healthcare services.

Government efforts to strengthen PHCs

A Keynote address By **Dr Abubakar Labaran-Yusuf**, the Honourable Commissioner for Health in Kano State



The Commissioner for Health, Dr Abubakar Labaran Yusuf, affirmed the critical need to strengthen the primary health care (PHC) system, as it serves as the cornerstone of health development in Kano State. Kano is currently facing alarming maternal and child mortality rates, coupled with the deterioration of health facilities and insufficient funding for essential health programs. It is also clear that the health insurance system is inadequate, with coverage sitting at under 20% of the population, indicating an urgent necessity for comprehensive reform. He agreed that implementing the sector-wide approach (SWAp) presents a unique opportunity for unified health planning and budgeting that can potentially revolutionise the health system over the next decade. However, it is important to identify and address the weaknesses rather than solely focus on its strengths. By doing so, the state can effectively bridge the existing gaps and better serve the health needs of the people.

Panel One

Addressing Disparities in Healthcare Access and Equity



Moderator: Dr Kemisola Agbaoye
(Director of program, Nigeria Health Watch)



Alhaji Shehu Sani, the Permanent Secretary of the Kano State Ministry of Health

What are the budget allocations and disbursement mechanisms the government uses to improve primary healthcare in rural Kano, and what challenges hinder the timely delivery of funds and resources to these areas



Alhaji Shehu Sani acknowledged that funding challenges exist in the health sector. Despite the ₦72 billion allocated to the health sector this year, 2024, it is still insufficient. There is a need for an annual operational plan to explore diverse funding sources and enhance partnerships to attract donors, including the Kano State Health Trust Fund

(KHETFUND). Sani reported that budget implementation has exceeded 50% this year, aided by the SWAp mechanism, which improves rural service delivery. A monitoring and evaluation system has been established. Kano State has identified 126 specific local services to meet its health needs, making it the first state to fully adopt the SWAP approach.

Dr. Rahila Ali Mukhtar, The Executive Secretary of the Kano State Contributory Healthcare Management Agency (KSCHMA)

What strategies and initiatives does the Kano State Contributory Healthcare Management Agency use to ensure equitable access to healthcare for rural populations and address their unique challenges



Dr. Rahila Ali Mukhtar revealed that there are efforts to make healthcare accessible through formal and informal programs, including an equity initiative. A Health MOU allocates funds for services targeting pregnant women, while the Kano State Health Trust Fund (KHETFUND) supports healthcare in remand homes. The Basic Healthcare Provision Fund (BHCPF) enhances PHC services for vulnerable groups, including pregnant women, children under five, and patients with sickle cell disease and leprosy. Over 160 vulnerable individuals are enrolled, with Kano leading in contributory funding. Ongoing discussions with KHET-

FUND are aimed at providing tertiary care. Kano State has 484 accredited PHCs, 40 secondary service providers, and 96 private facilities, with over 800,000 enrollees in the contributory scheme, aiming for one million by year-end.

ICT facilities enable enrollment in offline communities, improving access for enrollees. Enrollees are registered at the nearest facility, regardless of ward boundaries. Facility managers are encouraged to establish a referral system to ensure appropriate care, as enrollees primarily access 80% of primary care and only 20% of secondary care.

Thelma Oriade, Program Lead, For M(om) project SCIDaR, Nigeria

What actions is the FOR M(om) Project taking to enhance maternal care in Kano State and support rural healthcare facilities



Thelma Oriade stated that with a focus on addressing continuity of care gaps, the project targets 42 tertiary health facilities in Nigeria through four key interventions:

- 1) Financing lifesaving equipment/commodities sponsored by Helium Health, a digital health financing organisation. This program pays upfront on behalf of healthcare facilities after reaching an agreement. The facilities then use this equipment to generate revenue, which is used to repay the initial costs. There are several innovative financing strategies involved, including:
 - Buy, Operate, and Transfer: In this model, skilled personnel are hired to operate the equipment on behalf of the facility.
 - Buy, Lease, and Transfer: The facility hires skilled personnel to operate the equipment, which is leased rather than purchased outright.
 - Unlending Program: This involves providing loans to health facilities or government entities, which are repaid after a specified period.



These strategies help ensure that healthcare facilities can access essential medical equipment while maintaining financial sustainability.

- 2) Digitising facilities to enhance patient documentation.
- 3) Implementing capacity-building programs for healthcare workers; and
- 4) Engaging communities to increase awareness of available health services for women of reproductive age.

The project is currently expanding its scope to include Primary Health Care facilities. It aims to strengthen and leverage existing structures for sustainable impact instead of establishing parallel systems.

Mansura Yahaya, the Coordinator for Maternal, Newborn, and Child Health Kano State Ministry of Health

What measures can be taken to address maternal health challenges in Kano State, focusing on safe births, access to reproductive services, and government efforts



Mrs. Monsura Yahaya stated that progress has been made in reducing the rate of home births. In 1990, the home birth rate exceeded 60%. However, by 2017, it had decreased to approximately 55%. This is an insignificant improvement considering the resources invested. Community Non-Patient Death Surveillance and Response (NPDSR) programs are active in ten local government areas (LGAs) in Kano State, ensuring that community data is reported to healthcare facilities annually.

Quality Improvement Team (QIT) has been established in all apex facilities, however, there are concerns over the referral system. The Medical Follow-Up (MFU) process is being developed to improve links between primary and secondary facilities. Social Mobilization Officers actively engage men to support women's access to healthcare facilities. Dialogues like this will help improve the quality of services provided.



Panel TWO

Strengthening Primary Health Care (PHC) Resources and Workforce through Community Engagement and Accountability for Maternal Care



Moderator: Safiya Shuaibu Isa



Alh. Sani Abdullahi Ngogo, Director of Environmental and Public Health, Kano State Primary Health Care Management Board

How can community structures in Kano State be leveraged to enhance accountability and improve maternal healthcare delivery



Alh. Sani Abdullahi Ngogo emphasised that Ward Development Committees (WDCs), village committees, and religious and traditional leaders play key roles in community mobilisation, health awareness, and promoting ownership of local healthcare services. WDCs manage health facilities and monitor their performance, supporting accountability through resource mobilisation to address facility needs. Traditional Birth Attendants (TBAs) also contribute to social mobilisation for immunisation and antenatal care. Community engagement officers and local health educators under the Kano State Primary Health Care Management Board (PHCMB) facilitate collaboration across communities and healthcare services. WDCs include nearly 15 members, with women holding about half the positions and often serving as vice-chair or treasurer. These groups, alongside traditional and religious leaders, are essential in strengthening healthcare delivery and community participation, especially for referrals and facility-based childbirth.



Hon. Dr Musa Ali Kachako, Member Health Committee-Kano State House of Assembly

How does the Kano State House of Assembly and its Health Committee work to improve healthcare access and infrastructure for residents, particularly in rural and underserved areas ?

Honourable Dr Musa Ali Kachako highlighted that the primary roles of the Kano State Assembly in governance include law-making, representation, and government oversight, which are essential for implementing effective health policies. Legislative actions, such as establishing legal frameworks for health, empower the government to execute policies confidently. Healthcare has been a legislative priority, with numerous health laws enacted since the 8th Assembly, surpassing those in other sectors. The Assembly is open to executive, community members, or private health-related bills, ensuring comprehensive review and legal backing for successful healthcare programs.

A key example is the Assembly's response to maternal health and manpower gaps in healthcare, specifically the lack of midwives, which contributes to high maternal mortality rates. Through partnerships with initiatives like the Women for Health program, the Assembly has facilitated the training of local women in midwifery, securing a one-million-naira budget per local government to support this initiative. Legislators also personally fund training to ensure sustained community health resources. This legal approach underscores the Assembly's commitment to aligning health policies with community needs, leveraging local input through public hearings, and crafting laws that effectively empower the government to address healthcare challenges.



Hajiya Habiba Mijinyawa, State Amira- Federation of Muslim Women's Association of Nigeria (FOMWAN)

How does the Federation of Muslim Women's Associations in Nigeria (FOMWAN) utilise its grassroots presence to improve accountability in maternal healthcare services and empower communities, especially women



Hajiya Habiba Mijinyawa stated that FOMWAN is critical in advocating for women's and children's health in rural communities. FOMWAN actively engages with lawmakers, administrators, healthcare facilities, and communities, emphasising the importance of accessible healthcare for women. The organisation mobilises and educates women, encouraging them to seek hospital care. However, FOMWAN highlights several challenges, including insufficient staffing, lack of midwives, inadequate maternity facilities, and poor access to essential resources like scanning machines. These shortages lead women to deliver at home, undermining efforts to promote safe childbirth.

FOMWAN also advocates for government action to address specific issues, such as hiring more healthcare staff in rural areas and ensuring fair deployment without urban favouritism. The organisation identifies additional needs for people with special needs, who often face barriers to receiving adequate care, like accessibility to labour beds. Furthermore, FOMWAN calls for increased representation and authority of women in Ward Development Committees (WDCs), as women are the primary users of healthcare facilities. FOMWAN aims to amplify women's voices, ensuring they can advocate for essential resources and improved healthcare services.



Mallam Aminu Abdu, Human Resource Health Coordinator, Kano State Primary Health Care Management Board

What progress has been made in implementing the Kano State PHC HRH Strategic Plan since 2022, and what challenges have been faced in improving the equitable distribution of healthcare workers, particularly skilled birth attendants



Mallam Aminu Abdu revealed that the Kano State Primary Health Care Management Board has established a human resource unit with a comprehensive information management system tracking all 11,305 staff members. To address staffing gaps, it has developed a 10-year strategic plan and implemented policies like the minimum service package, redistribution guide, and absenteeism reduction plan. In 2021, the Board hired 1,700 additional staff and 135 midwives using the Basic Healthcare Provision Fund, deploying them across health facilities. Despite these efforts, a staffing gap remains, as only half of the needed 22,000 staff members are currently employed, with a particular shortage of skilled personnel. The Board has outlined an 8-year minimum service package plan to bridge this gap by hiring more skilled and support staff.

The panel discussions allowed for engagement between the participants and panellists. After an engaging conversation, the following recommendations were made.



Key Recommendations

1. Encourage legislative support for healthcare initiatives, funding, and policy-making, with mechanisms for continuous public engagement to ensure health policies align with community needs.
2. Enhance accountability and transparency through the introduction of governance frameworks, which include community overights, regular performance audits, and citizen participation in healthcare decisions and expanding community engagement efforts by strengthening community outreach programs
3. Digitise patient records and facility management in primary healthcare centres (PHCs) to improve efficiency, patient tracking, and continuity of care, especially for pregnant women and children.
4. Improve referral networks between primary and secondary care to ensure patients receive appropriate and timely care, particularly for maternal and child health services.
5. Implementing a robust capacity-building initiative for healthcare workers
6. Effective community engagement to ensure that women of reproductive age are informed about the health services available to them.
7. To increase awareness of the gateways, there should be improved communication between the Primary Health Care Management Board and the Kano State Contributory Healthcare Management Board (KSCHMB).
8. WDCs, Village Development Committees, and religious and traditional leaders should actively participate in community engagement and mobilisation.
9. Efforts should be made to provide proper facilities for Persons with Disabilities (PWDs) in all PHCs.
10. Fully domesticate the 10-year strategic plan by implementing the health care workforce's minimum service package, redistribution guide, and absenteeism reduction plan.
11. Exploring the option to adopt a PHC model, where individuals with resources can invest in health through Primary Health Care structures.

Photo Speaks















About Nigeria Health Watch

Nigeria health Watch is a not-for-profit health communication and advocacy organisation that seeks to advocate for better health for Nigerians. We have worked to actively engage and support the government in raising awareness and increasing knowledge on a wide range of health issues in Nigeria. We aim to hold duty bearers accountable for delivering affordable and quality healthcare to Nigerians. The unique capacity of Nigeria Health Watch lies in the combination of its communication and health expertise, which enables the organisation to provide solutions for evidence- based communications and advocacy in the health sector.



Informed commentary, intelligence and insights on the Nigerian health sector

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