17TH APRIL

ADVANCING SUSTAINABLE FINANCING AND WORKFORCE CAPACITY

FOR EQUITABLE PRIMARY HEALTH CARE DELIVERY AND IMPROVED HEALTH OUTCOMES IN KADUNA STATE

NIGERIA HEALTH WATCH

Informed commentary, intelligence, and insights on the Nigerian health sector

2025

Table of Contents

Executive Summary

The Kaduna State Primary Health Care (PHC) Policy Dialogue, convened by Nigeria Health Watch in collaboration with Engender Health, McKing Health Consultants, and key partners, including WHO, CHAI, and others, brought together critical stakeholders to address persistent challenges in primary healthcare delivery. While Kaduna State has made notable strides, such as meeting the 15% budget allocation benchmark for health, significant gaps remain in translating these allocations into tangible service delivery improvements.

Themed "Advancing Sustainable Financing and Workforce Capacity for Equitable Primary Health Care Delivery and Improved Health Outcomes in Kaduna State," the dialogue provided a platform to discuss pressing issues such as fund disbursement, workforce capacity, transparency, and accountability mechanisms within PHC systems. Participants shared evidence-based insights, successful practices, and actionable strategies to enhance healthcare outcomes in Kaduna and other regions. Discussions focused on improving budget performance, strengthening workforce structures, and ensuring active citizen engagement in the financial tracking of healthcare investments.

As part of the broader Global Policy Advocacy Project, Nigeria Health Watch is expanding its Community Engagement Programme to Kaduna State to further strengthen PHC delivery through citizen-centred advocacy. Funded by the Gates Foundation, the five-year initiative seeks to address Nigeria's high maternal and child mortality rates and weak health accountability structures by amplifying community voices and providing policymakers with real-time, localised feedback. Having successfully piloted the initiative in Kano and Niger States, the project now aims to drive improvements in workforce availability, capacity and social accountability at the primary healthcare level in Kaduna. Through a combination of community storytelling, landscape analyses, misinformation management, and cross-country learning collaborations, Nigeria Health Watch is working to bridge the gap between health policies and their implementation on the ground.

Introduction

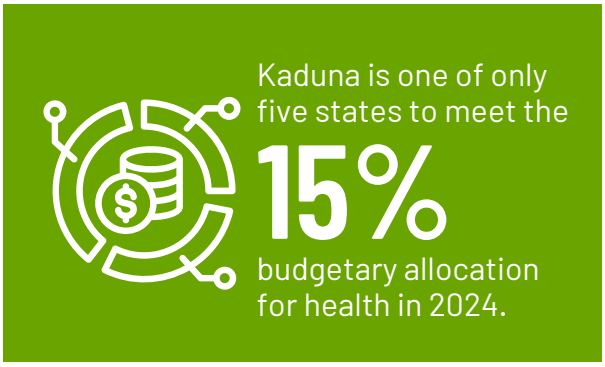
Nigeria continues to face significant challenges in achieving the Sustainable Development Goals (SDGs) for health, with persistently high maternal and child mortality rates and weak accountability structures. Primary healthcare (PHC) remains the backbone of any strong healthcare system and a critical pathway toward achieving Universal Health Coverage (UHC), particularly as the 2030 SDG deadline draws closer. Recognising the urgent need to strengthen primary healthcare delivery, targeted efforts are essential.

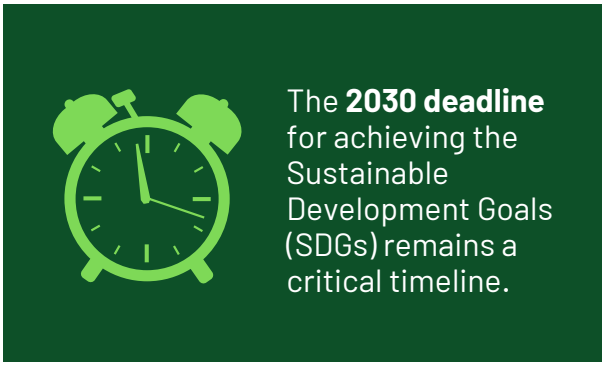
Kaduna State has emerged as a pacesetter, being one of only five states, alongside Bauchi, Abia, Yobe, and Kano, to achieve the 15% budgetary allocation benchmark for health in 2024. Despite this notable achievement, significant challenges remain in translating these allocations into tangible improvements at the primary healthcare level. Workforce shortages, delayed fund releases, cash-backing issues, and gaps in accountability mechanisms continue to undermine progress, contributing to alarmingly high under-five mortality rates.

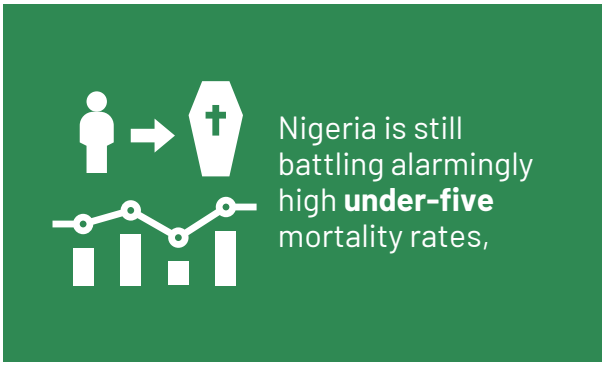
In response, the policy dialogue was convened to foster practical solutions to these pressing challenges, focusing on the following key objectives:

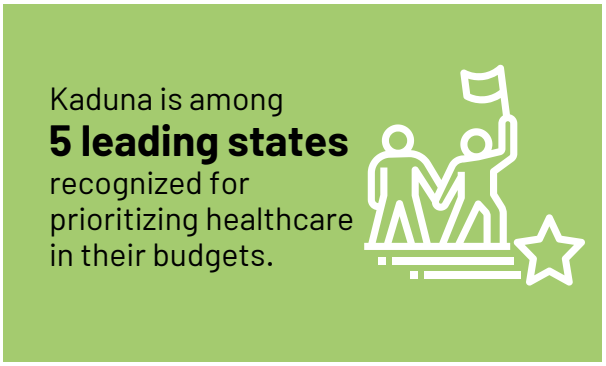
The event brought together a diverse range of stakeholders, including policymakers, healthcare providers, development partners, civil society organisations, and citizens' accountability groups such as the Kaduna Maternal Accountability Mechanism KADMAM, all united by a shared commitment to strengthening primary healthcare in Kaduna State and building a replicable model for other regions.

This report captures the key discussions, insights, and recommendations that emerged from the dialogue.









Keynote Address:

A Vision for Equitable and Sustainable Primary Healthcare in Kaduna State

Dr Aishatu Abubakar Sadiq
Permanent Secretary, Ministry of Health, Kaduna State

Dr. Aishatu Abubakar Sadiq, the Permanent Secretary of the Ministry of Health in Kaduna State, highlighted the critical challenges the state faces in providing equitable healthcare services. With a population of over 10.6 million, predominantly composed of women and youth, Kaduna is grappling with significant healthcare burdens. These challenges are compounded by a multidimensional poverty index of 88%, which rises to 89% for females. The need for universal healthcare, she stressed, is more urgent than ever, as equitable access to care remains a key priority for the state's healthcare strategy.

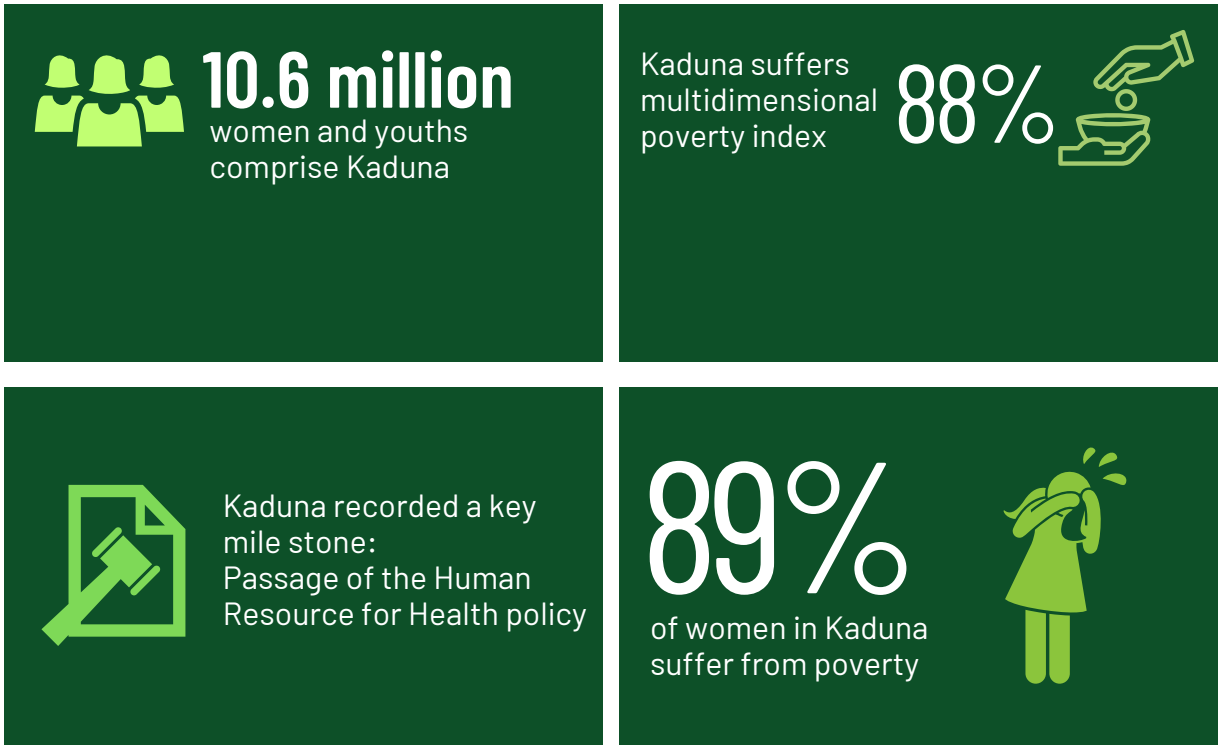
Dr. Sadiq pointed out that primary healthcare (PHC) serves as the foundation of any robust healthcare system and is critical to achieving Universal Health Coverage (UHC). She emphasised that delivering equitable healthcare starts with intentional investments at the PHC level. While acknowledging the state's progress, such as the management of the Basic Health Care Provision Fund to channel resources directly to PHC facilities, she underlined that funding alone does not guarantee sustainability. Effective disbursement systems, transparent financial tracking, community involvement in budget planning, and monitoring are essential to ensuring that the resources reach those who need them most.

Addressing the pressing issue of human resource shortages in healthcare, Dr. Sadiq explained that Kaduna State faces a unique challenge: healthcare workers are leaving public facilities for private and tertiary healthcare centres, exacerbating workforce shortages. The state has responded by passing the Human Resource for Health policy, which includes a

costed implementation plan focused on recruiting midwives and Community Health Influencers, Promoters and Services (CHIPS) for underserved areas. This policy also outlines strategies for continuous professional development, especially in maternal, newborn, and child health services. To mitigate the issue of staff attrition, the state plans to introduce incentives such as rural hardship allowances and career progression schemes, aimed at retaining talent in areas where it is most needed.

Dr. Sadiq called for a comprehensive approach to healthcare delivery, one that goes beyond technical discussions and embraces shared accountability. She encouraged stakeholders to move beyond conversation and act on the evidence and feedback from the communities they serve. The success of healthcare reforms, she argued, lies in collaborative decision-making and inclusive participation.

Finally, Dr. Sadiq expressed Kaduna State's commitment to building a healthcare system that is financed with foresight, staffed with compassion, and governed with accountability. She thanked Nigeria Health Watch for facilitating the dialogue and reaffirmed the state's readiness to act on the insights and innovations that would emerge from the discussions.



Critical Insights:

Financing alone is insufficient;
building resilient PHC requires systems for transparency, accountability, and community engagement.

The health workforce shortage is multi-dimensional (immigration, internal shifts) and requires strategic planning and retention strategies.

Community participation is critical not just in service delivery but in planning, monitoring, and accountability.

Kaduna's proactive policymaking (costed HRH plans, health trust funds) could serve as a model for other states if implemented successfully.

There is an urgent call to action for stakeholders to translate dialogue into measurable results, not just discussions.

Quote:
"We must recognise that equity in healthcare delivery begins with intentional investments at the primary healthcare level. It is not just about funding; it is about ensuring that the right systems are in place to make that funding work for those who need it most.

Dr Aishatu Abubakar Sadiq
Permanent Secretary, Ministry of Health, Kaduna State

FIRST PANEL SESSION:

Advancing Sustainable Financing for Equitable Healthcare Delivery in Kaduna.

Moderator: Dr Kemisola Agbaoye
Director of Programmes, Nigeria Health Watch

Dr Dutse Musa

Director, Health Planning, Research & Statistics (DHPRS), Kaduna State Primary Health Care Development Board

Habib A. Lawal

Permanent Secretary, Ministry of Finance, Kaduna State

Mallam Abubakar Hassan

Director General, Kaduna State Contributory Health Management Agency, KACHMA

Bashir Muhammed MNI

Permanent Secretary, Planning and Budget Commission, Kaduna State

Q1. What are the challenges with financing in primary healthcare delivery, specifically how pooled health insurance funding from the formal sector struggles to reach grassroots healthcare centres, and whether it translates into improved service delivery?

Mallam Abubakar Hassan

Director General, Kaduna State Contributory Health Management Agency, (KADCHMA)

Mallam Abubakar highlighted several critical factors affecting financing for primary healthcare in Kaduna State. He explained that financing challenges exist at multiple levels, from government agencies to healthcare facilities and the partners involved in funding healthcare initiatives. He stressed that the primary issue is understanding and aligning responsibilities at every stage of the financing process. To begin with, unrealistic planning and budget allocation are significant hurdles. He pointed out that if plans aren't grounded in reality, they tend to clash with other state priorities, making it harder to get approval for crucial health initiatives. As a result, financing can be delayed or misdirected, which affects the efficiency of service delivery at the grassroots level.

The need for realistic planning is vital. Mallam Abubakar emphasised that the government must align its healthcare plans with achievable goals and budgets, ensuring they are realistic and meet the state's health priorities. Once a credible plan is in place, partners can align their technical expertise and support the government in meeting its objectives. Beyond planning, he discussed the importance of accountability and transparency in spending. He pointed out that healthcare financing must be monitored carefully, ensuring funds are used for their intended purpose. A key point was the necessity of strategic purchasing in health finance, ensuring that medicines and human resources are adequately available at healthcare facilities.

Furthermore, Mallam Abubakar highlighted capacity issues, not only in terms of infrastructure but also in reporting and transparency. He noted that accurate and timely financial reporting is essential for proper accountability and the subsequent release of necessary funds. Without proper reporting systems, financing is delayed, and the healthcare system struggles to function effectively.

Q2. What are the challenges surrounding the delayed release of funds and the bottlenecks in ensuring that funds reach primary healthcare centers and translate into improved service delivery?

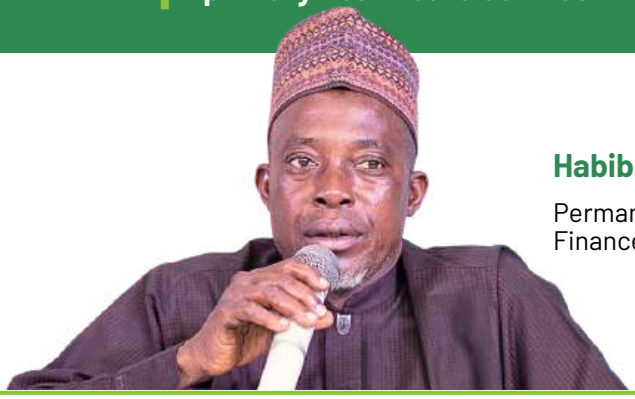
Dr Dutse Musa

Director, Health Planning, Research & Statistics (DHPRS), Kaduna State Primary Health Care Development Board

Dr. Dutse Musa shared insights into the complex, multifaceted process of accessing and releasing funds for primary healthcare. He outlined that the process of securing funds is "layered," meaning it involves several stages, each with its own set of challenges. The first hurdle occurs when the responsible officer fails to initiate the process, either by not applying for funds or failing to submit necessary documentation such as memos. Once the request is initiated, the process continues through the agency's internal procedures before reaching the Planning and Budget Commission, and eventually, finance. At each stage, approval is required, but even after receiving approval, the funds are not guaranteed to be backed by cash, which creates significant delays. The disconnect between approvals and the actual release of funds remains a major bottleneck.

Additionally, Dr. Musa highlighted an issue of liquidity, where even after receiving approval and release orders, the actual funds may not be available, further delaying the process. However, he shared a positive development: the Kaduna State Revenue Service has reported an increase in internally generated revenue, which may provide a solution to this issue in the future. Despite the challenges, this improvement in revenue generation gives hope for more timely and efficient financial management moving forward.

Q3. What challenges are faced at the Ministry of Finance level in ensuring timely cash backing and release of funds for healthcare, particularly in primary healthcare centres?



Habib A. Lawal

Permanent Secretary, Ministry of Finance, Kaduna State

Habib Lawal acknowledged that challenges related to financial transactions across ministries, departments, and agencies (MDAs) have existed in the past. However, he pointed out a significant change in policy under the current administration, which has worked to address these challenges. A major reform was introduced, focusing on ensuring realistic budgets from the outset, in collaboration with the Planning and Budget Commission. This alignment aims to prevent redundant funds and ensure that the government's budget is feasible and effectively financed. He highlighted that this new approach was integral to the government's policy for contracting, particularly in the health sector. He shared that any contract that is genuinely awarded and successfully completed is promptly supported by government approval and cash backing for payment. This method has already been applied to several major projects, including the upgrading of 255 primary healthcare centres across the state, with 142 of them already completed.

The process even includes advance payments to contractors, sometimes as high as 50%, to ensure projects begin promptly.

Despite these improvements, Lawal noted that the demand for funds remains high, as the government constantly seeks more resources to expand and enhance healthcare services. He called for continued collaboration across agencies to address any remaining challenges and further improve the state's health sector.

Q4. Discuss the challenges in tracking budget performance, timely releases, and the utilisation of funds allocated to the health sector. Specifically, where bottlenecks occur in these processes?

Bashir Muhammed MNI

Permanent Secretary, Planning and Budget Commission, Kaduna State

Bashir Muhammed emphasised that the primary objective of the government is to provide public services and good governance for citizens, particularly in the health sector. He acknowledged that, over the past decade, the Kaduna State Government has made consistent efforts in planning and budgeting to meet the health sector's needs. One key strategy has been ensuring that 15% of the state's budget is allocated to health, a target that has been consistently met.

However, he identified several challenges that impede smooth budget performance:

1.Cash Flow Challenges:
Despite budgeting efforts, there are still cash flow issues, limiting the government's ability to fulfil all sectoral needs, especially in healthcare.

2.Bureaucratic Bottlenecks:
The process from approval to release involves multiple layers of bureaucracy, which can slow down the efficient allocation and disbursement of funds.

3.Prioritisation of Needs:
Muhammad stressed the importance of prioritising healthcare delivery needs to ensure that funds are directed towards the most critical areas. Without proper prioritisation, funds may be diverted to less pressing issues, hindering progress in the health sector.

4.MTEF (Medium Term Expenditure Framework):
The MTEF is supposed to guide budget planning, but it is not always adhered to, often due to the lack of prioritisation or limited staff capacity to implement it effectively. When the MTEF is not followed, healthcare needs may not be properly reflected in the budget.

5.Monitoring and Tracking:
To address these issues, the Budget and Planning Commission collaborates with civil society organisations (CSOs) and external partners such as the Kaduna Maternal Accountability Mechanism KADMAM to track government expenditure and assess whether funds are being used effectively.

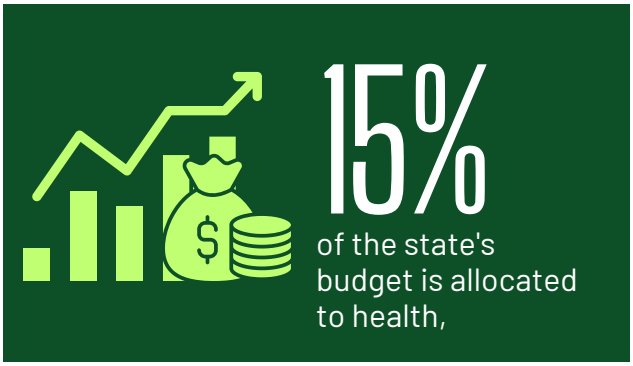
This mutual accountability mechanism ensures that government spending is monitored, fostering transparency and accountability.

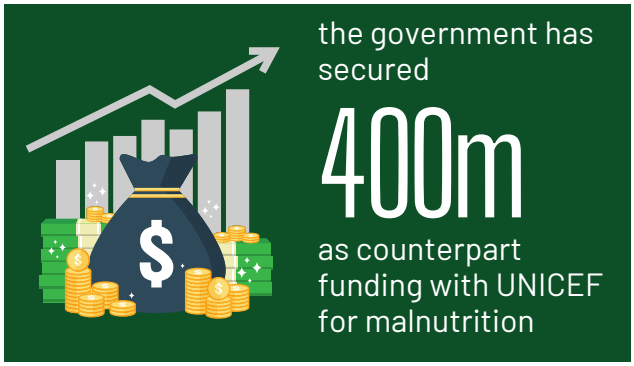
6.Integrated Financial Management System:
The government is working on deploying an electronic financial management system (such as the EMR - Electronic Medical Records system) to track real-time spending and prevent leakages, allowing for better allocation of resources and improving financial accountability.

7.Coordination with Partners:
Muhammad highlighted the importance of coordinating efforts with partners supporting the health sector. He mentioned that, through such coordination, the government successfully secured 400 million Naira as counterpart funding with UNICEF for malnutrition in the state.

8.Quarterly Inter-agency Meetings:
These meetings bring together all relevant health agencies to discuss budgetary needs, challenges, and solutions, ensuring that the budget and plans align with actual needs.

9.Cash Planning:
Both the Ministry of Health and the Ministry of Finance must coordinate their efforts to plan cash flows effectively, ensuring that the needed funds are available for timely releases to meet priority health sector needs.





Q5.

What is Kaduna State Primary Healthcare Board specifically doing to mitigate the challenges you are facing with bottlenecks, and how are you ensuring that when the Ministry of Finance approves and releases funds, they actually translate to improved service delivery at Primary Healthcare Centres (PHCs)? What are the challenges you are encountering, and how are you mitigating them?

Dr Dutse Musa

Director, Health Planning, Research & Statistics (DHPRS), Kaduna State Primary Health Care Development Board

Dr Dutse stated that essentially, they start by developing their plans based on needs assessments and thorough analysis. Their annual operational plans are needs-based and developed through a participatory process. They bring together a range of stakeholders, including officers from various MDAs under the health sector, civil society organisations, and representatives from the community, such as the Ward Development Committees (WDCs). This participatory approach fosters accountability and ensures that the expenditure process is transparent and multifaceted. Even during implementation, we maintain stakeholder involvement to avoid unilateral decision-making. They also have robust monitoring frameworks developed alongside our plans. As implementation progresses, we monitor identified indicators to measure whether we are achieving our objectives, and we conduct periodic performance assessments.

Additionally, as mentioned by the Permanent Secretary, Kaduna State operates under the Open Government Partnership (OGP) framework. Organisations like KADMAM conduct quarterly budget analyses, and through initiatives like Open Kaduna, they open our books for civil society and media scrutiny. They present and review our budget performance transparently, with active stakeholder engagement.

Regarding challenges, the availability of funds is not always the main issue. A major bottleneck faced is human resources. Even when they have funds, facilities, equipment, and commodities, shortages in human resources limit our service delivery capacity. They are actively working to address these gaps. Finally, they ensure additional layers of accountability through internal and external auditing processes. They carry out self-audits and engage external auditors. They also conduct annual performance reviews, including quarterly, midterm, and end-of-year evaluations. He closed by reaffirming the utilisation of funds is 100%

Q6. How instrumental has that been in terms of ensuring sustainable financing for service delivery at primary healthcare centres, and what are the gaps identified? How are the different funding points being leveraged to ensure the availability of funds?

Mallam Abubakar Hassan

Director General, Kaduna State Contributory Health Management Agency, (KADCHMA)

Mallam Abubakar highlighted that the Basic Healthcare Provision Fund (BHCPF) serves as an important source of funding for the vulnerable programme in Kaduna State. Funding from the BHCPF has remained consistent over the years and has been instrumental in expanding service coverage and ensuring equitable access for vulnerable populations. The funds have been utilised to improve the quality of service delivery, particularly through the provision of essential medicines at primary healthcare facilities. Emphasis has also been placed on ensuring that data on service utilisation is captured and analysed. This data is critical for understanding disease prevalence among enrollees and for informing programme implementation strategies. Kaduna State has prioritised internal mechanisms to strengthen financial reporting and accountability related to BHCPF expenditures. However, challenges persist, particularly with respect to low service utilisation.

For instance, despite enrolling pregnant women under the programme, there are instances where women do not attend antenatal care (ANC) visits or deliver at health facilities.

To address these challenges, the State has introduced a community-based tracking platform that leverages trained community volunteers to monitor service utilisation in impacted local government areas. This strategy aims to strengthen community ownership of the programme and enhance accountability at the grassroots level. Community engagement is recognised as essential to improving health outcomes, particularly in increasing ANC attendance and facility deliveries, and in reducing maternal mortality. The State government has also complemented federal funding by providing counterpart funding for the BHCPF. An additional 5,000 enrollees have been supported through state

contributions, with more than 50% of these funds targeted at improving maternal health outcomes in the most affected local government areas.

Further, there has been increased engagement from other levels of government. The State House of Assembly is considering integrating health components into constituency projects, and local governments are beginning to contribute towards supporting vulnerable populations. In addition to government efforts, partnerships with development partners, such as the Clinton Health Access Initiative (CHAI), have supported programme expansion. Through such partnerships, over 25,000 additional women and children have been enrolled under the programme.

Overall, while significant progress has been made in implementing the BHCPF in Kaduna State, there remains room for improvement. Strengthening community engagement, improving communication strategies, and scaling up sensitisation efforts are needed to further enhance service utilisation and health outcomes.

5,000

enrollees have been supported through state contributions

more than

50%

funds targeted at improving maternal health outcomes

introduction of community-based tracking platform to monitor service utilisation

Q7.

What are your thoughts on how to ensure sustainable financing in terms of other kinds of financial models, such as public-private partnerships or better partnership coordination with development partners? Please share your thoughts briefly on how Kaduna State can better mobilise resources and leverage innovative financing models for primary health care delivery.

Habib A. Lawal

Permanent Secretary, Ministry of Finance, Kaduna State

Habib Lawal stated that sustainable financing for primary health care requires a multifaceted approach. Achieving adequate and sustained budgetary allocations to the health sector is crucial to ensuring that health services are properly funded and maintained. Development partners continue to play a vital role. For instance, the World Bank has demonstrated its commitment to supporting Kaduna State across critical sectors, including primary healthcare and education. The recent visit of the World Bank Country Director to Kaduna underscores ongoing efforts to strengthen collaboration and attract further support.

In addition to external funding, there is a need to reinvigorate community partnership involvement in the health sector. Members of the community, particularly those who are financially well-off, should be encouraged to invest in the health sector, similar to how they contribute to education by building schoolsand providing infrastructure. Public awareness efforts should emphasise that supporting the health sector by constructing primary health care centres or providing essential medicines and equipment is a vital contribution that saves lives and carries significant societal value. Challenges persist, including instances where primary health care centres have been constructed but abandoned due to a lack of medical personnel or necessary equipment. Addressing these gaps through community-driven investments could gradually strengthen the functionality of health facilities and improve service delivery. Community engagement, strategic use of public-private partnerships, and coordinated efforts with development partners are therefore essential components of a sustainable financing strategy for primary health care in Kaduna State.

Building on the discussion around sustainable financing for primary health care, Mallam Bashir Muhammad emphasised several key strategies:

First, he noted the importance of identifying gaps and critical needs within the health sector. A clear understanding of these gaps is essential to guide targeted investments and ensure that limited resources are spent effectively to maximise value.

He stressed the need for prioritisation, particularly given the limited financial resources available. Without clear prioritisation, it becomes difficult to achieve meaningful improvements in the sector.

Additionally, Mallam Bashir highlighted the importance of cash planning and financial management. He advocated for training stakeholders within the Ministry of Health and the broader health sector on cash planning processes. Once approvals are secured, collaboration between the planning and budget commission, the finance ministry, and health sector actors is crucial to implementing financial plans effectively.

Budget performance tracking was identified as another critical area. Monitoring budget execution allows for early identification of challenges and informs strategies for future improvement.

Mallam Bashir also underscored the role of civil society organisations (CSOs), such as those participating in the Open Government Partnership (OGP) initiative. He acknowledged the valuable role of CSOs in monitoring government activities, reporting successes and challenges, and offering recommendations to enhance governance and accountability.

Finally, he stressed the importance of expanding the sources of financing for the health sector. Given the enormity of needs within the sector, relying solely on limited government budgets is insufficient. Diversifying financing streams will enable Kaduna State to better meet its healthcare demands.

Mallam Abubakar emphasised that sustainable health financing is critical to ensuring both equity and quality of health service delivery in Kaduna State. He pointed out that out-of-pocket expenditure has risen to over 87%, highlighting a significant financial burden on individuals. When compared to an earlier assessment conducted five years ago, which estimated the ability to pay at ₦6,000, the current situation suggests that residents are now contributing approximately ₦69 billion out-of-pocket, a figure that far surpasses government and donor funding commitments. He stressed that the informal sector's contributions through out-of-pocket expenses now form the largest source of health financing. Consequently, there is a pressing need to coordinate resources effectively and establish structures that can harness these funds more strategically. He recommended implementing a Strategic Purchasing Alignment Framework to better manage and channel available resources. This framework would encourage contributions from philanthropists and community-based structures, such as the Ward Development Committees, which are closer to the grassroots. A strong emphasis was placed on community engagement. While people may be aware of government initiatives like those from KADCHMA (Kaduna State Contributory Health Management Authority), many do not fully understand the importance of participating in these schemes.

Strengthening community awareness and involvement was identified as a key priority. Data management was highlighted as another critical area for improvement. The speaker noted that duplication of beneficiaries across different programs leads to substantial resource wastage. There is a need for better data integration to ensure that individuals accessing care are not recorded multiple times across different systems, thereby improving efficiency and accountability. Finally, internal restructuring of expenditure practices was proposed, particularly through better cash planning. By ensuring that spending is timely, targeted, and strategic, Kaduna State can make more effective use of available resources and move closer to achieving sustainable health financing.

Dr. Dutse noted that Kaduna State is already exploring alternative health financing sources, including the Basic Healthcare Provision Fund, the IMPACT project, Public-Private Partnerships, corporate social responsibility initiatives, and the State Health Insurance Agency. He added that the state's strong support from development partners has been crucial. Finally, he highlighted the federal government's sector-wide approach as a promising strategy for securing sustainable funding.

SECOND PANEL SESSION:

Exploring strategies for addressing workforce challenges in Primary Health Care

Moderator: Safiya Shuaibu Isa
Deputy Director, Advocacy & Partnerships, Nigeria Health Watch

Dr Aishatu Abubakar Sadiq

Permanent Secretary, Ministry of Health, Kaduna state

Mr Maxwell Sanda

Director, Human Resource for Health (KSPHCDB)

Dr Kabiru Atta

Country Representative, EngenderHealth

Dr Anthony Shamang

PHC Consultant at McKing consulting, Gates Foundation, Kaduna State

Q1. From the insights shared on the policy measures and initiatives, the state government is implementing to address the current workforce gaps in primary healthcare. Could you provide more specific details on the timeline for these initiatives? When do you expect them to roll out? Additionally, what are the targeted numbers in terms of healthcare workers needed, and what is the expected impact of these efforts on the workforce distribution and healthcare service delivery in the state?

Dr Aishatu Abubakar Sadiq

Permanent Secretary, Ministry of Health, Kaduna state

Dr. Aishatu Abubakar Sadiq addressed the key workforce challenges faced by the state in filling gaps in healthcare at the primary level, highlighting critical issues regarding the distribution and skill mix of healthcare workers. She emphasised that the state's Human Resources for Health Policy aims not only to increase the number of healthcare workers but also to ensure that they are properly distributed across various specialities, particularly those areas where gaps are most severe.

According to Dr. Sadiq, the state has a significant shortage of specialist healthcare workers, especially in fields like neonatology and oncology. This is compounded by an inadequate number of midwives, which is especially concerning given the high maternal mortality rate in the state.

She stressed that addressing these distribution and speciality gaps is crucial for improving healthcare outcomes in the state.

Furthermore, Dr. Sadiq explained that a gap assessment conducted in thestate revealed that Kaduna requires four times more nurses and two to three times more doctors than are currently available at both the primary and secondary healthcare levels. However, these numbers fluctuate due to staff attrition, including retirements and losses, which further exacerbates the challenges faced by the state's health system.

In terms of recruitment, Dr. Sadiq mentioned that the governor has declared that recruitment will commence soon.

However, there are bureaucratic hurdles that need to be overcome before the process can officially begin. Specifically, the process must go through the Head of Service and the Civil Service Commission to assess the exact number of health workers needed and review the funds available in the state's budget.

A major concern raised during the recruitment process is the remuneration packages for healthcare workers, which Dr. Sadiq identified as the primary reason for high attrition rates. She emphasised that while healthcare workers in the state are being paid, the wages are not adequate to support the current realistic standard of living. This often leads to new recruits leaving soon after their appointments due to the uncompetitive pay.

To address this, the state is working to ensure that the remuneration package is competitive before recruitment is finalised, so that the state does not waste time or resources on staff who will leave shortly after joining.

Dr. Sadiq assured that once these bureaucratic processes are cleared and funding is secured for the recruitment, the state is ready to begin calling for applications and conducting interviews. The healthcare centres are prepared to accommodate the incoming staff, as there is a clear need for them in both primary and tertiary healthcare settings.

> *Kaduna requires four times more nurses and two to three times more doctors than are currently available at both the primary and secondary healthcare levels*

Q2.

In terms of recruitment and retention, how is the state addressing the challenges faced in hard-to-reach and remote areas? Is this a consideration in the recruitment process?

Mr Maxwell Sanda

Director, Human Resource for Health (KSPHCDB)

Mr. Maxwell acknowledged the inequitable distribution of the healthcare workforce across the state, particularly in hard-to-reach areas. He emphasised the importance of translating the recruitment and retention efforts into improved service provision and access to primary healthcare. He shared that, currently, there are 1,105 primary healthcare facilities in Kaduna State, of which 255 have been earmarked as focal centres. To adequately provide services based on the Minimum Service Package (MSP) and the state's service delivery plan, a workforce of 16,448 is needed. However, the state is operating with just 5,240 personnel, representing only 32% of the required workforce. The skewed distribution of manpower highlights the challenge faced in reaching underserved areas. To address this, initiatives like the Basic Healthcare Provision Fund (BHCPF) and KADCHMA have been utilised to provide standards that facilities must meet to access additional funding.

The recruitment process is now designed to focus on areas with the most severe gaps, with candidates required to indicate the location they wish to serve when applying.

A key initiative underway is the recruitment of 1,800 primary healthcare workers under the Hope Gov project, which was approved by the Governor. With this recruitment, the state's primary healthcare staff strength will increase from 32% to 42%. Mr. Maxwell emphasised the positive impact this would have, especially in areas with high mortality rates due to a lack of personnel. He also highlighted the expectation that recruits will spend a minimum of three years in their assigned areas before requesting transfers, further ensuring that hard-to-reach areas benefit from the new staffing. In closing, Mr. Maxwell assured the audience that the state government is making significant efforts to improve staffing in underserved areas, aiming for better access to healthcare services and a reduction in healthcare worker shortages in remote locations.

Q3.

What are Engender Health's innovative approaches for strengthening healthcare systems, particularly in improving reproductive health services?

Dr Kabiru Atta

Country Representative,
EngenderHealth

Dr. Kabiru began by emphasising that the most important aspect of addressing workforce challenges is not the introduction of new ideas, but the effective execution of existing policies and strategies. He acknowledged that innovative approaches like task-shifting, on-the-job training, digital transformation, and rural health initiatives have been identified in the recently developed Human Resource for Health Policy. However, the challenge lies in executing these innovations successfully at the grassroots level, particularly in rural and underserved areas. Dr. Kabiru stressed that while policymakers are already aware of these strategies, the real task is to implement them effectively. Dr. Kabiru pointed out that health workers are part of a global workforce market, and Nigerian states, including Kaduna, are competing for talent. He illustrated this by referencing how health workers, especially in remote areas, can now use mobile technology to connect with health institutions globally.

For example, health workers in rural primary health centres can easily communicate with hospitals in the UK, which enables them to pursue migration opportunities. This global competition for health workers has made retention in local healthcare facilities more challenging.

Dr. Kabiru highlighted the issue of remuneration as a key factor driving health worker migration. He discussed how Kaduna State, despite efforts to recruit healthcare professionals, faces difficulties in retaining them due to attractive offers from neighbouring states. Referring to his experience in Bauchi State, Dr. Kabiru shared how the introduction of an allowance system, specifically a "top-up" allowance for health workers, was a successful strategy in retaining staff in rural health facilities. He noted that by increasing the financial incentives, Bauchi was able to fill key positions in health facilities that had previously been understaffed.

Dr. Kabiru further emphasised that career stagnation is a significant issue that discourages health workers from staying in the system. In his work with Bauchi State, he explained that they collaborated with Abubakar Tafawa Balewa University (ATBU) to create programs that provided career advancement opportunities for health workers. By offering health workers the chance to participate in structured career development programs, they were able to ensure that health professionals remained committed to their roles for extended periods. This approach, which created clear career progression pathways, proved successful in increasing retention rates. Dr. Kabiru stressed the importance of competitive conditions of service as a foundational element of workforce retention. He cited the example of Lagos State, which successfully attracts and retains doctors in primary healthcare centres through competitive compensation and work conditions.

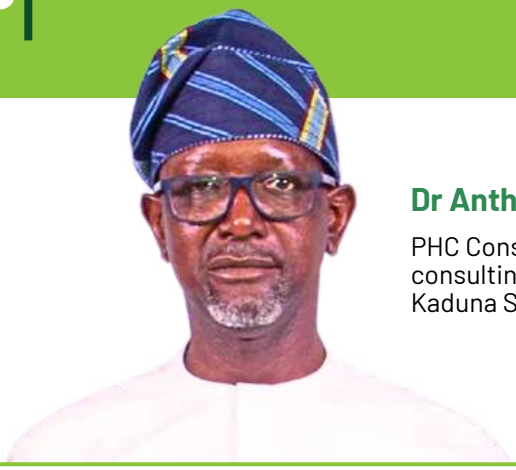
He noted that it is indeed possible to have doctors in rural primary healthcare centres, but the key factor is ensuring that salary and working conditions are appealing enough to encourage professionals to stay in these challenging environments.

To reinforce his point, Dr. Kabiru referenced Maslow's Hierarchy of Needs, suggesting that health workers, like anyone else, seek self-actualisation—the desire to contribute to their communities and achieve personal fulfilment. He proposed that if policymakers can understand and address the intrinsic needs of health workers, they will be more likely to stay in the workforce, especially in rural or underserved areas. Dr. Kabiru argued that meeting the self-actualisation needs of health workers is crucial in motivating them to remain in the system and continue providing essential services.

Remuneration is a key factor driving health worker migration.

Career stagnation is a significant issue that discourages health workers from staying in the system.

Q4. In terms of lessons learned from other countries on tackling primary healthcare workforce shortages



Dr Anthony Shamang

PHC Consultant at McKing consulting, Gates Foundation, Kaduna State

Dr. Anthony highlighted several global models and interventions that Nigeria has attempted to adopt but faced challenges in implementing. He stressed the importance of identifying the root causes of why these models have not worked effectively in the Nigerian context, despite their success in other countries.

Dr. Anthony acknowledged that Nigeria is aware of various successful global models and has tried to implement them, yet the outcomes have been limited. He referred to the disparity between urban and rural areas, where urban primary healthcare centres (PHCs) often perform poorly despite having a larger number of health workers. This is contrasted with rural areas, which suffer from a severe shortage of health workers, exacerbating the primary healthcare challenge. Dr. Anthony mentioned a study funded by the Gates Foundation, which found that many urban PHCs were not functioning optimally due to an oversupply of health workers, while rural areas faced a lack of personnel. He explained that the redistribution of health workers was attempted, with directives from political leaders, but the effort did not yield long-term results.

According to Dr. Anthony, one of the key barriers to solving the healthcare workforce shortage is the lack of political will and a reluctance to support rural health development. He noted that many political leaders are unwilling to send their relatives to rural hospitals, which is reflective of a broader societal tendency to avoid working in rural areas. This unwillingness to serve in underserved regions presents a significant challenge in addressing workforce shortages and undermines efforts to redistribute health workers.

Dr. Anthony cited the successful use of Community Health Workers (CHWs) in countries like Brazil, India, and Rwanda as a model that Nigeria has attempted to implement.

CHWs are trusted local individuals who are trained to provide basic medical services and help create demand for health services in their communities. Dr. Anthony reflected on Nigeria's repeated attempts to implement similar programs, such as Community Health Influencers, Promoters, and Services (CHIPS), but noted that the politicisation of these initiatives has resulted in frequent changes in names and structures, undermining their effectiveness. He also highlighted Kaduna State's use of community volunteers, unpaid individuals who engage with communities to promote healthcare services as a successful model, which has shown positive results despite lacking financial incentives.

Dr. Anthony mentioned telemedicine as another promising model, particularly in countries like India and Rwanda, where it is used to bridge the gap in areas lacking sufficient medical personnel. He shared that Kaduna State had implemented a telemedicine initiative during the COVID-19 pandemic, allowing health workers to remotely consult with patients in hard-to-reach areas. While the initiative was initially successful, it struggled to scale up beyond a small pilot in Kaduna North. Dr. Anthony emphasised that telemedicine could provide an effective solution to the shortage of healthcare workers, but it requires significant investment and commitment from the government to scale it effectively.

Dr. Anthony also referenced team-based care and bonded service programs as additional solutions. In team-based care, a combination of healthcare professionals with various skill sets are sent to specific communities to provide services. Bonded service, which Dr. Anthony personally benefited from during his medical school years, involves requiring healthcare graduates to serve in underserved areas for a certain period in exchange for financial support during their studies. He noted that while these models have worked in countries like the Philippines and Thailand, the implementation challenges in Nigeria remain. For example, even when healthcare workers agree to serve in rural areas, many eventually leave due to poor working conditions and lack of motivation, including uncompetitive salaries and inadequate facilities.

Dr. Anthony underscored the importance of rural recruitment and retention strategies as central to addressing workforce shortages. He mentioned programs where community leaders help identify and train individuals from their own communities to work in local healthcare facilities. The idea is that these individuals, being from the same community, would be more likely to stay in their rural healthcare posts, as they have family and social ties to the area.

However, despite such initiatives, rural retention remains a significant challenge due to the lack of attractive incentives to encourage workers to remain in these hard-to-reach areas.

Dr. Anthony concluded by reiterating that while countries such as Brazil, India, Rwanda, the Philippines, and Thailand have successfully used models like community health workers, telemedicine, bonded services, and team-based care, the key issue in Nigeria is implementation.

He emphasised that Nigeria has tried these models but has faced difficulties in scaling them up due to political barriers, lack of continuity in programs, and insufficient investment in the healthcare workforce.

Q5. Is there a policy that will ensure the sustainability of these community volunteers, or how do we strengthen it as an opportunity to mitigate the HRH gap?

Dr Aishatu Abubakar Sadiq

Permanent Secretary, Ministry of Health, Kaduna state

Aishatu Abubakar emphasised the need for a realistic and supportive approach. She noted that the main challenge facing community volunteers is the lack of adequate compensation, particularly in the form of salaries or logistical support. While community volunteers were previously given small stipends, such as 1,500 to 2,000 naira, this amount is insufficient to meet their basic needs, such as transportation or food, especially when working in remote areas.

Aishatu stressed that relying solely on goodwill for community volunteers to continue working is no longer sustainable. She proposed that a proper remuneration package should be developed to ensure their retention and effectiveness. She also highlighted the need for integration opportunities, where volunteers could eventually transition into permanent roles within the health sector. She shared an example from Zaria, where community volunteers were promised future inclusion in the health workforce based on performance but were ultimately left off the recruitment list, leading to disillusionment and unrest.

Aishatu concluded by stating that community volunteers must be acknowledged for their efforts, whether through media recognition, interactions with local authorities like governors or traditional rulers, or social media shout-outs. This visibility would help prevent them from feeling invisible and encourage continued dedication to their work.

Aishatu Abubakar expanded on the challenges of recruitment and retention in rural areas, emphasising several strategies being implemented to address these issues.

1. Rural Posting and Incentives:
Aishatu acknowledged that one of the key challenges in rural recruitment is the reluctance of healthcare professionals to accept or remain in rural postings. She cited a recent example where a healthcare worker posted to a rural area sought a transfer back to the urban centre. To address this issue, she highlighted the introduction of a revised rural allowance, which had previously been promised but never fully implemented. In the past, there was a nominal 5,000-naira allowance that failed to make a significant impact. The revised strategy will not only ensure that rural allowances are paid but also increase the amount to make rural postings more financially appealing.

2. Upgraded Health Facility Infrastructure:
Another measure discussed was the ongoing upgrades to health facilities, particularly primary healthcare centres. These upgrades include the construction of staff accommodation, ensuring that clinical staff are provided with comfortable, habitable living spaces within the facility. Aishatu pointed out that eliminating the cost of accommodation for healthcare workers in rural areas could incentivise them to stay, as it reduces their living expenses compared to urban areas, where accommodation costs are higher.

3. Awards and Performance Incentives:
Lastly, Aishatu emphasised the importance of recognising and rewarding healthcare workers for their performance, particularly those who work in rural communities. She recalled that in the past, there were annual awards for top-performing healthcare workers, including nurses, medical doctors, and administrative staff. These awards were phased out but are now being reintroduced. The incentives may include travel opportunities for further training, cash prizes, and even land allocations. She recalled that in the past, healthcare workers who performed exceptionally well in rural areas were sometimes awarded land plots in collaboration with traditional rulers. This served as both a reward and an incentive to remain in rural communities.

Aishatu Abubakar shared the Ministry of Health's efforts to formalise the remuneration process for both healthcare workers and community volunteers. She emphasised the importance of ensuring that remuneration is based on best practices, aligned with salaries, skills, and percentages already accepted and implemented in other parts of the country. Regarding the volunteers, she mentioned that they are in the process of developing a formalised payment scheme that would clearly document the conditions of service, including compensation based on the number of days or hours worked. She stressed the importance of moving away from verbal contracts, which are not legally enforceable, to written agreements that outline conditions of service, engagement, survey, termination, and growth opportunities.

Additionally, Aishatu mentioned that they are working on creating a secure database or inventory system for volunteers. Each volunteer would have a unique identifier, potentially supported by passport photographs. This system would help ensure proper identification and prevent fraudulent claims, like the emergence of fake volunteers. The goal is to establish a formal, transparent system that acknowledges and compensates volunteers for their services effectively.

Q6. Strengthening the formalisation process for community volunteers?

Mr Maxwell Sanda

Director, Human Resource for Health (KSPHCDB)

Mr. Maxwell referred to a meeting where the Permanent Secretary and Commissioner emphasised the importance of identifying and considering current volunteers for recruitment. This was in response to the demoralisation experienced by long-serving volunteers who, despite dedicating years of service, were often overlooked during recruitment processes. For example, during the 2020 recruitment, many volunteers were disappointed to see new recruits coming in, even though they had been the ones training these new personnel.

To address this, the governing board instructed that a list of active volunteers be compiled. This would ensure that those who had been providing voluntary services could be considered for formal positions. However, during this process, there were issues with fake names being submitted, which led the board to introduce a more formal selection process, including an aptitude test for volunteers. The idea was that those who had been working in the field would be able to perform as well as, if not better than, recent graduates from health training institutions.

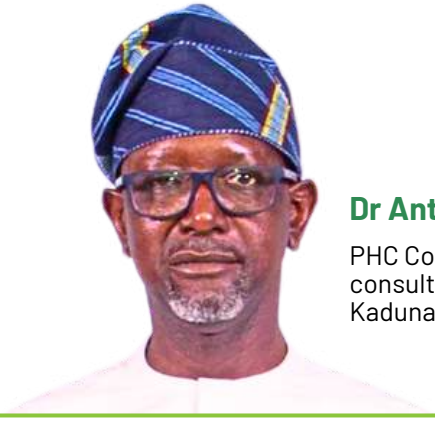
Mr. Maxwell reassured that efforts were being made to ensure a certain percentage of vacancies would be allocated to absorb these volunteers into the formal system. He emphasised that while his team implements policies related to volunteer integration and formalisation, they are primarily reliant on directives and policies from the ministry.

Q7. Discuss actions that can move policies into Action?

Mr Maxwell Sanda

Director, Human Resource for Health (KSPHCDB)

Mr. Maxwell emphasised the need for immediate and consistent action on existing policies. He highlighted ongoing efforts to address remuneration, noting that the Ministry of Health is currently in discussions with stakeholders in the health sector about an upward review of healthcare workers' salaries. While he acknowledged that funding remains an ongoing challenge, he expressed confidence that the state is working to improve the situation. Regarding the formalisation of community volunteers, Mr. Maxwell emphasised the strong leadership within the Ministry of Health, which is actively tracking the implementation of policies across various agencies. He noted that the Ministry regularly engages in expanded management meetings to review the progress of these policies, which gives him confidence that the necessary changes will be made, ensuring that the needle is moved on both remuneration and formalising community volunteer efforts.



Dr Anthony Shamang

PHC Consultant at McKing consulting, Gates Foundation, Kaduna State

Dr. Anthony, from the perspective of development partners, emphasised the importance of better coordination within the ecosystem of stakeholders working in Nigeria, specifically in Kaduna state. He acknowledged the presence of numerous partners but pointed out that the lack of alignment with state strategic priorities can sometimes lead to confusion and inefficiencies.

Dr. Anthony highlighted that development partners, in their efforts to contribute, may inadvertently cause disruption by introducing new initiatives that deviate from existing strategies. He stressed the need for partners to align their efforts with ongoing programs, aiming to improve and build on what is already working rather than creating duplicative or conflicting strategies.

Dr Kabiru Atta

Country Representative,
EngenderHealth

Dr. Kabiru reflected on a recent experience where a health worker in Plateau state, after receiving training on a family planning project, successfully assisted a couple with family planning services, demonstrating the impact of adequate training and resources. He shared this story to highlight the satisfaction of both the healthcare worker and the client, underlining the importance of fulfilling the needs of health workers to ultimately ensure citizen satisfaction, as reflected in a concept from the Emir of Dubai's leadership philosophy that the ultimate purpose of government is to make citizens happy.

Dr. Kabiru then shifted focus to the budget analysis for Kaduna state, noting that while the state government consistently met its remuneration targets for health workers (with 80-90% achievement and even reaching 98% in one instance), the allocation for overhead costs (which are essential for operational needs like supplies, travel, and training) was consistently low sometimes as little as 4% in 2022 and 3% in 2023, with a slight increase to 20% in 2024. He emphasised that overhead costs are crucial to ensuring that health workers have the resources they need to operate effectively, as well as to support activities like supervision and training.

His key call to action was urging the state to significantly increase the allocation for overhead costs, suggesting a goal of 70%, to ensure that the Ministry of Health and primary healthcare workers have the necessary funding to fulfil their duties and contribute to the state's health system's success.

Q/A SESSION

QUESTION ONE

Yusuf Sidi Ala- What policies are in place to improve financial reporting and accountability at health facilities, especially at the last mile? He raised concerns about the misappropriation of funds meant for drugs and called for better financial management frameworks for healthcare workers.

QUESTION TWO

Dr. Argungu- why cash backing for health programmes and commodities is often not implemented, referencing past experiences with shortages. Also, commented on the poor overhead funding for health facilities and called for stronger policies to ensure annual recruitment of healthcare workers, arguing that the current targets are far too low compared to the needs.

QUESTION THREE

Garba Digo- Highlighted that non-financial incentives, like providing necessary equipment, are crucial for retaining health workers in rural areas. Asked what the government is planning beyond financial incentives to support and retain healthcare personnel.

QUESTION FOUR

Bashir Abubakar- Stressed the need to revive bonding of medical students to serve after graduation, raised the importance of workforce planning to track retirements and recruitments systematically, suggested retaining retired but still capable healthcare workers on short-term contracts and emphasised the need to strengthen employee performance management systems at both secondary and primary health facilities.

RESPONSES

In response to **Question 2, Dr. Sunday** explained that the task shifting and task sharing (TSTS) policy is only a temporary measure and not a permanent solution. He said that the policy is designed to help bridge service delivery gaps due to the shortage of skilled health workers like nurses and midwives. While it allows lower-level staff to manage basic tasks and refer more complex cases appropriately, he warned that relying too heavily on task shifting could entrench it as a substitute for properly staffing health facilities. Dr. Sunday emphasised that until the fundamental issues causing worker shortages—such as poor employment conditions are resolved, stop-gap measures like task shifting will continue, prolonging the health system's vulnerabilities.

In response to **Questions 1 and 3, Dr. Atta** highlighted that efforts have been made at the federal and state levels to build the financial management capacity of healthcare workers through initiatives like the Saving One Million Lives program and the Basic Healthcare Provision Fund. States like Kaduna have also collaborated with partners to strengthen financial management systems within primary healthcare boards. However, Dr. Atta emphasised that training alone is not enough. He pointed out that systemic issues, such as poor salaries and inadequate working conditions, undermine these efforts. Using an example from Kebbi State, he described visiting a health facility where a level 14 nurse earned only fifty thousand naira monthly, raising concerns about how poor remuneration can lead to unethical practices like pilfering. Dr. Atta stressed that it is unrealistic to expect patriotism alone to drive good behaviour if the conditions for workers are not supportive. Beyond financial controls, he argued for broader reforms that address staff welfare, noting that while salary is important, factors like career progression, job satisfaction, and a conducive work environment play even bigger roles in retaining health workers.

Answering **Question 4, Dr. Anthony Shamang** emphasised the need for openness and transparency in workforce planning. He noted that the challenges faced by the health sector are well known and cannot be ignored. Instead of avoiding recurrent expenses like salary payments, governments must confront the realities and find sustainable solutions. He recalled that allowances such as rural posting and hazard allowances have remained stagnant for over 25 years, making it difficult to retain health workers, especially in rural areas. Dr. Shamang called for political leaders to address these longstanding issues using proven global practices seriously.

Mr. Maxwell further elaborated on workforce planning efforts, noting that under the board's corporate plan and the HOPE Gov project, a five-year strategic plan has been developed to recruit 1,800 health workers annually and bridge a 9,000-worker gap. He explained that while aspirations have been high, fiscal realities have sometimes forced reductions in recruitment targets, citing an example where a planned 3,000+ recruitment was scaled down to about 1,225 due to budget limitations. Nonetheless, Mr. Maxwell emphasised that mechanisms now exist under the amended law governing the state's primary healthcare board to ensure that vacancies are filled promptly when they arise.

CONCLUSION

The Kaduna Health Financing Policy Dialogue convened critical stakeholders across government, civil society, development partners, the private sector, and the media to interrogate the pressing challenges and opportunities in health financing and human resources for health. The conversations throughout the day were rich, solution-oriented, and rooted in the shared commitment to build a resilient and equitable health system in Kaduna State.

Through the keynote address, panel sessions, and audience discussions, several core themes emerged: the urgent need for consistency in cash releases to match budget allocations; strengthening technical capacity in health budgeting and planning; fostering stronger citizen engagement and community-led monitoring; addressing workforce shortages not only through recruitment but also by ensuring rural deployment with adequate incentives; and most critically, moving beyond plans to real-time execution with sustained political will.

Across both panels and discussions, participants emphasised that financing health systems is not just about the provision of funds, but about ensuring transparency, accountability, trust, and collaboration at every level. The dialogue also spotlighted examples of successful models from within Kaduna State, as well as lessons from countries like India and Rwanda, reinforcing that grassroots-driven solutions, when properly supported, can drive transformational impact.

Key Recommendations from the Dialogue:

01

Strengthen Capacity for Priority-Based Budgeting:

Build the technical skills of government staff for more realistic, evidence-based, and health-priority-focused budgeting processes.

02

Institutionalise Regular Multi-Stakeholder Reviews:

Establish quarterly mutual accountability platforms with active participation of CSOs, communities, development partners, and other stakeholders to review budget performance, spending, and service delivery outcomes.

03

Expand Citizen Engagement and Community-Led Monitoring:

Deepen citizen involvement in budget tracking and service delivery monitoring, including through volunteer-driven models that enhance accountability at the grassroots level.

04

Enhance Internal Government Coordination:

Improve coordination between the Ministry of Finance, the Ministry of Health, and other relevant agencies to ensure timely cash releases and effective implementation of health plans.

05

Use Real-Time Data for Tracking Financing Gaps:

Institutionalise the use of real-time data and regular performance reviews to identify funding gaps and address them proactively.

06

Boost Public Awareness on Health Insurance and Financial Protection Tools:

Expand communication efforts to increase public enrolment in health insurance schemes and improve understanding of available financial protection mechanisms.

07

Formalise and Support Community Health Volunteers:

Develop structured contracts, compensation mechanisms, and accountability frameworks for community health volunteers to ensure sustainability and motivation.

08

Implement Incentives for Rural Health Workforce Deployment:

Roll out rural allowances, housing support, and recognition schemes to incentivise and retain skilled health workers in hard-to-reach areas.

09

Focus on Execution Over New Policy Development:

Prioritise the bold implementation of existing health workforce and financing policies rather than creating new strategic documents.

10

Strengthen Partner Coordination and Political Commitment:

Foster stronger alignment among government and partners, backed by high-level political commitment to drive sustained investments and implementation across health priorities.





NIGERIA HEALTH WATCH
REGISTRATION
NIGERIA HEALTH WATCH




NIGERIA HEALTH WATCH

ing Sustainable
ng and Workforce
Equitable
alth Care Del
oved Health
mes in Kaduna Sta


Primary Health Care Delivery and Improved
Health Outcomes in Kaduna State
Register Here

aduna State

IMPACT IN NUMBERS

Advancing Sustainable Financing and Workforce Capacity for Equitable Primary Health Care Delivery and Improved Health Outcomes in Kaduna State

Social Media

The policy dialogue generated significant social media traffic, contributing to the event's overall visibility and engagement.

Key Metrics:

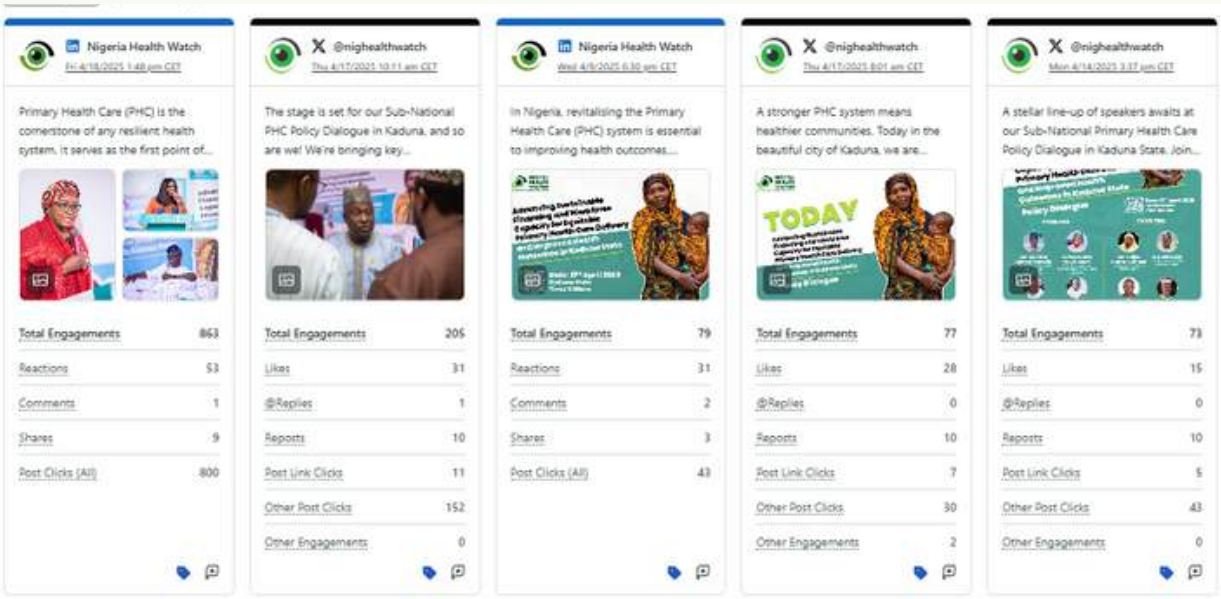
Impressions
21,048

Engagements
2,375

Engagement Rate (per Impression):

11.3%
Post Link

909
Clicks



Attendance and participation

127
people registered to attend the event.

790
people attended the event

44
people attended physically

= 5.5%
Total attendees

746
participants attended virtually

=94.43%
Total attendees

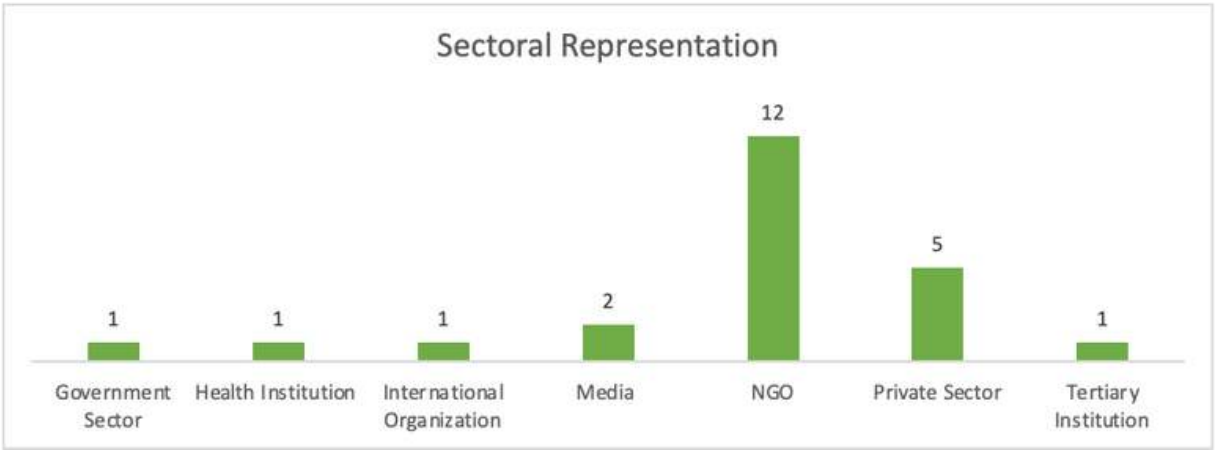
Virtual Participants

52.17%
Percentage of virtual attendees from NGO

21.74%
Percentage of virtual attendees from Private Sector

8.70%
Percentage of virtual attendees from Media Sector

4.35%
Percentage of virtual attendees from government sector, health institutions, international organizations, and tertiary institutions



Virtual Engagement

1547 minutes
total view time on Zoom

723 total views
on YouTube, contributing to 14.6 hours of total view time on YouTube as of 23rd May 2025.

121 total views and 93 reach
on Facebook as of 23rd May 2025

Geographical Representation

Most of our virtual attendees **(95.65%) are Nigerian** based, while **Botswana** represented just **1%** of total participants.

Post-Event Survey

A post-event survey was circulated 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. **93.75%** rated the event to be very good

2. **87.50%** of participants reported that the panel discussions were very useful and relevant to their work and interest in the health sector

3. **81.20%** of total participants reported that the event met its objective (e.g., addressing funding constraints and workforce shortages in PHC).

4. When asked about what area require more attention or deeper discussion in future dialogues, **87.50%** reported that "Recruitment and retention of healthcare workers" should be prioritised, **75%** reported that "Timely release and utilisation of PHC funds" should be focused on, **62.50%** of total participants all reported that "Infrastructure and availability of essential medicines in PHCs", "Community engagement and feedback mechanisms", "Strengthening the Kaduna State Contributory Health Scheme (KADCHMA)", "Equitable distribution of health workforce in rural areas", should be prioritised

5. **87.50%** of total participants reported that they are likely to collaborate with other stakeholders you met they met at the event to strengthen PHC financing or workforce coordination efforts.

Plateau House, 7th Floor, Ralph Shodeinde Street,
Central Business District Abuja 900103, Federal
Capital Territory.

@nigeriahealthwatch
www.nigeriahealthwatch.com