



**Strengthening PHC
Accountability
for Improved Maternal
and Child Health:**
BRIDGING GAPS IN PRIMARY
HEALTH CARE (PHC) SERVICE DELIVERY

Date: 3rd October 2024
BON HOTEL, KANO STATE
TIME: 9:00am - 1:00pm



Strengthening PHC Accountability for Improved Maternal and Child Health: Bridging Gaps in Primary Health Care (PHC) Service Delivery

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Background

Kano State faces significant challenges in maternal and child health, with a high [maternal mortality](#) rate of 377.8 per 100,000 live births, according to NHMIS-DHIS2 2023, which is above the 288 national target. Key factors contributing to this poor outcome include the prevalence of [Home Deliveries often conducted in the absence of a skilled birth attendant](#). Several births still occur at home due to a delay in making decisions to seek skilled care and facility delivery, the first delay in the [three delays model](#), which identifies factors that hinder access to maternal health care. This delay is linked to the cultural barriers still prevailing in communities and concerns about the cost of health facility delivery.

Another contributing factor is the shortage of [Staffing](#)- Human Resources for Health to enable level 2 PHCs to function 24/7. In October 2022, Nigeria Health Watch organised a [Primary Health Care \(PHC\) policy dialogue on “Strengthening Human Resources for Health and achieving sustainable financing for health”](#). Specific recommendations were made, including adopting a homegrown health workers scheme and leveraging task shifting/sharing policy to address workforce shortages, especially in rural facilities. However, little progress has been made so far, with a persistent demand for more workforce in PHC centres. This gap means that when [emergencies](#) occur outside of regular work hours, 8 am to 2 pm or 8:00 am to 4 pm, patients and community members are forced to travel further, for those who can afford it, wait for the following morning when the PHC will resume or find alternative solutions like resorting to traditional and unsafe practices. This underscores the importance of strengthening Primary Health Care (PHC), a key deliverable of the Health Reform Agenda. The Government of Nigeria (GoN) is focused on driving down maternal and child mortality by reorientating and expanding its primary health care through Nigeria’s Health Sector Renewal Investment Plan. The country’s contribution to the global disease burden includes being the second-highest contributor to [maternal mortality](#) in the world, which calls for an immediate rethink and a revamp of our health system.

The four-point agenda of Nigeria’s Health Sector Investment Renewal Plan for 2023 to 2026 is a strategy to accelerate a reduction in maternal and child mortality through a sector-wide approach grounded in bolstering primary healthcare, expanding health insurance coverage, and strengthening the quality of care.

Nigeria Health Watch, through its Global Policy and Advocacy Project, has deployed strategies to increase knowledge and awareness of PHC services and improve PHC accountability in Kano State. These strategies include using community Health Watch reports, conducting community-based perception surveys, and collaborating with Community-Based Organisations to carry out community engagement activities such as sensitisation programs, stakeholder engagement, town hall meetings, literacy clubs, and radio awareness campaigns to enhance understanding and awareness of primary healthcare services and promote accountability.

The Community Health Watch project employs community reporting to tell localised, context-specific stories of community members’ experiences accessing primary health care in their communities. From the published [community health watch](#) reports so far, the absence of [WASH facilities](#) (toilets and water), [poor/dilapidated infrastructure](#), [inadequate workforce](#), equipment, medical supplies, and drugs, among other issues, hinder optimal service delivery of Primary Health care centres in the state.

Recently, Nigeria Health Watch conducted a baseline community-based perception survey. Key findings indicate disparities across Local Government Areas (LGAs), with rural areas like Ghari (Kunchi) and Kura having limited healthcare services. About 13.4% of respondents believe their PHCs are fully equipped. However, they identified inadequate staffing as a critical issue as the few available workforce is overburdened, negatively impacting service delivery and patient satisfaction, particularly in rural LGAs. This has resulted in long wait times, commonly experienced in most facilities, especially in Bunkure (85.3%) and Gwarzo (91.3%).

Despite the existence of strategic plans and health interventions by the government and partners such as the Maternal, Newborn, and Child Health (MNCH2) Program and Pathfinder International, among others, the state continues to struggle with high maternal and infant mortality rates, low contraceptive prevalence, and the persistence of communicable diseases. Addressing these challenges requires an integrated approach that emphasises accountability and community participation in the management and operation of Primary Health Care Centres.

The date for this policy dialogue is the 3rd of October 2024 at 9:00 am BON Hotel, Kano State, Nigeria.

AIM

This policy dialogue aims to share evidence on the current gaps in PHC service delivery and discuss strategies to strengthen PHC accountability and improve maternal and child health outcomes across Kano State.

Objectives

The primary objectives of the policy dialogue are to:

- I. Discuss the current gaps in PHC service delivery related to maternal and child health in Kano.
- II. Identify policy recommendations to improve healthcare access, reduce wait times, and strengthen staffing at PHCs in underserved LGAs.
- III. Discuss a framework for community health reports, community engagement and feedback mechanisms to promote PHC accountability

Expected Outcomes

- I. Policy recommendations for improving access to maternal healthcare services in underserved LGAs.
- II. Actionable steps to enhance PHC staffing and reduce long wait times in high-burden areas.

Structure and Format

The policy dialogue will be a hybrid event featuring a keynote address, two-panel discussions, and question-and-answer sessions.

Panel One: Addressing Disparities in Healthcare Access and Equity:

The panel session will discuss the significant gaps in healthcare access between urban centres and rural LGAs, such as Ghari (Kunchi) and Kura. Residents in these areas often lack access to essential maternal and child health services, leading to a prevalence of home deliveries and the use of traditional birth attendants (TBAs). The discussion will focus on factors contributing to these disparities, including poor infrastructure, transportation challenges, and limited healthcare resources in rural communities. Additionally, the dialogue will assess current policies and resource distribution across LGAs and propose strategies for more equitable allocation of healthcare resources. This could involve prioritising budget allocations for rural areas and improving infrastructure.

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

This panel session will focus on strategies to address critical staffing shortages and improve resource allocation in Primary Health Care (PHC) facilities. It will also highlight the impact of overburdened healthcare workers, long wait times, and limited infrastructure on the quality of maternal care. The panellists will explore ways to enhance healthcare workers' attitudes and performance by emphasising improved training, support, and working conditions to achieve better maternal care outcomes and patient satisfaction.

To enhance community feedback and accountability mechanisms, the importance of integrating community feedback will be discussed through community health watch reports and grievance redress mechanisms to ensure that PHC services are responsive to the needs of women and families. Stronger accountability measures will help improve trust in healthcare systems and increase service utilisation. The panel will also examine how community engagement can be leveraged to monitor healthcare services, ensuring transparency by strengthening partnerships with community leaders, civil societies and traditional structures to enhance PHC accountability and drive improvements in maternal healthcare delivery.

About Nigeria Health Watch

Nigeria Health Watch uses informed advocacy and communication to influence health policy and seek better health and access to healthcare in Nigeria. We seek to amplify some of the great work in the health sector, challenge the bad, and create a space for positive ideas and action. Through its various platforms, Nigeria Health Watch provides informed commentary and in-depth analysis of health issues in Nigeria, always in good conscience.

Programme of Event

Event Anchor: Christopher Bassey

Time	Sessions	Person(s) Responsible
9:00 – 9:30	Registration & Breakfast	All
9:30 - 9:35	National pledge	All
9:35 - 9:40	Opening remark	Vivianne Ihekweazu- Managing Director, Nigeria Health Watch
9:40 - 10:00	<p>Keynote address:</p> <ol style="list-style-type: none"> I. Government efforts to strengthen PHCs and the importance of accountability mechanisms. II. Overview of the current state of PHC in Kano State, key challenges, and opportunities for improvement. 	<p>Dr Abubakar Yusuf- Honourable Commissioner for Health, Kano State.</p> <p>Dr Nasiru Mahmoud- Director General Kano State Primary Healthcare Management Board</p>
10:00-10:15	Dissemination of key findings from the community-based perception survey and Community Health Watch reports	Solomon Oladimeji- M&E Programme Manager Nigeria Health Watch
10:15-10:25	Group Picture	All
10:25 -10:35	Community Health Watch Documentary	Safiya Shuaibu Isa- Deputy Director Advocacy & Partnerships
10:35-11:25	<p>Panel Discussion</p> <p>Panel one: Addressing Disparities in Healthcare Access and Equity.</p>	Panellists
11:25 -11:35	Q & A	All

11:35-12:25	Panel two: Strengthening Primary Health Care (PHC) Resources and Workforce through Community Engagement and Accountability for Maternal Care.	Panellists
12:25-12:35	Q&A	All
12:35 -12:45	Presentation of Key takeaways and Communique	Safiya Shuaibu Isa Deputy Director Advocacy & Partnerships
12:45 -12:55	Closing remarks	Kemisola Agbaoye- Director Programmes, Nigeria Health Watch
12:55pm	Closing Prayer, Lunch & Departure	All