



**NIGERIA
HEALTH
WATCH**

Informed commentary, intelligence and insights on the Nigerian health sector



Primary Health Care

POLICY DIALOGUE

**Strengthening Community
Accountability Mechanisms
For Quality Primary Health
Care**

**SULEJA, NIGER STATE
DATE - 14TH AUGUST 2023.**



**SPOTLIGHT ON
NIGER STATE**

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Panellists Profile

PANEL 1



Mrs Aisha Musa Ahmed

Mrs Aisha Musa Ahmed has 19 dedicated years of experience in clinical practice and public health. Over her extensive career, she has consistently delivered impactful outcomes, working diligently within various roles in the Niger State Government to uplift the health and well-being of women and children.

Presently, Mrs Aisha Musa Ahmed holds the position of Niger State Basic Health Care Provision Fund Coordinator, where she is responsible for ensuring the seamless implementation of the Basic Health Care Provision Fund within the state.

Rabiu Abubakar Sheshi hails from Wushishi Local Government Area in Niger State, Nigeria. Sheshi excels in effective communication, data analysis, and collaborative teamwork. He has substantially contributed to improving women's and children's health in rural communities by reporting on Tashan Jirgi PHCC and Gwarjiko PHCC in Wushishi Local Government, Niger State. Currently, Sheshi is a freelance Community Health Reporter for Community Health Watch. He is passionate about mentoring young people to become valuable contributors to their communities, particularly in education.



Rabiu Abubakar Sheshi



Hadiza Ahmad Gawu

Hadiza Ahmad Gawu is a seasoned healthcare professional with over a decade of experience in community health. She is the officer-in-charge (OIC) at Kpakungu Primary Health Care Centre (PHC) in Minna, Niger State. She also holds the position of Maternal and Child Health Coordinator at Chanchaga Local Government in Niger State. Gawu's educational background cuts across Community Health, Education (Primary Health Care Tutors) and public health.



Mallam Hassan I. Wushishi is the secretary of Limawa Ward Development Committee (WDC) in Chanchaga LGA, Niger State.

Mallam Hassan I. Wushishi

PANEL II

Dr Junaidu Inuwa is a highly skilled Medical Doctor with an extensive background spanning eighteen years in clinical practice and Public Health. As a versatile Public Health Practitioner, he possesses robust leadership and management capabilities, excelling in relationship-building and demonstrating a successful track record in spearheading various healthcare initiatives.

Junaidu's notable accomplishments include leading Malaria Projects, overseeing the KaRaMAH postpartum haemorrhage (PPH) Programme, and contributing to the success of the Saving One Million Lives Programme for Results (SOMLPforR).



Dr Junaidu Inuwa



Mathew Oluwafemi Oladele is a development practitioner with over 16 years of experience. He is a certified program manager and has worked on projects funded by the World Bank, BMGF, PEPFAR, USAID, and EDF. He is an expert in inclusive and adaptive programming and is dedicated to enhancing health care service delivery for vulnerable groups. He is also committed to promoting gender equity and social inclusion, and he leverages radio and social media platforms to foster accountability and transparency.

Mathew Oluwafemi Oladele



Dr Aminu Magaji

Dr Aminu Magaji is a distinguished medical professional with a robust background. He holds an MBBS degree from ABU Zaria and is a certified Fellow of the West African College of Surgeons (FWACS). He has earned recognition from the Academy of Regional Anesthesia, India.

Dr Magaji is the Medical Director of the esteemed Jummai Babangida Aliyu Maternal and Neonatal Hospital in Minna; Dr. Magaji has substantially contributed to the health care field. Notably, he holds the honourable position of Niger State Chairman for the Maternal, Perinatal, and Child Death Surveillance and Response.

Mary Bawa has an illustrious career spanning over four decades, commencing in 1978 and culminating in June 2019. Her professional journey has been marked by impactful roles across various health care settings, encompassing public hospitals, community health institutions, and non-governmental organisations.

Mary has occupied pivotal leadership positions throughout her distinguished career, leaving an indelible mark on the health care landscape. Notably, she assumed leadership at the School of Health Technology (SHT) Minna, demonstrating her commitment to education and the nurturing of future healthcare professionals.

Mary's influence extended to broader horizons as she served as the Regional Coordinator for the Planned Parenthood Federation of Nigeria. Her involvement in youth health initiatives during her well-deserved retirement underscores her enduring dedication to promoting health and well-being.



Mary Bawa

Moderators Profile



Chibuike Alagboso is a Senior Programme Manager at Nigeria Health Watch. He has nearly a decade of health communication and advocacy experience. His experience spans social enterprise sector and has received various awards and fellowships including Mandela Washington Fellowship for Young African Leaders, LEDE fellowship, and Journalist-in-residence fellowship. He managed the Solutions Journalism Africa Initiative. Chibuike has a bachelor's in medical laboratory science.

Chibuike Alagboso

Safiya Shuaibu Isa is a Senior Advocacy and Communications manager at Nigeria Health Watch. She has more than 18 years of experience delivering quality work in mainstream media and the development sector. Safiya started as a producer for a weekly legislative programme after which she joined the public service as the liaison officer the Centre for Management Development (CMD) in Nigeria.

She has worked in the development sector in northern Nigeria to design advocacy and communication strategies that inform demand creation and influence policy designs for RMNCH and Social Protection. She is a skilled learning and dissemination event manager with a healthy network. She is a graduate of English and holds a master's degree in development studies.



Safiya Shuaibu Isa



Introduction

Nigeria bears a significant burden of global maternal deaths, accounting for 28.5% in 2020, with about 82,000 maternal deaths. Maternal mortality rates in Nigeria stand at 512 deaths per 100,000 live births, and under-5 mortality rates are 132 deaths per 1,000 live births, affecting mostly the poor and underserved populations.

In 2019, Nigeria launched the Basic Health Care Provision Fund (BHCPF) to enhance healthcare access, workforce, medicines, and infrastructure in primary healthcare centres (PHCs), targeting improved services, especially for pregnant and breastfeeding women, children under five, and the elderly.

Niger State, like other Northern Nigeria states, grapples with preventable maternal and child deaths, with one in every 95 women experiencing maternal mortality.

Nigeria Health Watch initiated the Community Health Watch project to monitor and report the experiences of women and children accessing primary healthcare services across rural and urban communities. The aim is to drive accountability in health care service delivery in the state and eventually improve the quality of care.

In 2023, with support from the White Ribbon Alliance, Nigeria Health Watch launched the “Women's Voices for Action: Advocacy and Communications for Better Maternal Health Care” project in Niger State to strengthen reproductive and maternal health, focusing on policy enhancements and accountability mechanisms like increasing midwife availability and instituting community Maternal, Perinatal, and Child Death Surveillance Review (MPCDSR) committees.

The 2023 Primary Health Care Policy Dialogue, held on August 14, 2023, spotlighted Niger State, gathering key stakeholders to highlight and discuss the need for Strengthening Community Accountability Mechanisms for Quality Primary Health Care, including community MPCDSR committees in the state.

Opening Remarks

Dr. Kemisola Agbaoye addressed the gathering, shedding light on the pivotal role of primary healthcare as the cornerstone of Nigeria's healthcare system. She emphasized its critical importance in achieving universal health coverage (UHC) and underscored the pressing need to enhance the quality of maternal healthcare within the country.

Despite the presence of a substantial number of primary health centers (34,000 in total), it is alarming that only 20% of them are operational. This operational gap significantly contributes to a concerning maternal death rate, a challenge that demands urgent attention. Dr. Agbaoye highlighted another glaring issue: the underrepresentation of women in health care policy decisions. Despite constituting half of the population, women's voices remain conspicuously absent from the decision-making table.

She spotlighted a notable initiative, the "What Women Want Campaign," implemented in Niger State. This campaign, funded by the White Ribbon Alliance and supported by the State Primary Health Care Development Agency, stands as a commendable step towards bridging the gender gap in healthcare policy decisions. Dr. Agbaoye applauded Niger State for its proactive measures, including deploying midwives to all 274 focal primary health centres and ensuring



DR. KEMISOLA AGBAOYE

Director of Programmes at
Nigeria Health Watch

rigorous supervision, showcasing a commitment to addressing these challenges at the grassroots level.

Dr. Agbaoye stressed the significance of bringing the policy dialogue closer to the communities. By doing so, the perspectives and needs of the people directly affected by these policies are incorporated. This inclusive approach ensures that health care policies are not just comprehensive but also genuinely responsive to the needs of the people, paving the way for a healthier, more equitable future for all.

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Keynote Speech



DR IBRAHIM DANGANA, EXECUTIVE DIRECTOR, NIGER STATE PRIMARY HEALTH CARE DEVELOPMENT AGENCY (NSPHCDA) REPRESENTED BY THE DIRECTOR OF HEALTH PLANNING, RESEARCH AND STATISTICS (DHPRS), DR JUNaidu INUWA

Dr. Dangana opened his keynote address by underlining the pivotal role of Primary Health Care in realizing Sustainable Development Goal 3, which focuses on ensuring healthy lives and promoting well-being for all. He emphasized that effective healthcare delivery is a collective endeavour, requiring the active involvement of every member of society. According to him, healthcare does not operate in isolation; it thrives on collaboration and community engagement.,

One of the key points he stressed was the vital importance of listening to the voices of communities. When communities are empowered, they become catalysts for change. Empowered communities demand quality services and advocate for healthy lifestyles, thereby creating a positive impact on the overall healthcare landscape.

Dr. Dangana shared promising news from the 2021 Multiple Indicator Cluster Survey (MICS) highlighting improvements in Niger State compared to the indicators from the National Demographic and Health Survey (NDHS) of 2018. He reported a decrease in infant and child mortality rates from 55 and 98 per 1000 live births to 44 and 61 per 1000 live births, respectively. Additionally, he noted a significant increase in the percentage of children who received all essential vaccines, rising from 23% to 34%



“We must strengthen community accountability for improved health service delivery in Niger State innovatively.”



These statistics underscored the progress made, indicating that concerted efforts and community involvement can yield tangible, positive outcomes. Dr. Dangana's speech illuminated the importance of community empowerment, collaborative health care efforts, and the need for ongoing initiatives to sustain and enhance these improvements in the healthcare sector.

He acknowledged that while these indices indicate that the state is moving in the right direction, more needs to be done to meet the SDG3 by 2030.

“We must strengthen community accountability for improved health service delivery in Niger State innovatively.”

Panel Discussion I

“Increasing Community Demand for Quality PHC Services”

Moderator: Chibuikwe Alagboso, Senior Programme Manager, Nigeria Health Watch.



Mrs Aisha Musa Ahmed

Niger State BHCPF
Coordinator



Rabiu Abubakar Sheshi

Community Health
Reporter



Hadiza Ahmad Gawu

OiC, Kpakungu PHC,
Chanchaga LGA



Mallam Hassan Isa Wushishi

WDC Secretary
Wushishi LGA



Aisha Musa Ahmed expressed satisfaction with the successful implementation of the Basic Healthcare Provision Fund (BHCPF). She proposed strategic measures to enhance human resources and community engagement for improved healthcare access in Niger State. She stated that with the implementation of the BHCPF, the state has addressed the shortage of drugs providing essential medicines at affordable price in all the focal facilities. *"With the implementation of the BHCPF, there's a lot of improvement in the facilities. Essential drugs have been made available at all focal facilities at affordable price,"* she says. She added that 200 midwives were employed and deployed to 200 focal facilities. Health facilities in the state receive quarterly funds through the BHCPF and monthly via the Niger State Contributory Health Scheme (NiCARE).

She explained that the State Primary Healthcare Board gateway receives 45% of the BHCPF, comprising 25% for operational funds, 10% for human resource for health (HRH), 5% for vaccine procurement, and 5% for maintenance of consumables, equipment, and transport. To boost community awareness and engagement as strategies to stimulate demand, Ahmed highlighted their collaboration with ward development committees (WDC) and other state partners. ***"One of the strategies we are using is collaborating with the WDCs, because they serve as the community's voices, and people trust and rely on them. Whenever we engage with the community, we ensure the active participation of the WDCs, and many of them play a vital role in this effect."***

To further bridge the gap in human resources for health, she recommended that OiCs utilise their capitation funds to recruit local graduates from the School of Health and the School of Nursing and Midwifery.



Hadiza Ahmad Gawu

OiC, Kpakungu PHC,
Chanchaga LGA

Hadiza Ahmad Gawu highlighted efforts to improve access to quality health care services and encourage residents to seek healthcare at the Kpakungu PHC. Her facility enforces a system where all healthcare workers must be present and start by 8 AM, and the premises must be cleaned by 7:30 AM for client comfort. With BHCPF and NiCARE funds, she renovated and equipped the labour room, and her team has been providing excellent services. Gawu noted a challenge: “Many Kpakungu residents are unaware of the NiCARE scheme, and discrepancies exist in card names of those accessing it, compared to the register in our facility,”. Gawu also pointed out that some health workers in the state shy away from delivering in public health facilities due to poor resources. But after the renovation, one of her staff delivered in the facility. To improve health care workers’ performance in Niger State, Gawu suggested implementing a reward and sanction policy for healthcare workers.



Mallam Hassan Isa Wushishi

WDC Secretary
Wushishi LGA

Mallam Hassan Isa Wushishi discussed the role ward development committees (WDCs) play in linking community members to primary health care centres and holding policymakers accountable to deliver quality services. “Our WDCs in Wushishi LGA used to hold quarterly meetings with residents to raise awareness about PHC services. We work with the Community Health Influencers and Promoters Services (CHIPS) agents to link women to facilities in their communities,” he said, resulting in providing feedback to the State Primary Health Care Board (SPHCB) to improve healthcare in the LGA. Wushishi, however, expressed concern about the SPHCB's recent lack of involvement of WDCs in health activities in the Niger State. He called on the board to always involve the WDCs in its activities to create trust with communities. He urged healthcare workers to be more accommodating and empathetic to encourage women to seek professional care



Rabiu Abubakar Sheshi

Community Health
Reporter

Rabiu Abubakar Sheshi shared his community health reporting experience in the state. He noted there is less accountability if the experiences of community members while accessing healthcare is not sufficiently reported. This usually happens when facilities restrict access for reporters. However, he observed efficient utilisation of the BHCPF funds in some of the facilities he visited. Sheshi called for extending the BHCPF coverage to include currently uncovered facilities, expanding its reach and impact. Furthermore, he urged for greater media involvement by the SPHCB and the BHCPF in their activities across the state. This enhanced media engagement, he argued, would help raise awareness, share success stories, and improve transparency in their initiatives. Sheshi's insights underscore the importance of robust reporting, effective resource allocation, and broader communication strategies to improve access to quality health care services and accountability in communities.

Panel Discussion II

“Strengthening Community Accountability Mechanisms for Quality Maternal Health Care”

Moderator: Safiya Shuaibu Isa, Senior Advocacy and Communications Manager



Dr Aminu Magaji
Niger State MPCDSR
Committee
Chairman



Mrs Mary Bawa
Community Delegate



Matthew Oladele
ED, Initiative for
Social Development
in Africa (ISODAF)



Dr Inuwa Junaidu
Director, Health
Planning Research
and Statistics Niger
SPHCDA



Dr Aminu Magaji emphasised the importance of accountability for maternal health care at sub-national level, highlighting the integral role of the Maternal and Perinatal Death Surveillance and Response (MPCDSR) strategy. He noted that MPCDSR tracks maternal deaths and identifies contributory factors and potential preventive measures. Dr. Magaji disclosed that 70% of maternal deaths in the state result from failures involving healthcare workers, patients, families, and the community. Of these factors, 80% occur at the community level, such as difficulties in reaching the facility during

labour. He recommended refraining from "blaming and naming" in media reporting to enhance maternal and child health indicators.

He advocated for confidential inquiries into causes of maternal deaths to find solutions that forestall future occurrences. Dr. Magaji called for enhanced surveillance through robust supervision and advocacies that inform the public and policymakers. Additionally, he urged the government to implement the MPCDSR committee's recommendations. Implementing the committee's recommendations will improve maternal healthcare accountability by addressing the factors contributing to maternal deaths, enhancing healthcare worker performance, and ensuring better healthcare outcomes for mothers and infants in Niger State.



Mrs Mary Bawa stressed the need for the MPCDSR improvement and sustainability in Niger State, highlighting the necessity of community involvement in the committee decision-making to foster a sense of belonging and compliance among the people. She recommended deploying health workers to their wards to enhance their responsiveness to community health care needs. Bawa recalled a past practice where community members provided incentives to health workers in PHCs and clinics as a means of encouraging better performance. She suggested that community leaders reintroduce this practice to further motivate healthcare workers in their roles and improve health care services. She reemphasised the importance of involving community members in designing interventions and in decision-making committees at all levels to ensure the sustainability of MPCDSR in Niger State.



Matthew Oladele's submissions centred on the state of accountability mechanisms for maternal and child health in Niger. He raised concerns about the current lack of accountability due to citizens' limited awareness of where and how to report incidents. He emphasised the need to educate communities about health statistics, their underlying causes, and preventive measures. He stressed the importance of informing people about what steps to take and whom to contact in the event of maternal, perinatal, or child deaths. "By mobilising communities to understand health indicators and fostering a sense of responsibility, we can establish a more robust accountability framework," he said. This involves promoting awareness of reporting mechanisms, ensuring citizens comprehend the significance of their reports, and facilitating easy access to relevant authorities. Ultimately, empowering communities with knowledge and resources will contribute to a more effective maternal and child health care system in Niger State.



Inuwa Junaidu said Niger State has already adopted this approach and conducted stakeholder engagement and sensitisation. They are currently planning local government engagement and training across all levels. To ensure the MPCDSR sustainability, he said discussions are underway with existing partners and programmes in the state.

Addressing women's representation on the MPCDSR committee, Dr. Junaidu mentioned that the WDC has a manual outlining the minimum service package, which includes the percentage of

women's representation. However, he acknowledged that women are underrepresented in some communities, highlighting that since the CHIPS agents are all women and play a significant role in the MPCDSR, women will have increased representation, ensuring their voices are heard once the MPCDSR is fully implemented. This inclusive approach aims to promote gender balance and effective community engagement in maternal and child health accountability in Niger State.

Closing Remarks



Mrs. Hadiza M. Shiru

Permanent Secretary, Niger State
Ministry of Women Affairs and
Social Development

In her closing statement, Mrs. Hadiza M. Shiru passionately addressed a crucial aspect often overlooked in women's healthcare: the vital role of men in the equation. She underscored that the challenge was not merely women's involvement in committees or decision-making processes but rather the active participation and understanding of men. Mrs. Shiru emphasized the urgency of men comprehending the importance of enabling their wives to access health care, especially during childbirth.

Mrs. Shiru called upon Women Development Committees (WDCs) and stakeholders at all levels to intensify their efforts in sensitizing men. Her plea was clear: the message that women should not lose their lives during childbirth must reach every corner of society. Recognizing the power of awareness, Mrs. Shiru revealed ongoing collaborations between the Ministry of Women Affairs and various stakeholders.



Their collective goal was to ensure timely and effective information dissemination, tailored to resonate with diverse audiences. This strategic approach tackled the root causes of maternal mortality by fostering a supportive environment. In this environment, both men and women acknowledge the critical importance of accessing high-quality maternal health care and actively engage in decision-making processes.

Mrs. Shiru's closing remarks echoed a poignant call to action, urging society to embrace a holistic understanding of healthcare—one where men, as well as women, are empowered to champion maternal health. Her words served as a powerful reminder that true progress in health care necessitates the active involvement and understanding of every member of the community.

Recommendations

1

Addressing Staff Shortages: Utilize PHCs capitation funds to employ graduates from the State's School of Health and the School of Nursing and Midwifery to tackle staffing shortages effectively.

2

Improving Health Workers' Performance: The state should implement a policy that rewards outstanding performance and sanctions negligence among healthcare workers to enhance overall health care quality.

3

Expanding BHCPF Coverage: Extend the BHCPF to facilities that are not yet covered, ensuring that a broader population has access to essential health care services.

4

Implementing Recommendations: Act on the recommendations provided by Maternal and Perinatal Death Surveillance and Response (MPCDSR) committees to enhance accountability and improve maternal healthcare.

5

Supportive Supervision and Advocacy: Robust supportive supervision and advocacy visits should be put in place by the SPHCB to better inform the public and political office holders about results.

CALL TO ACTION

01

Community and Media Engagement:

Involve Ward Development Committees (WDCs) and the media in the activities of the SPHCB and the Basic Health Care Provision Fund (BHCPF) to promote community awareness and participation.

02

Enhancing Community Responsiveness:

Deploy health workers to their respective wards to ensure better responsiveness to community health care needs.

03

Promoting Community Involvement:

Community participation in the design and decisions of committees at all levels. Communities should be mobilised to understand health indices and the reporting process for maternal, perinatal, or child deaths.

04

Partnership and Sustainability:

Collaborate with existing partners and programmes to ensure the sustainability of Maternal and Perinatal Death Surveillance and Response (MPCDSR) initiatives.

05

Engaging Men:

Conduct awareness campaigns to sensitize men about the importance of enabling their wives to access health care services, emphasizing the critical role men play in maternal and family health.



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