



The Government of Kaduna State in Collaboration with the Nigeria Maternal Newborn and Child Health Programme in Northern Nigeria MNCH2,

**Welcomes you to the**

**Strengthening the Foundation of Sustainable Primary Health Care in Kaduna State:  
The "One Functional PHC Centre Per Ward Approach" Learning Event**

**DATE: 4th December 2019**

**TIME: 9:00am**

**VENUE: General Hassan Usman Katsina, State House Kaduna.**



# MNCH2 Year 5 Report:

## Event report:

### Strengthening the foundation of sustainable Primary Health Care (PHC) in Kaduna State – One functional PHC per Ward approach

**Kaduna State, Nigeria  
4th December 2019**



## Message from MNCH2

This important information dissemination event brought together stakeholders from the federal, state and local governments, civil society, traditional and religious leaders, donors and development partners to explore the issue of the federal government's priority issue of One Primary Healthcare (PHC) per Ward.

The burden of disease profile in Nigeria indicates that more than 80 per cent of health conditions affecting citizens could be effectively managed at the PHC level.

Access to quality health services at the PHC level guarantees the wellbeing of the majority of citizens. Furthermore, a functional PHC Centre is best positioned to fast track the attainment of access to a minimum service package that could ensure Universal Health Coverage (UHC).

This learning event highlighted the Kaduna state's journey of strengthening PHC through the One PHC Centre Per Ward approach under the Ward Health System.

The Ward Health System and Ward Minimum Healthcare Package (WMHCP) aims to improve and ensure access to sustainable, quality, acceptable, and affordable health services with the full participation of people at the community level and with the following objectives:

- To promote full and active community participation and ownership of community health interventions with sustainable, effective and efficient delivery of PHC services
- To improve access to quality health care and ensure equity
- To garner political commitment to PHC at the community and ward levels
- To reduce morbidity and mortality especially among the vulnerable

The MNCH2 team would like to extend a special thank you to all of the participants who engaged in thoughtful discussions and showed their dedication to implementing and sustaining the One PHC per Ward approach.

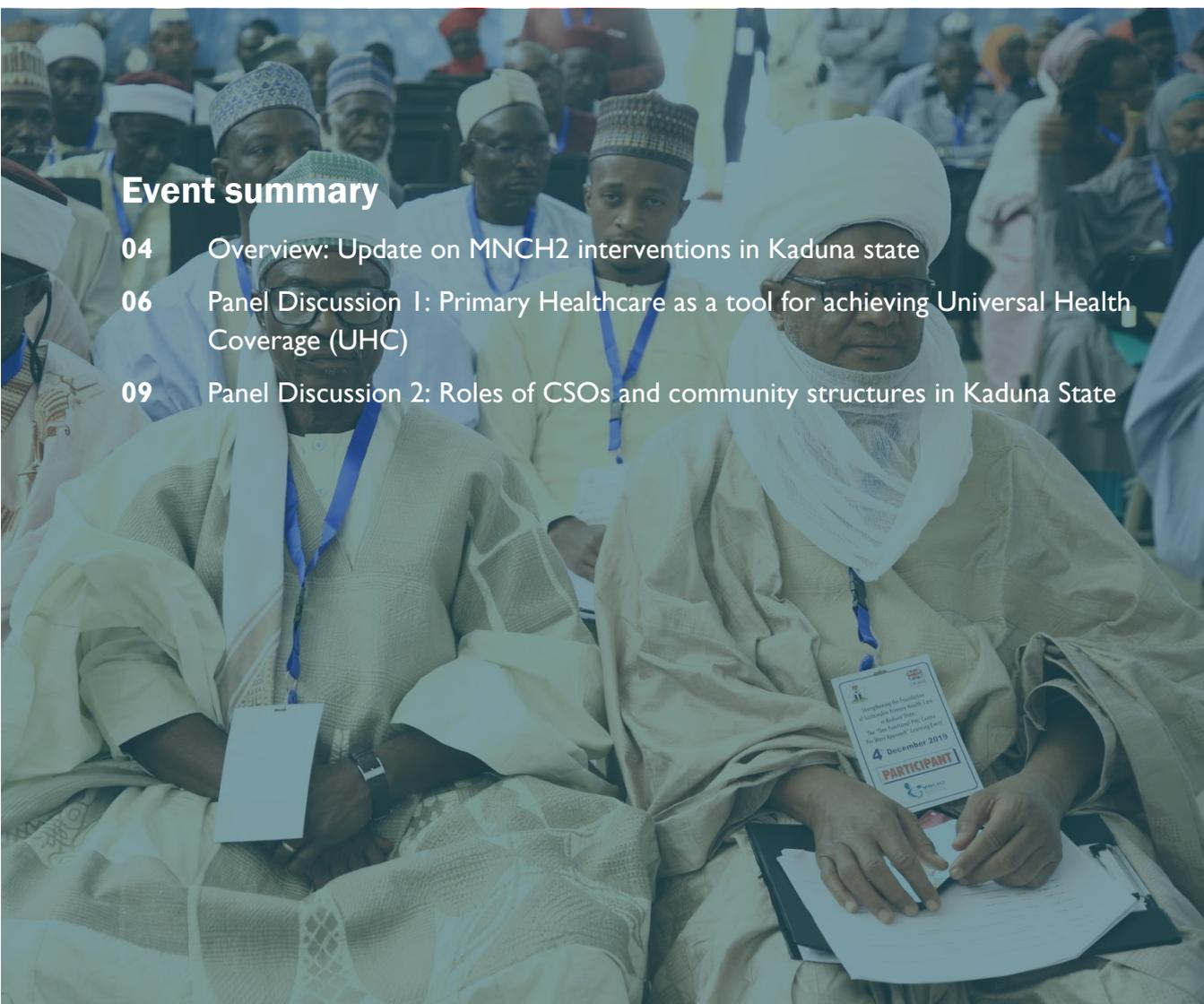
**This report summaries the discussions and review of the event.**



# Strengthening the foundation of sustainable PHC – the One PHC per Ward approach

## Event summary

- 04 Overview: Update on MNCH2 interventions in Kaduna state
- 06 Panel Discussion 1: Primary Healthcare as a tool for achieving Universal Health Coverage (UHC)
- 09 Panel Discussion 2: Roles of CSOs and community structures in Kaduna State



# Overview: MNCH2 interventions in Kaduna state

## Main takeaways

- Health indices are poor in northern Nigeria: very high maternal and infant mortality, low numbers of fully immunized children, CPR is very low (fell from 23-14.9%), and women attend ANC, but hardly deliver in the facility (NDHS 2018). As a result of this poor indices, MNCH2 rolled out several interventions to address the mentioned health care challenges.
  - MNCH2 increased demand for RMNCH services through community mobilisation and community outreach
  - Capacity building and commodities were provided to improve the supply and delivery of RMNCH services and to strengthen governance and management of health systems at Federal, State and LGA levels
  - Capacity building, mentoring and commodities to improve Quality-of-Care and performance of RMNCH services on effectiveness, equity and efficiency
- The quarterly **Quality-of-Care** and Integrated Supportive Supervision data and key findings was shared with the state for their information and possible intervention
- **Increased quality data** for decision making by supporting:
  - Training of M&E Officers across all the LGAs
  - Printing & distribution of data capturing forms
  - Training on data demand & use (DDU)
  - Conducted quarterly Data Quality Assurance (DQA)
  - Supported Health Data Consultative Committee (HDCC) meeting
  - Printed and distributed over 10,000 NHMIS (2013) tools
- **Improved the availability of commodities** across MNCH2 supported health facilities compared to baseline
- Documented **LGA capacity gaps** to deliver health services based on **Organisational Capacity Assessment (OCA)** score for system strengthening
- MNCH2 collaborated with other partners to support the processes for establishing a functional **State Contributory Health Management Agency**.
- Supported the state in **preparation to attain the basic qualification criteria to participate in BHCPF**, today the state has already paid the counter funding of NGN ₦100million and have received its first tranche of money disbursed from the FMOH through the Central bank of Nigeria.

### MNCH2 worked closely with the state government in actualizing of PHCOUR

6.5% 2016  15%+ 2019 Increase in health budgetary allocation

 3,500 Healthcare providers and community volunteers in thematic areas (ANC, L&D, PNC, FP, and Immunisation)

 138 Improved quality-of-care across 138 supported health facilities

 23 Steering Committees set-up and institutionalized at LGA and state level

 8 Comprehensive renovations of Primary Healthcare Services (PHCs) across Kaduna state



The enabling environment provided by the Government of Kaduna state for MNCH2, as well as, other partners over the past 5 years of the project's interventions to improve QoC and Amina's life is well acknowledged, therefore we call on all partners and the Government to sustain them.

Dr Sikirat Kailani,  
State Team Leader,  
Kaduna State, MNCH2

## Key lessons

- **Continuous monitoring and mentoring** of service providers on a quarterly basis has led to the provision of quality health care services
- Harnessing **community resources** has the potential of leveraging additional support for addressing complications of pregnancy and related conditions promptly
- **If properly engaged, the community can help** reduce the high rate of maternal deaths
- **Accountability** structures as agents of change help achieved quality of care service
- The yearly **OCA** and subsequent CDP implementation, has increased capacities of SPHCDA and LGHAs to provide quality MNCH services in Kaduna State
- Involvement of **Male Support Group Volunteers** leads to increased uptake of RMNCH services
- Training additional **ETS volunteers** (from NACTOMORAS and NURTW) leads to an increase in number of women transported
- Linking TBAs, MSGVs, RL and ETS volunteers to respective LGAs Reproductive Health Coordinators (RHC) enhance data collection
- **Joint review** meeting leads to more synergy between TBAs, MSGVs, RL and ETS
- **Experienced SSI mentors** can form and manage SSI groups at no extra cost

## Opportunities / Challenges / Key Recommendations

- **Inadequate human resource for health in the state has given rise for the recruitment of more health care workers**, the State Ministry of Health through the State Civil Service Commission have issued a website link to potential health care personnel and also dedicated some cyber café centres to enrol rural candidates.
- Adequate Human Resource for Health, Infrastructures such as water, power, and equipment are required
- Credible / vibrant donors / IPs, but **competing demands** on MDA staff time
- **Security challenges** are affecting movement

## Next steps

- The Government of Kaduna state to continue providing an **enabling environment** for MNCH2 as well as other partners.
- MNCH2 will continue to work with other partners and the **Government to sustain all institutionalized health system structure**



As I stand before you today, I m assuring you that MNCH2 has delivered ait mandate, by reaching the set target of 3.9 ANC, 1.5 PNC, 700,000 Newborn receiving care, 1.5m women using modern contraceptives and 5.4 children fully immunized. And all these were achieved through effective collaboration with the state government and other development partners in the state.

Dr Sikirat Kailani,  
State Team Leader



### Presentation by:

- **Dr Sikirat Kailani** – State Team Leader, Kaduna State, MNCH2

# Panel Discussion 1: Primary Healthcare as a tool for achieving Universal Health Coverage (UHC)

## Main takeaways

### The importance of Primary Health Care

- **Primary Health Care is the backbone of the healthcare system in the country,**
  - *Because it serves the majority of the populace, before you go to any secondary health care facility you must have passed through the PHC which ranges from Health posts, dispensaries and PHCs - Dr Newu*
- **Universal health coverage is accessing the right healthcare service at an affordable price** regardless of one's socio-economic status in the society. – Dr Neyu
- All Nigerians need to have access to PHC within their reach
  - *People should at least, in about 30 minutes be able to have found a healthcare facility ... If you want healthcare to work, then the PHC system has to work properly. - Dr Neyu*

### Achieving one PHC per Ward

- **The upgrading of the 255 PHC centres is one of the priorities of the incumbent government.**
  - *Adequate provision was made in the budget. ... We worked closely with PHCDA to agree on the basic requirements for PHCs to operate. – Mal Ibrahim Abubakar*
  - *People will like to go to a centre where the structure is fine and well equipped. The key thing here is the political commitment. – Dr Neyu*
  - *A task force [was formed and] destined with delivering the project. – Mal Ibrahim Abubakar*
- The communities are being carried along. **As the representatives of the people in the community, we have been working very closely with the ministry of health** since the commencement of the 255 rehabilitation.
  - *The community wants to know what is being done in terms of renovation and the follow up to ensure that what has been earmarked is done in each of the PHC centres. ... So, we will urge the community to continue to look into what is being done in these facilities and make sure there is accountability and that the right thing is done in these facilities. – Dr Neyu*
- **Equipment and human resources are available to ensure that PHC is provided. So that is the vision of the federal government.**
  - *The federal government wants to make it that all serious cases go to the tertiary and secondary health centres. – Dr Neyu*



We have identified that good health is a fundamental human right, it is a mandate that our Governments at the National, State as well as the Local government have permitted themselves to deliver, we have seen a lot of progress in the last five years under the leadership of the current state government

Dr MB Omale – Senior Lecturer  
(comm med), Kaduna State  
University

- Kaduna State made its law in 2012, reviewed it in 2015, they are currently reviewing it again. This is to ensure that what the present-day reality is what is on the ground and what is being used to ensure that people get the health care that they need. So, the law was passed for the PHC to be established in 2012. – Dr Neyu

### On sustainability

- **Adequate provision has been made in next year's budget.**
  - We have almost 75% completion of the first phase. Even with the funding, you can see that 255 remains the top priority of the government ... we will not wait to complete this 100% before we can get the other one. The second phase has now moved to an advanced stage of designs and preparation ... the government is willing to complete this and commence the second phase in earnest. – Mal. Ibrahim Abubakar

### On Medical Officers of Health

- **There are not enough Medical Officer of Health.**
  - We are going to have doctors posted as medical officers of health for each local government. Now, as to their role, the law is changing the whole structure. We are working on structuring their role also. – Executive Secretary of PHC Agency
- **The issue of Medical Officers of Health has been very controversial.**
- **There is a lack of qualified individuals to fulfil the Medical Officer of Health roles**
  - At the initial stage, when the thought of it came in, I told them that we are not ready for it because we didn't have the required number - because most of the doctors recruited for it do not have MPH that qualifies them to be Medical Officers of Health... we developed the description based on the guidelines, that is the WHO guidelines. – Dr Ado Zakari

### On renovations

- **There are basic requirements for the renovations of the 255 PHCs**
  - A requirement for a number of rooms, that is, staff quarters, operation infrastructures like power and water



MINCH2 and other partners were able to go quarterly to see the work that is done and report to the citizens.

Mal Mustapha Jumare – Chairman,  
Kaduna State University



- *In other places, you will see that we have space constraint. So, some of the staff quarters or some other amenities were taken elsewhere. I want to refer to Chikum local government. – Mal Ibrahim Abubakar*
- There is a uniform structure design by the national PHC agency which is being used by all the states.
  - *It includes the colour, roofing and everything; and Kaduna State tried to replicate that when doing the upgrading. But the former commissioner confirmed that there is a need to revisit some of those facilities that have been rehabilitated to upgrade them to a standard PHC centre in the state. – Mal Mustapha Jumare*

### On collaboration

- There is an arrangement between SOGON and Ministry of Health to support maternal uniting and childcare services at PHC level.
  - *This is a voluntary arrangement, unfortunately. But I believe by next year, it will take off. – Mal Ibrahim Abubakar*

### Key lessons

- Political will is vitally important to drive forward the One PHC per Ward and achieving Universal Health Coverage
- Budgeting for human resource development, as well as, renovations of facilities is a driving factor in sustaining progress and achieving one PHC per Ward and UHC
- Community engagement is important to ‘bring along the community’ and ensure accountability and transparency

### Key Recommendations

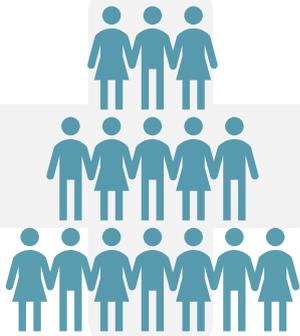
- More investment is required in the training of doctors to become Medical Officers of Health, as well as increased recruitment of qualified individuals
- Increased and continued collaboration between the federal, state, local governments, donors, NGOs and community organisations/leaders is vital to ensuring sustainability



### Speakers

- **Dr M.B. Omale** – Moderator – Sr. lecturer Comm Med, Kaduna State University
- **Dr Ado Zakari**
- **Dr Iliya Newu** – Director, SPHCDA
- **Mal Ibrahim Abubakar** – Project Manager, Kaduna State Ministry of Health
- **Mal Mustapha Jumare** – Chairman, KADMAN

# Panel Discussion 2: Roles of CSOs and community structures in Kaduna State



**We mobilize communities to access healthcare services** because we know that there are a lot of improvement in terms of the services, drug and supplies as well as trained health care workers, in the past, we use to have shortage of supplies in our primary health centres, but it has become a history now, **people are more confident in our PHCs than Private clinics.**

**Sarkin Ruwa Zazzau –**  
Traditional leader, Zazzau emirate

## Main takeaways

### On the 'Ward Health System'

- **Kaduna State is a leading state in the implantation of the One PHC per Ward system**
- **The Ward Health System is the desired system accepted by the federal government for the implementation of the One PHC per Ward**
  - *The minimum health care package is the normal or the acceptable service that can be rendered at that particular PHC centre.*
  - *Functional PHC is the standard PHC that is acceptable, with a full package of staff and service to be rendered to the community accepted by the national PHC agency. - Mal Hamza Ikara*

### On the inclusion of traditional rulers

- **The inclusion of traditional rulers is important for the One PHC per Ward to succeed**
- Traditional and religious leaders, along with Ward Development Committees are gatekeepers
- The ward head is involved, the village head is also involved and next to the district head, from the district head to the emirate council.
  - *We [traditional rulers] go to the sites to see what is happening, if there are any lapses, we report to the government. - Sarkin Ruwan Zazzau*

### On accountability and sustainability

- **Involvement of civil society is important to ensuring accountability to the community**



- Engagement of partners with similar mandates to support civil society helped to engage the community, build capacity and improve government accountability
  - *We went and do on-the-spot check before the activity [255 renovations] commenced. After the renovations started, we did periodic quarterly checks and come back to share the reports during the Open Kaduna Ministry of Health. We call the relevant stakeholders, directors and commissioners to share pictures and data of what we have seen on the sites. We also call the media to see the presentation. We tracked implementation, sometimes during AOP, they will tell us what they are supposed to achieve within a year. - Mrs Dorcas Adeyemi*
- **The government must involve the community** for them to have a sense of belonging in a program
- The community must have 'ownership' of a program for it to be sustainable
  - *For us to get sustainability, we have to involve the community. Once they have a sense of belonging, the question is answered. Some of us are there, we are getting it right and some of us have to be encouraged. – Alhaji Garba Danlami*

## Key lessons

- Working closely with civil society organization can influence decision making at the grass-root level
- Lack of security guards in some of the state primary care facilities has thwarted the provision of 24/7 services, patients were left with no option than to consult traditional vendors at night.

## Challenges

- Some of our traditional leaders do not want to participate in the meeting when we invite
  - *Thankfully as of now, some of them see that it is a good thing and they are joining us. – Mr Yunusa*
- Poor infrastructure limits access in rural areas
- Recruitment of qualified staff for rural areas is difficult, as staff are not interested in working in rural areas
- Inadequate human resource for health in the state has given rise for the recruitment of more health care workers, the state ministry of health through the state civil service commission have issued a website link to potential health care personnel and also dedicated some *Cyber Café Centre* to enrol rural candidates.
- Credible / Vibrant donors / IPs, but competing demands on MDA staff time
- Security challenges are affecting movement in some areas like Birnin Gwari

## Next steps

- The state government will continue to work with civil society organisations to improve transparency and accountability at all levels,



[The] Ward Health System is the desired system accepted by the federal government for the implementation of the One PHC per Ward in the country in which Kaduna State is among the leader states that has done that by example. We thank the state government and MNCH2 for facilitating this process.

Mr Joshua Jame, Executive Director  
– Kaduna State Radio

## Speakers

- **Mr Joshua Jumare** – Moderator  
– Executive Director, Kaduna State Radio
- **Mal Hamza Ikara** - Deputy Director, PHC Agency, SPHCDA
- **Sarkin Ruwan Zazzua** – Traditional Ruler, Emir Council
- **Mrs Dorcas Adeyemi**
- **Mr Emmanuel Olu**
- **Mr Yunusa** – Chairman, Ward Development Committee
- **Alhaji Garba Danlami**

- The state government set up a committee that will be working closely with CSOs and provide feedback on the state health policies.