

# An Effective Partnership for Health Systems Strengthening

*The PATHS2 Legacy in Northern Nigeria*



 **paths2**  
Partnership for Transforming Health Systems II

  
**UKaid**  
from the British people





# CONTENTS

I. The Legacy . . . . .	2
II. The Foundation and Brief Situation Analysis . . . . .	10
III. The Approach . . . . .	12
IV. A Path to Improved MNCH . . . . .	18
V. Ten Key Transformations . . . . .	22
1. MNCH Behaviour Change Communications Educates and Spurs Action . . . . .	23
2. Empowered Communities Improve Responsiveness, Accountability, An Ownership Culture, Gender Equity and Decision-Making . . . . .	28
3. State and Local Governments Are Now Committed to the Advancement of Health Care Planning and Budgeting . . . . .	30
4. Free MNCH Services Are Now Available . . . . .	33
5. A Strong Workforce Policy Is in Place With A Great Many Health Workers Trained in Essential Skills . . . . .	34
6. The Quality of, Access to, and Affordability of Drugs Is Now Heightened . . . . .	36
7. An Improved Health Management Information System Is in Place . . . . .	38
8. Core Service Delivery Improvements and Health Facility Infrastructure Are Enhanced . . .	40
9. Service Delivery-Focused Innovative Life-Saving Programmes Are in Place—including the Emergency Transport Scheme . . . . .	42
10. Family Planning Initiatives Are Established for Improved MNCH . . . . .	44
VI. A Future Transformed . . . . .	46



# I. The Legacy

Transforming the health and health care of Nigerians has been at the heart of **The Partnership for Transforming Health Systems II (PATHS2)** in the country for more than six years.

Since 2008, **PATHS2** funded by the United Kingdom's Department for International Development (DFID) and led by Abt Associates in partnership with Options UK, Mannion Daniels and Axios Foundation, has supported the government in collaboration with development and other implementing partners to strengthen health systems and improve service delivery for Nigerians—particularly women and children.

Interventions have targeted and continue to target federal, state and local governments as well as civil society organisations to ensure that Nigeria is making steady progress towards the achievement of Millennium Development Goals (MDGs) 4 (reduce child mortality) and 5 (improve maternal health).

The programme is helping Nigeria to mobilise and use its own resources to achieve the MDGs, and advancing DFID's vision of: strengthening

governance of the health sector for improved delivery and accessibility of priority health services to poor people; helping to change the lives of many more children and women; and helping to close the huge MDG gaps particularly in the northern part of the country.

In addition to working in two states in the south, PATHS2 has been improving lives in three of Nigeria's northern states: Jigawa, Kaduna and Kano. The programme has supported improvements in the financing, planning, and management of the health system to deliver sustainable, replicable and



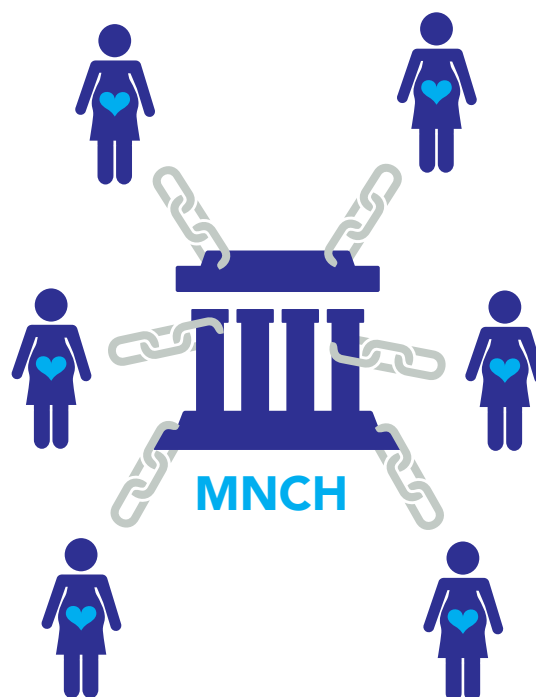
pro-poor services for common health problems in these states. This has resulted in increased availability and use of priority Maternal, New-born and Child Health (MNCH) services.

This document presents the legacy of PATHS2 in Jigawa, Kaduna and Kano—states in which PATHS2 implemented program interventions between July 2008 and 31 January 2015. As the programme exits these states and another DFID-supported follow-on MNCH programme is launched, there are many examples of solidified commitments by government to sustain the gains and continue the work independently.

Institutionalization has in fact always been inherent in the PATHS2 strategy or model which: enhances voice and accountability as well as behaviour communications among populations and communities; strengthens critical health systems functions; and then links people and the system together to achieve desired service delivery improvements particularly advancements in MNCH services and impact.

**Specific examples include:**

1. For the first time in the history of Nigeria, there is a unified health priority focus across the three tiers of government through the development of State Strategic Health Development Plans (SSHDP) which are in line with the framework and priorities included in the National Strategic Health Development Plan (NSHDP)—2010–2015.



All donors and development partners have aligned with the plans, contributing to a coordinated response to health priorities, and to enhance stewardship of the health sector by the state government.

2. The SSHDPs results framework's outline indicators and targets to be achieved over the lifetime of the plans. Through the Federal Ministry of Health (FMoH) coordinated Joint Annual Reviews (JARs), which are done to monitor progress against health plan's goals and objectives, the NSHDP and SSHDPs are providing a unified health priority focus, promoting accountability in the use of health resources and management of the health sector at all levels.
3. Health systems and providers are increasingly being held accountable by PATHS2-empowered communities and Civil Society Organisations (CSOs) for quality service provision. These communities, strengthened by PATHS2-supported CSOs, Ward Development Committees and Facility Health Committees (FHC), are also better able to advocate to policymakers and mobilise resource in particular for improved MNCH services.

4. All states have adopted and have the capacity for medium term planning and budgeting using the Medium-Term Sector Strategy (MTSS) process. States are now able to develop rolling plans and budgets that align with the priorities in the SSHDPs and with the expected revenues and expenditure frameworks spelled out in the respective state's medium term expenditure framework.

Thus, in addition to ensuring the annual health plans and budgets derived from the MTSS address the state's priorities and objectives, the MTSS process has resulted in states having more predictable and realistic budgets, and has helped reduce the gaps between budgets and expenditures of health budgets in PATHS2 focal states. These increases in health budgets and budget execution rates are directly related to the sustainability of programme interventions, and contribute to improvements in service delivery.

5. All three states are implementing Human Resources for Health (HRH) policies, strategies and management practices. This has enhanced HRH governance as evidenced by the planning, recruitment, training,

distribution and financing initiatives the states have adopted to address gaps in the numbers and mix of cadres of health workers.

6. Kano State is building new schools of midwifery as a long term measure to address the acute shortage of female health workers in the state. In Kaduna State, the School of Midwifery in Tudun Wada, has gained provisional accreditation from the Nursing and Midwifery Council of Nigeria, and is now a College of Nursing.
7. The Human Resource for Health Information System (HRHIS) database, which was developed and launched with PATHS2 support, has enhanced the management of HRH by providing systematic and up-to-date information on the availability of health workers—such as numbers, type, distribution and demographics of the health workforce. The HRHIS is informing decisions and planning regarding recruitment, training and distribution of health workers.

8. Effective logistics supply management in each state's ministry of health is now well established and functional. The Central Medical Stores (CMS) have also been restructured and are now semi-autonomous to manage logistics supplies, leading to substantial improvements in health commodity procurement and management as well as timely availability at the point of care. As of 2014, total procurement by CMS had increased significantly to 1.7 billion naira (US\$10.62 million<sup>1</sup>) up from 332 million naira (US\$2.07 million) in 2008/2009.

1 Exchange rate: 1 US\$=160 naira

**400%**   
in  
**CMS Procurement**  
from 2009–2014







9. Local Government Areas (LGAs) are now managing their data process which is helping them monitor their health plans and implement quality improvement procedures.
10. A District Health Information Systems (DHIS) 2.0 platform is now in place and hosts the databases for health statistics at the federal, state, local government and facility levels. This is improving data reporting and enhancing planning and decision-making.

11. The efficiency rate and timeliness of reporting health sector service data have increased remarkably as a result of the innovative mobile health (mHealth) technology platform that is now in use in model LGAs in the three states.
12. The delay women encounter in reaching health facilities to access care is now being addressed through the PATHS2 supported Emergency Transport Scheme (ETS) in partnership with the National Union of Road Transport Workers (NURTW). The volunteer ETS drivers have transported 6,465 women with emergency conditions to health facilities for effective management of their health over the life of the programme.
13. The innovative and technically sound PATHS2 developed client-focused *Concentric Model* has proven to be an effective approach to addressing supply-side systems and governance as well as demand-side barriers, including community participation and voice in achieving service delivery improvements and accessibility.
14. His Excellency the Kano State Governor demonstrated his high level of commitment to the health sector by instituting both long and short term improvement measures such as: health sector reform; strengthening health training institutions; recruitment of health workers; training of and scholarships for health workers; building of new health facilities and renovation of existing ones; and procuring medical equipment.
15. The State Primary Health Care Management Board (PHCMB) in Kano has been strengthened and has taken over the management of the referral system and full funding of the data management process at the LGA level.
16. The Local Government Service Commission management in Kaduna has taken on the responsibility of institutionalising PATHS2 training programmes within the state. In addition, the new Advanced Life Saving Skills curricula for midwives and Community Health Extension Workers (CHEWs) are being implemented directly by the states as are the revised national CHEW family planning curricula.





Building on lessons learned from PATHS2 implementation activities, nine non-PATHS2 states have replicated the full complement of HRH policies, structures and systems established in the PATHS2 focal states.

17. Within focal states, PATHS2's best practices have been replicated at various levels, with the Kano and Kaduna governments for example, rolling out the ETS beyond PATHS2-supported LGAs.
18. There is now improved availability of health commodities in facilities in the three states, with a 260% increase in the number of facilities that operate a Drug Revolving Fund (DRF) over the last six years.

  
Facilities Using DRF

19. Two hundred and forty eight health facilities in Jigawa, Kano and Kaduna now have improved infrastructure and are delivering better quality services for the communities they serve.

In addition, 552 facilities in the three states have been equipped with state-of-the-art equipment, including generators and inverters (a device that converts direct current into alternating current) for improved MNCH service delivery in the three states.

20. There is now a pool of trained and highly skilled national and state level MNCH master trainers that state governments and development partners are relying on to continue upgrading the clinical skills of health care workers.

By engaging in effective partnerships at multiple levels throughout the states, PATHS2 has solidified a legacy in northern Nigeria of strengthening a resilient health system that has led to improved access to and availability of quality MNCH services, which have contributed to saving **140,067 lives**.<sup>2</sup>

<sup>2</sup> The figure is calculated by the Lives Saved Tool (LiST) an evidence-based tool for estimating intervention impact developed by the Institute of International Programs at the Johns Hopkins Bloomberg School, and supported by a Gates Foundation grant to the US Fund for UNICEF. According to the Johns Hopkins Bloomberg website, LiST combines the best scientific information about effectiveness of interventions for maternal, neonatal and child health with information about cause of death and current coverage of interventions to inform their planning and decision-making, to help prioritize investments and evaluate existing programs.

This achievement is attributable to the work described throughout this document and in particular, the efforts that have helped to increase the number of women who are:

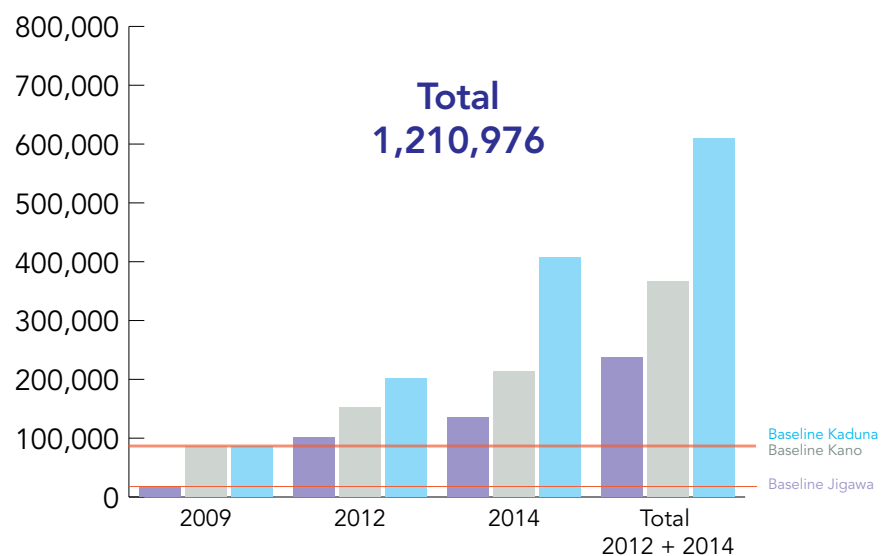
- Engaging skilled birth attendants for delivery supervision
- Delivering their babies in a health care facility
- Engaging in focused antenatal care (ANC), through at least four antenatal visits
- Improving their understanding of the dangers signs of pregnancy

*Figure 1* on the next page shows the number of women with increased knowledge of reproductive health issues, which contributed to the increase in those seeking and utilising life-saving maternal and child health care services.

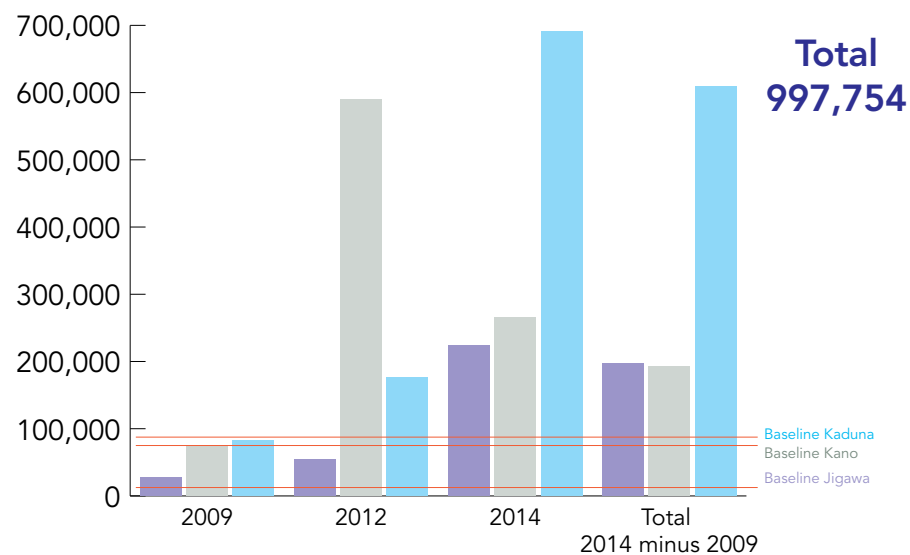
**FIGURE 1**

**NUMBER OF WOMEN OF REPRODUCTIVE AGE WITH INCREASE IN KNOWLEDGE OF MATERNAL HEALTH & UTILIZATION OF SERVICES (JIGAWA, KADUNA & KANO 2009–2014)**

**Number of Pregnant Women Making at least 4 ANC Visits**



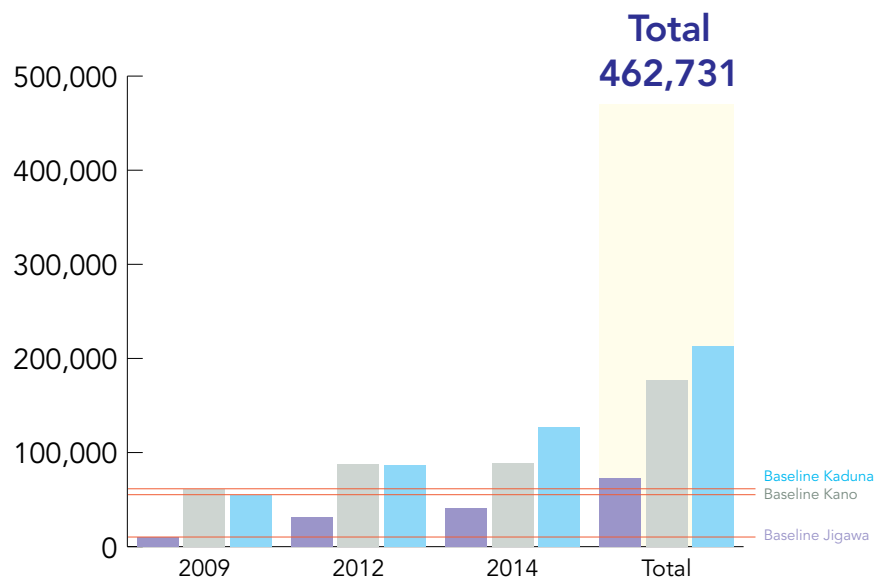
**Number of Women of Child-bearing Age with Knowledge of Maternal Danger Signs in Pregnancy, Labour & Post-partum Period**



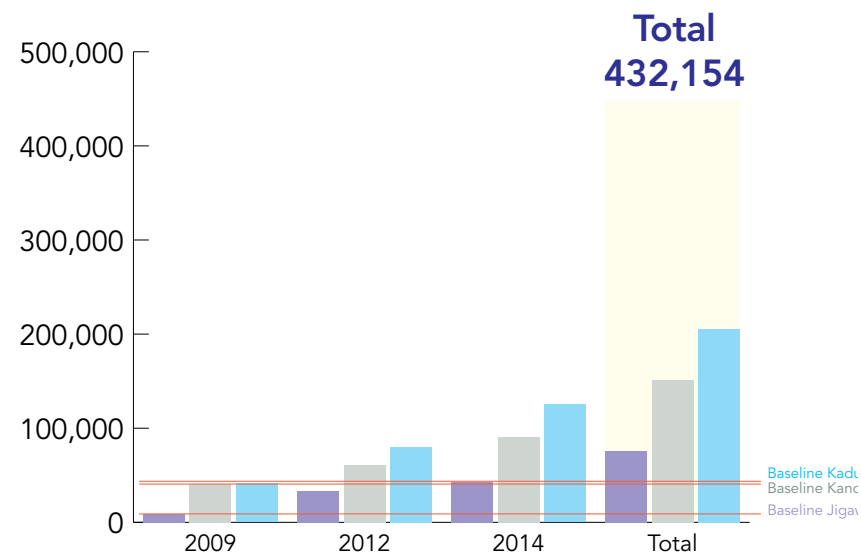
**Jigawa Kaduna Kano**



**Number of Deliveries Supervised by Skilled Birth Attendants**



**Proportion of Deliveries That Take Place in Public Facilities**



**Jigawa** **Kaduna** **Kano**

## II. The Foundation and Brief Situation Analysis

The first phase of the Partnership for Transforming Health Systems (PATHS) began in 2002 and supported local initiatives to: strengthen government stewardship in health policy, planning and financing; improve management in public health; and raise awareness of people's entitlement to good quality, affordable care.

The second phase, the Partnership for Transforming Health Systems II (PATHS2) officially launched in September 2008, built on the foundation laid by the first phase.

PATHS2 was designed by DFID in collaboration with the Government of Nigeria as part of a suite of five “state-led” programmes (SLPs) in health, education, governance and accountability, also including: The Education Sector Support Programme in Nigeria (ESSPIN); The State Accountability and Voice Initiative (SAVI); The State Programme for Accountability,

Responsiveness and Capability (SPARC); and The Growth and Empowerment in States (GEMS) programme.

It was envisioned that the sum of their collective interventions at the federal level and in over-lapping target states would achieve greater impact in Nigeria than individual and separate programmes would alone.

At the time that PATHS2 was launched in 2008, population health indices were unacceptably poor. Nigeria was known, for example to have one of the highest rates of maternal and child deaths in sub-Saharan Africa. Women had limited access to ANC services, and were not well informed of the benefits of ANC and other key reproductive health services.

“I think currently we are not in a very good state of affairs. I can talk specifically on basic health care because that is what is affected by the MDGs, in particular maternal health. Child health also gives us concern, and I think the fact that we are not able to deliver service to these, gives us the bad indices that we have.”

— Amina Ibrahim Az-Zubair,

Senior Special Assistant to the President on the Millennium Development Goals (2005–2011)



Births with assistance from a skilled attendant were extremely uncommon particularly in rural populations as were births in a health care facility. This situation was more pronounced in the northern states of the country (*See figure 1 for baseline indicators*).

Other key troubling health care issues included fragmentation of the health system, characterised by poor management of vaccines and drugs management; insufficient training of health care workers; inadequate staffing in health care facilities; poor collection and management of health care related data; poor planning and financing; and a federal government strategic plan with minimal focus on health.

Largely accounting for the poor health indices were issues surrounding the fragmentation of the health system, which was characterised by weak capacity and an inadequate steering role for the State Ministry of Health (SMoH) in ensuring a coordinated response to health challenges in

each state. Additionally, there was dichotomy and sometimes duplicative roles and responsibilities between state and local governments in the management of health services—especially Primary Health Care (PHC) services. The health subsystems at the primary, secondary and tertiary levels of care had different modalities of financing, and different institutional affiliations.



Other problems facing the health system included: weak logistics and supply chain management that led to unavailability of vaccines, drugs and other health commodities; inadequate numbers and insufficient training of health care workers; poor collection and management of health care related data; and inadequate capacity for planning and budgeting that led to ineffective allocation of public funding for health.

Furthermore, there were not enough trained and motivated members of the health workforce. The health management information system was dysfunctional. Planning and financing were poor; and there was no visible political commitment to health by the federal government.

# III. The Approach

PATHS2's approach was to address issues within the operational environment through advocacy and policy improvements to begin the long and difficult process of improving health sector governance and systems management. The emphasis of the activities at the beginning of the first year was on ensuring that health became a priority for the government at the highest level.

In partnership with other development partners, PATHS2 supported the federal and state governments to:

- Identify key health system challenges and propose appropriate solutions
- Categorise what changes needed to be made
- Support the development and/or revision of national- and state-level policies and strategic plans

- Support the implementations and monitoring of the strategic plans and policies, through structured Joint Annual Reviews, with the objective of improving the delivery of MNCH services in Nigeria.

A series of events and activities served as **catalysts for change**:

## A Forum

In November 2008, Mr Ivan Lewis, the UK's Minister for International Development (October 2008-June 2009) came to Nigeria to announce that DFID was launching PATHS2 with an investment £148m from the DFID Investment Fund. The announcement took place at a forum held to increase awareness and understanding of the depth of the significant health challenges being faced by Nigeria at the grass root level.

The forum was organised with a number of Civil Society Organisations (CSOs) and the media.

Additionally, in order to ensure that a greater depth of information was shared from a wider audience, a short documentary was produced and shown to Mr Lewis and the Nigeria DFID Health Adviser, giving voice to various CSOs and Community-Based Organizations (CBOs).

At the end of the interactive session, it was agreed that the documentary would be an effective tool to mobilise support for changes in the health sector. The Minister commended PATHS2 on the documentary upon his return to the UK.





## A Longer Documentary

Because the short documentary was shown to be a powerful tool for highlighting health issues, with great potential to mobilise support for changes to the health sector, a more comprehensive documentary was commissioned to present in more detail the health situation at all levels of governance. The documentary entitled “State of Health Care in Nigeria”, expressed the hopelessness Nigerians felt about health care in their country. It included interviews with health workers as well as end users of health services.

The voices made clear that it was time for the government to take action because people were needlessly dying.

Uncensored, the documentary was shown to over 500 participants at the 52nd National Council of Health in Kano. A modified version was sent to all the political parties during the election campaign of 2011. The documentary has been widely used as an advocacy tool by state governments and development partners and shown on television stations throughout different states.

## QUOTES FROM “STATE OF HEALTH CARE IN NIGERIA”

*“I was pained at heart to see that boy dying of common malaria because there was nobody to attend to him”...*

*“It is unfair that our women are dying when bringing another life into the world”.*

*“She went into labour. And we started to run around for a vehicle but none was available. She died before we got her to the hospital”.*

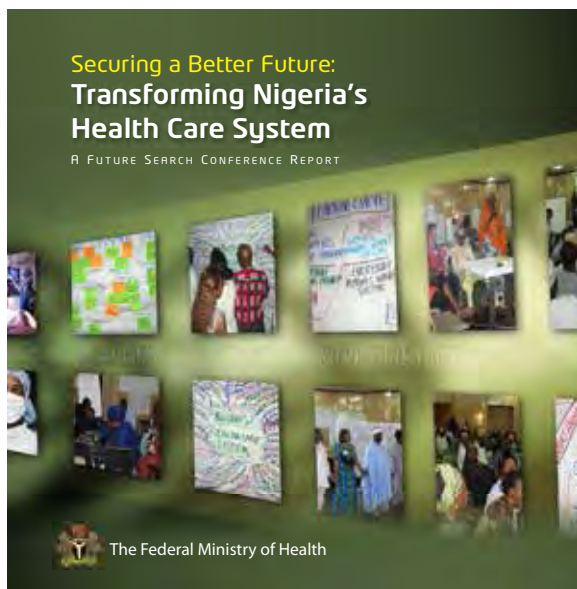
*“People have lost faith in government”.*

## A Future Search Conference

The documentary was also an important feature at a first-of-its-kind conference, known as “Securing a Better Future—Transforming Nigeria’s Health Care System”, that was convened jointly in March 2009 by PATHS2 and the Federal Ministry of Health.

The conference engaged a wide range of stakeholder groups, not only those who were active in the health sector but also other sectors to determine what needed to happen to transform the health care system in Nigeria to improve the health of Nigerians. The goal was to develop all-inclusive policies and strategies that could ultimately feed into a much needed national strategic health development plan.

The stakeholder groups included: government; governmental parastatals; pensioners representing voices of the people; CSOs; politicians; the academia and various professionals; traditional and religious leaders; youth groups; the private sector; the media; and development partners including WHO, UNICEF, USAID, EU, JICA and CIDA.



The four main objectives of the conference were to: provide a strategic vision; identify a high level road map for how to transform the health system; engage leaders in health care; and ensure ownership in the system.

At the conclusion, participants had developed a vision for improving the health system in Nigeria. The key themes were: accessibility; availability; accountability; quality of service; inter-sectorial collaboration; and public private partnerships.

## A National Health Plan

The outcome of the conference and the documentary became the catalyst for accelerating the development of the first-ever National Strategic Health Development Plan (NSHDP) for Nigeria. A national steering committee with various key stakeholders was promptly assembled to develop one plan for Nigeria from which states would derive their plans.



With support from PATHS2 and other development partners, including USAID, EU, WHO, UNICEF, UNFPA, the Africa Development Bank, the World Bank, the private sector and other stakeholders, the FMOH developed the NSHDP which has been implemented over the last five years. The FMOH, in collaboration with all the health development partners also provided leadership for the development, implementation and evaluation of the SSHDPs across the states, including PATHS2-supported states. It also provided the framework for coordination of efforts not only across the different tiers of government but also across development partners.



The adoption of the NSHDP by the 53rd National Council of Health on 11–16 March 2010 was a major milestone that ensured one national plan with unified priorities. Furthermore, it demonstrated the fulfilment of the federal government's promise to support the implementation of a series of strategic engagements and interventions that would institutionalize reforms required to strengthen health care delivery in Nigeria. Adoption of the NSHDP was also the culmination of the work of PATHS2's first phase and a key aspect of its legacy.

The WHO declared the development of the NSHDP as a “best practice” while the Secretary to the Federal Government—representing Nigeria's President at the launching ceremony—commended the health sector for the first ever step in implementing the nation's Vision 20: 2020 which states: *By 2020, Nigeria will be one of the 20 largest economies in the world, able to consolidate its leadership role in Africa and establish itself as a significant player in the global economic and political arena.*

The NSHDP had a permanent impact on health policy and planning in Nigeria and enabled more specific technical interventions in the areas of population, the health system and service delivery to be implemented in subsequent programme phases.



## A Presidential Summit

The documentary was also instrumental in motivating the President of the Federal Republic of Nigeria—the late Mr. Shehu Yar-adua—to call for and host a Presidential Summit on Health. The Summit was convened in response to the Future Search Conference outcomes as well as a series of very frank, one-on-one discussions with the Honourable Minister for Health in Abuja in November of 2009.

The Summit began with a two-day technical session facilitated by PATHS2 on 5–6 November, and culminated with a presentation to the combined session of the Federal Executive and the National Economic Council on 10 November 2009 at the Presidential Chambers, Aso Rock Villa.

Through intensive advocacy initiatives by PATHS2, in collaboration with other partners, the Nigerian government committed to focusing on finalising a comprehensive health sector plan that outlined

how to address the issues and led to the development of the *National Partnership on Health: Declaration on Mutual Accountability for Improved and Measurable Health Results in Nigeria*.



This “Abuja Declaration” was signed by the 36 state governors and the Federal Capital Territory Minister. In it, they pledged to increase their health budgets to 15% of their total annual budgets effective 2020. Furthermore, they committed to increase the budget allocation to health at the federal, state and LGA levels from its present levels by at least 25% each year to work towards achieving this Abuja Declaration target of 15%. They committed to at least 90% budget release and 100% utilisation by the end of the year.

*Committed to*  
**INCREASED  
HEALTH  
BUDGET**  
*by* **25%** *each year*

## A National Health Bill

Additionally, aggressive advocacy activities brought about the passage of a National Health Bill. PATHS2, as a member of the Health Sector Reform Coalition of Nigeria, led several media and advocacy efforts, including the mobilisation of a march of over 5,000 women (market women, mothers, CSOs, NGOs, and other pressure groups) on 18 May 2011 to advocate for regulatory action.

PATHS2 mobilised this effort by calling a meeting of various women groups and development partners. Prominent among the women groups are the very strong Market Women Association, Federation of Women Lawyers, Federation of Muslim Women Association of Nigeria, and National Council of Women Societies.

PATHS2 also provided support to both Senate and House Committees on Health at the National Assembly and also secured visits with key members of Senate and House Health Committees to discuss the Bill's content. Additionally, the programme launched a media advocacy campaign and coordinated retreats with stakeholder groups to discuss and agree upon the Bill's key provisions.



The Bill provides a framework for the regulation, development and management of the national health system and includes provisions for additional health sector funding and a streamlining of the flow of funds. It also set standards for rendering health services both in the public and private sectors.

The 2014 version of the National Health Bill was passed by both houses of the National Assembly and President Goodluck Jonathan signed the Bill into law in December 2014.

## PARAGRAPHS FROM THE ABUJA DECLARATION

*Paragraph 2:* **RECOGNISING** that a healthy and economically productive population that is growing at a sustainable pace, supported by a health care system that caters for all, sustains a life expectancy of not less 70 years and reduces to the barest minimum the burden of infectious and other debilitating diseases, and emphasizing that the Nigerian health sector is vital to sustainable socio-economic development for achieving the goal of Vision 20:2020.

*Paragraph 10:* **COMMITTING** to the results oriented National Strategic Health Development plan, State Strategic Health Development Plan and their attendant annual operational plans with appropriate cost and budgets as part of the continued implementation of the health sector component of Vision 20:2020.

*Paragraph 13:* **INCREASING** budget allocations to health at federal, state and LGAs from present levels by at least 25% each year towards achieving the Abuja Declaration target of 15% committing to at least 90% budget release and 100% utilisation by the end of the year.



## IV. A Path to Improved MNCH

Notwithstanding budget constraints, political issues and security challenges (particularly in the north), there was strong demonstration of effective partnership and collaboration with desire for change. PATHS2 continued its support for the development and implementation of a framework to strengthen the health systems and the delivery of services, through cost effective interventions and skilful engagement with the government.



### The Model

The model for PATHS2's service delivery strategy, the “Concentric Model” (*See figure 2*), is an innovative, client-focused approach based on an integrated set of evidence-based interventions and relationships between populations and health systems mechanisms that improve access to quality MNCH services at the community level.

The model places the client (women and children) at its core and portrays the linkages among three components:

1. Improvements in governance and systems management;
2. Service delivery; and
3. Active and informed citizens.

In addition, it takes a multi-layered approach that includes working at federal, state, LGA, health facility and community levels. This approach addresses the governance and policy environment, and systemic barriers and root causes of demand-side issues, including low demand

for health services, while proactively engaging individuals and communities to transform entrenched social and behavioural norms.

Furthermore, it includes the realisation at all levels of “top-down” policies, strategies and plans to improve health services, with “bottom-up” implementation, feeding evidence and lessons learned back into policy decisions, planning and budgeting for the refinement and replication of interventions.



The PATHS2 model and strategic approach are premised on its theory of change in which coordinated improvements are required across health system functions including service delivery and population/community involvement as well as at the national, state and LGA levels to improve performance.

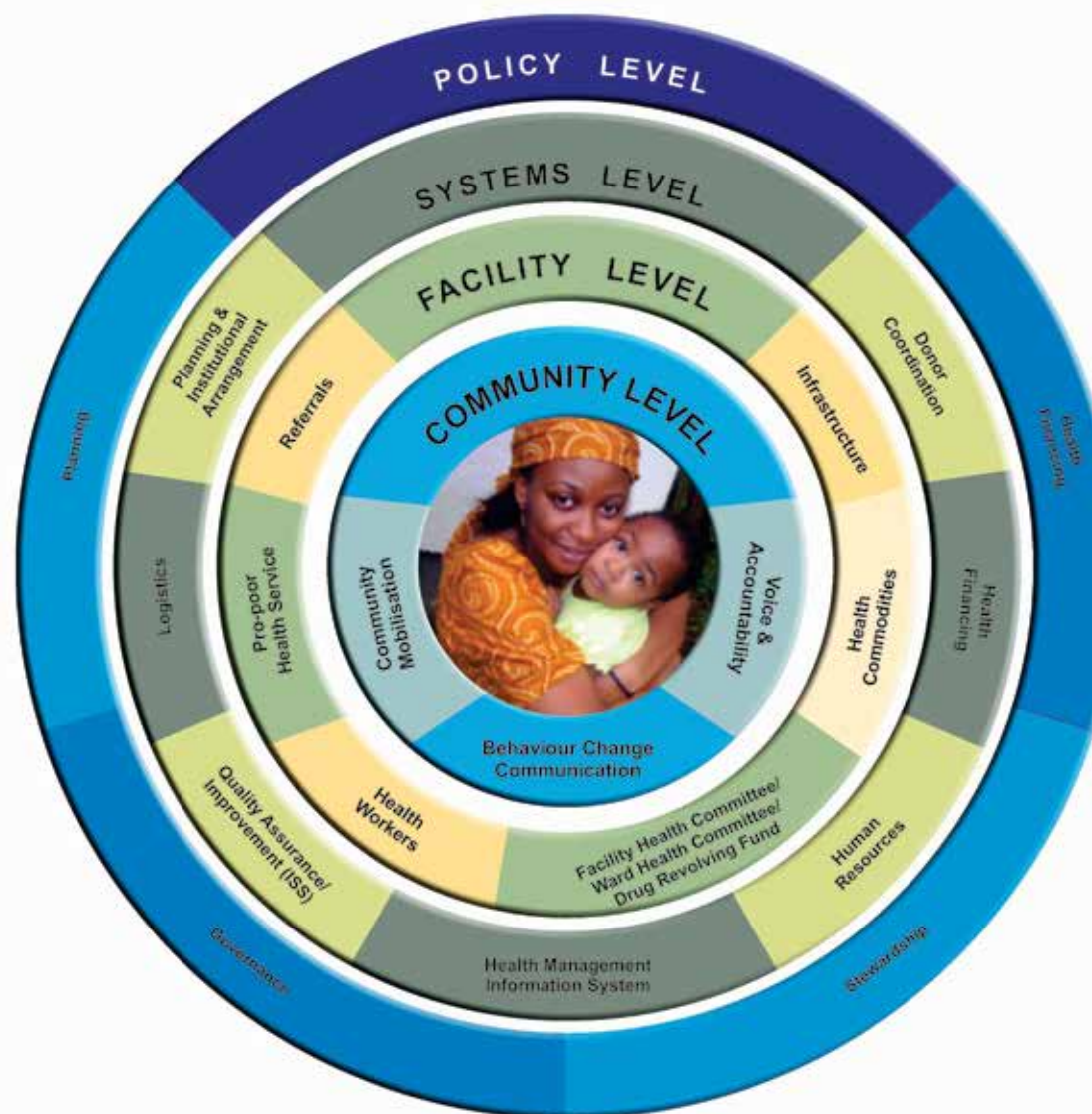
This approach enables the creation of a positive policy environment at one end of the spectrum, while strengthening community capacity to hold government to account at the other end.

It supports the Nigerian Government in addressing the worrying maternal and infant mortality and morbidity rates and in working to improve population health outcomes by strengthening health systems and service delivery capacity in a manner that can be sustained over time.

Successful implementation of interventions within each circle of the Concentric Model has led to achievement of the programme's objectives with country partners and PATHS2 making dramatic strides in: improving maternal and emergency obstetric care; increasing access to child services; expanding drug availability and affordability; improving clinical skills of health workers; and increasing the target population's knowledge of health issues and the benefits of facility deliveries.

This model demonstrates not only that there is a decidedly important focus on strengthening the different health system functions or building blocks at the federal, state and local government levels but also that, as a result of this focus, there is a fertile, enabling environment for improving the health sector through improved government policies and systems.

**FIGURE 2: PATHS2 Concentric Model**



## The Strategic Approach

In Years 1 and 2 of the programme, PATHS2 focused primarily on governance and on strengthening critical elements of the health system, including planning, budgeting and financing, drug supply management, human resources and information systems.

In Year 3, PATHS2 built on this foundation and increased its direct investment in strengthening service delivery functions within a number of cluster facilities within the LGAs.

In line with PATHS2's service delivery strategy, the WHO "cluster approach" was adopted to suit local situations. Clusters are defined as a collection of 13-17 selected health facilities that provide graded levels of Emergency Obstetric Care (EmOC) and referral services for the purpose of reducing maternal mortality within a population of 500,000.

Each cluster includes one Comprehensive Emergency Obstetric Care facility (CEOC), four Basic Emergency Obstetric Care facilities (BEOC) and 8-12 Primary Health Care Centres (PHCs). This ensures that the health systems strengthening efforts lead directly to achieving MDGs 4 and 5.

PATHS2's direct support to improve service delivery was provided to the cluster facilities through eight "pillars" of intervention shown in Table A.

TABLE A: EIGHT SERVICE DELIVERY PILLARS	
1	Improve health commodities
2	Improve basic infrastructure
3	Improve human resource capacity
4	Establish and strengthen two-way referral systems
5	Strengthen Integrated Supportive Supervision
6	Strengthen Health Management Information Systems
7	Increase health service accountability to communities
8	Strengthen health communication and community mobilisation

A further refinement occurred in Years 4 and 5 with the deepening of the service delivery investment through the development of model LGAs which, were defined as areas expected to deepen service delivery and quality improvement as well as promoting ownership to sustain the initiatives.

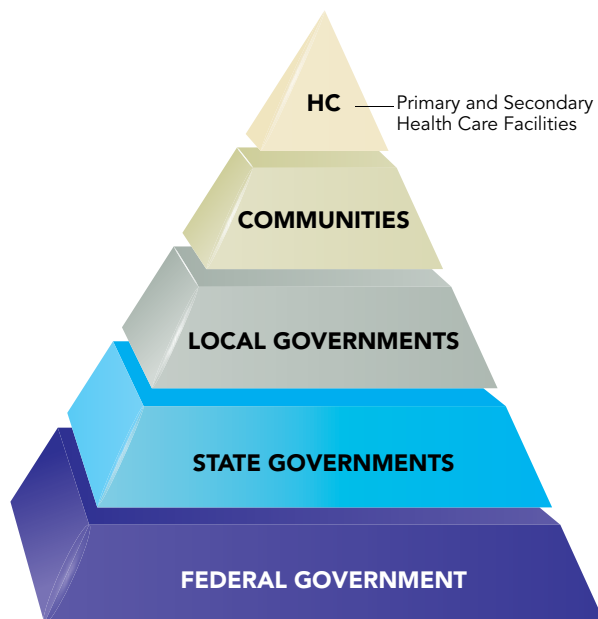
The model LGAs serve as examples for the government and community to increase ownership and encourage replication or scale-up in other LGAs, and produce substantial results in MNCH.

By January 2014, with strong state and LGA support, PATHS2 interventions were implemented in 92% of public health facilities in Jigawa, 44% in Kaduna, and 54% in Kano. These facilities covered 82%, 91%, and 66% respectively of the 2014 projected populations in these states.

Beginning 2012, PATHS2's collaborative approach to planning and budgeting capacity building was extended to include assisting LGAs in learning to articulate and prioritize interventions and develop resource requirements for their implementation. Additionally, PATHS2 helped LGAs develop annual operational plans in line with the LGA budgets for health that addressed logistics, community engagement and mobilization as well as financing.

These plans have now been adapted from the highest level (federal government) through the states to local government levels to support secondary and primary health care facilities for effective delivery and referral of MNCH services for Nigerians. This widespread ownership has led to formidable community mobilisation ensuring long-term improvement in the health sector.





**FIGURE 3: Hierarchy of Governance**

The flow illustrated in figure 3 represents the hierarchy of governance. As a result of partnering with PATHS2, each level has committed to implementing better pro-poor health service delivery through improved stewardship and systems management.

## Primary Health Care under One Roof (PHCUOR)

PHCOUR is a major strategic shift towards strengthening PHC governance and administration in the country. PATHS2 has supported the establishment and development of systems to ensure the functioning of State Primary Health Care Agencies/Boards in Kaduna and Kano, and the Gunduma Health Services Board in Jigawa.

In Kaduna, through PATHS2 support, the state has completed a review of its law in order to unify the currently multi-faceted PHC management structure for effective management and improved service delivery.

PATHS2 and the Dangote/Bill Gates Foundations worked together to strengthen the State Primary Health Care Management Board (SPHCMB). Through this collaboration, an organisational assessment of the board is being conducted to ascertain its management capacity for effective performance. As part of this effort, PATHS2 was able to procure 97 solar refrigerators with the state and the Dangote/Bill Gates Foundations procuring another 208 to support cold chain management.





# V.Ten Key Transformations

With the health systems strengthening and service delivery activities now institutionalised in the three intervention states, PATHS2 can claim that substantial progress has been made towards reaching its goal—*Nigeria's own resources are efficiently and effectively used to achieve the MDGs*—and fulfilling its purpose—*improve the planning, financing and delivery of sustainable and replicable pro-poor services for common health problems.*

## PROGRESS IS MOST NOTICEABLY SEEN BY FOCUSING ON TEN KEY TRANSFORMATIONS ENTITLED:

1. MNCH Behaviour Change Communications Educates and Spurs Action
2. Empowered Communities Improve Responsiveness, Accountability, An Ownership Culture, Gender Equity and Decision-Making
3. State and Local Governments Are Now Committed to the Advancement of Health Care Planning and Budgeting
4. Free MNCH Services Are Now Available
5. A Strong Workforce Policy Is in Place With A Great Many Health Workers Trained in Essential Skills
6. The Quality of, Access to, and Affordability of Drugs Is Now Heightened
7. An Improved Health Management Information System Is in Place
8. Core Service Delivery Improvements and Health Facility Infrastructure Are Enhanced
9. Service Delivery-Focused Innovative Life-Saving Programmes Are in Place—including the Emergency Transport Scheme
10. Family Planning Initiatives Are Established for Improved MNCH



## 1. MNCH Behaviour Change Communications Educates and Spurs Action

PATHS2's work in the area of "Behaviour Change Communications" (BCC) is designed to improve individual and community knowledge and attitudes as well as health-related behaviours and practices. PATHS2 BCC interventions have had a positive impact on individual and community reproductive health-related behaviours, and have resulted in improvements in demand and service uptakes in the three states. The activities empower women to make informed choices about treatment, prevention and care for MNCH issues.

Mass media campaigns are one tactic PATHS2 uses to educate community members about the importance of MNCH services. Public Service Announcements (PSAs) were produced and focused on: warning signs of pregnancy; appropriate management of childhood diarrhoea, including Oral Rehydration Solution (ORS)/Zinc treatments; the benefits of ANC visits and facility delivery; and men encouraging and supporting ANC attendance.

The PSAs were developed in partnership with staff from the SMoH and the state governments thus owned the PSAs paid for air time and insured that

that state-owned radio stations broadcasted these radio jingles at subsidised rates. This approach also improved the institutional capacity of the ministries to produce their own standard health jingles in the future.

Additionally, working with the SMoH health education units, PATHS2's BCC team implemented and monitored community events and trained health workers, community members, health educators, and MNCH coordinators in interpersonal and facilitation skills as well as the use of communication tools.



The state primary health care boards in Kano and Kaduna States and the Gunduma health board in Jigawa State adopted PATHS2's approach to community communication events. This has led to the training of their staff (health educators, MNCH coordinators and monitoring & evaluation officers) at the LGA level & zonal levels in the implementation and management of the community communication events, in which they are now well versed.

This ensures that knowledge of MNCH issues continues to be disseminated in communities to prompt the uptake of health services from facilities and enshrine better health seeking behaviours amongst community members.

A "How-To-Guide" was developed and distributed across the health facilities (and relevant government offices) to be a reference for health workers on the implementation of these community communication events and to serve as a model for other stakeholders interested in replicating the community events in other places.

Furthermore, PATHS2 has instituted seven essential models of BCC interventions:

1. **The Safe Motherhood Initiative-Demand Side** (SMI-D) model is designed for women who do not live close to a health facility with a female provider. In SMI-D, volunteers were trained to lead discussion groups and to form community support groups.



The role of the groups is to refer women to health facilities in obstetric emergencies and to address the three most common delays that contribute to maternal morbidity and mortality. These are: delayed recognition of maternal danger signs, delayed decision-making and delayed transportation to a health facility that provides emergency obstetric care (EOC). SMI-D is implemented in the rural communities in the three northern states.

2. **The Rapid Awareness Raising** (RAR) model involves a two-day campaign with 24 or more public participatory information sessions for separate groups of women and men within the catchment areas of upgraded health

facilities. RAR is implemented in the urban communities in the three northern states. The topics covered by RAR include: the nine maternal danger signs; the benefits of ANC and facility delivery; the safe pregnancy plan; and information about the nearest EOC facility.

3. **The Facility Community Outreach** model supports health workers in organising a community forum. Community members are trained as volunteers to use an entertainment education drama and to teach the public a song about maternal “danger signs”. To reach deeper into hamlets, neighbourhoods and associations, public sector health workers are trained to lead smaller community outreaches (called Mini-Outreaches) closer to the community.
4. **“Social pressure”** was introduced in Year 5 of PATHS2 as a strategy that would contribute more directly to use of services as facilities become fully functional. The new approach to community-level BCC interventions incorporates “social pressure” to help ensure that women receive community support to use maternal health services when needed.

Social pressure is applied through religious institutions and vocational schools in the northern states. Participants are trained on the four RAR topics so that they can incorporate them into the routine lessons taught to their students.

Since these institutions have a continuous flow of students (mostly of reproductive age) through each passing year, it is expected that there will always be continuous dissemination of MNCH knowledge among this important age bracket.

There are also the house-to-house visits conducted by community volunteers to homes of pregnant women. This is an opportunity to apply subtle pressure on both the woman and members of her household to seek health care services from a nearby health facility whenever there is a need. These visits are also opportunities to pressurise the head of the household to give “standing permission” for the women to go out to get medical services.

Through these approaches, knowledge of MNCH issues is spread among almost all members of the community.





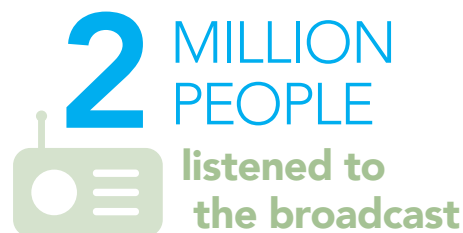


5. **The “Ask Nigeria” initiative** was conceptualised and implemented at the inception of PATHS2 to find out about Nigerian health consumers’ main concerns and what they expected from a strengthened health system. “Ask Nigeria” brought the government representatives (health commissioners) together on the same platform to listen to community-dwellers express their desires and to get a commitment on the ways in which the government intended to strengthen the health system.

6. **Ministerial Consultative Forum**, hosted in Lere Kaduna State was the first PATHS2 Ministerial Consultative Forum that brought together the four levels of governance in one place to resolve issues plaguing the health system. The forum also led to the identification of a community-dweller whose health situation needed the urgent attention of the government.

The community-dweller’s case was taken up by the Kaduna State Commissioner for Health and referred to the tertiary health institution where he was treated for free. The consultative forum, which was meant to take place in all the PATHS2 states, was designed

to be an example of how to bridge the gap between the government and the people. It was also to show how governance can be responsive to the people’s needs and desires.



7. **Mega Community Mobilisation** is another platform that PATHS2 created for the community to openly express their views about health care issues. PATHS2 worked with state and LGA officials in Jigawa, and Kano States to mobilise the communities on health concerns. This “mega mobilisation” was organised to raise community, local government and state politicians’ awareness of MNCH services, provide a platform for communities to express their health needs and to get commitment from government officials to invest in improving health services.

## SUCCESS

Over the life of the project, the number of community events conducted by health workers and community volunteers using communications products has increased significantly. For example, in 2009 in Jigawa, there were only three events; in 2014 there were 2,240. In Kaduna, the number increased from three to 2,008 in 2014; and in Kano, community events hosted numbered only three and increased to 1,440 by 2014.

More than 8,000 people, including the Emir of Ringim, attended the mobilisation in Jigawa State, held in Ringim Model LGA. An estimated two million people, including the Governor of Jigawa State and his Director of Press, listened to the live radio broadcast. At this event, free basic health services was provided to almost 500 community members who might otherwise not have had access to care in health facilities. These services included screening for high blood pressure, random blood glucose testing, immunisation, and treatment of childhood malaria. In addition nearly 80 people were counselled and referred to health facilities for further management.



## 2. Empowered Communities Improve Responsiveness, Accountability, An Ownership Culture, Gender Equity and Decision-Making

Citizens and civil society organisations now have frequent opportunities and platforms to openly express their views about health care issues through a number of different avenues including Facility Health Committees (FHCs). FHCs, made up of community members, host activities throughout the states to educate the community and empower citizens especially giving voices to women to call for: improvement in access to services; upgrading of health facilities; and improvement in accountability of state and local governments and responsiveness to citizens' needs.

As a result of PATHS2's work, there has been a continued increase in the number of FHCs established and operationalised over the years with a total of 420 throughout the three states by 2014—130 in Jigawa; 137 in Kaduna; and 153 in Kano. FHCs receive basic training to perform key roles including, the management of the DRF and increasing understanding of health entitlements in the areas of ANC immunisation, malaria services, and family planning (FP).

In addition to the PATHS2-established FHCs, in the later years of the programme, 24 FHCs were replicated by other organisations, which underscores the ease with which the approach can be repeated. To support more replication in the future, the PATHS2 team has produced practical technical and policy briefs that will guide stakeholders in continuing to expand the PATHS2 FHC approach as a platform for improving accountability and responsiveness.

FHCs also support CSOs in planning processes at the state and local levels as it is important for state governments and LGAs to encourage the participation of non-government actors, in an inclusive and transparent planning process.

PATHS2 has therefore continued to support the participation and involvement of CSOs and FHC members in the development, implementation

and monitoring of State Health Plans/Budgets and LGA Health Operational Plans. CSO/FHC involvement in the planning and budgeting processes has combined with parallel support on the health system side to strengthen government capacity at all levels with the following results:

- Strengthening the voice of community members
- Increasing transparency in the budget process, which helps to increase accountability and improve use of public funds
- Ensuring pro-poor needs are incorporated into government programmes. The FHCs and CSOs were able to ensure inclusion into the plans of certain priority needs expressed by community members
- Guaranteeing budget and expenditure tracking is implemented. In Jigawa and Kano, CSOs have started tracking the funds allocated to each activity, which ensures that the implementation of government plans is monitored

### SUCCESS

According to a study done in 2014, 100% of the State and Local Government Health Plans in the three PATHS2 northern states are demonstrating responsiveness to civil society concerns.



### JIGAWA STATE SUCCESS STORY FROM YEAR 5:

- FHC leaders engaged policy makers on the need to address MNCH needs in the State Budget, and created awareness of the importance of MNCH and Community-Based Health (CPH) through radio phone-in programmes.
- FHC Dakido advocated to the Gunduma Board and Mallam Madori LGA Chair to support the construction of staff quarters initiated by the FHC which was done. The LGA provided beds while the Gunduma council supplied working materials.



“ This committee is the heart of this facility. It was the effort of the committee that made people from surrounding communities to patronize it; I can’t imagine this facility without this committee.”

— FHC member  
Tagwaro, Jigawa



### 3. State and Local Governments Are Now Committed to the Advancement of Health Care Planning and Budgeting

PATHS2 has long since partnered with state and local governments to build on the NSHDP and produce long-term State Strategic Health Development Plans (SSHDPs) that use evidence, rather than assumptions, to plan health sector activities.

To support the implementation of the strategic health development plans, PATHS2 in collaboration with SPARC and other partners, supported the adoption of the Mid-Term Sector Strategy (MTSS).

The MTSS effectively links the estimated costs of three years of proposed health sector priority activities with a budget envelope that is based on available resources or the state's medium-term expenditure framework.



The sustained support for the development and application of the MTSS has yielded results as captured by testimonies of government officials.

Kaduna State like other PATHS2-supported states has developed a long-term SSHDP with a comprehensive budget being implemented in accordance with the MTSS process which has begun to bear fruit.

Dr Dogo, Permanent Secretary in the Kaduna State Ministry of Health, calls the MTSS process *“One of the biggest things that has happened to us in the health sector.”* He added, *“I’m so fortunate—I came in just about the time that directors were being trained and we were getting acquainted with the MTSS”.*

The PATHS2-supported process was further validated in Kaduna when the state Governor Muktar Ramalan Yero directed that the MTSS become the state's standard planning tool, following which the Ministry of Economic Planning welcomed the task and immediately began to carry it out.

The training and mentoring initiatives conducted for staff of the SMoH and State Primary Health Boards and other agencies have led to the creation of a cadre of mid-level technical officers with the aptitude and skills needed to undertake the technical steps of MTSS development in each of the focal states.

In addition, the states have used the MTSS to provide evidence to support the costed priorities included in the plans and negotiate budget allocations. This has resulted in increases in health budgets as a share of total state budgets each year since 2008.

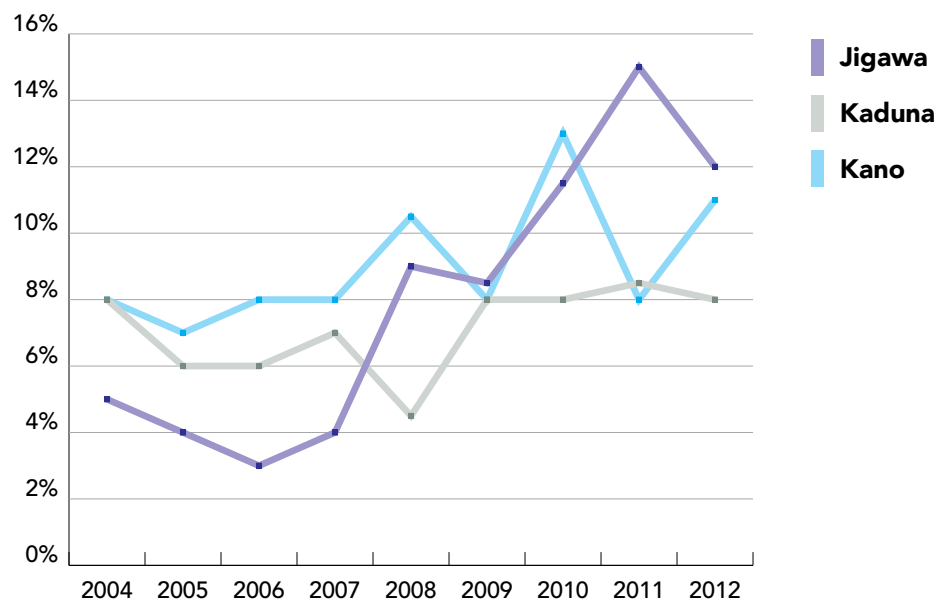
“ The MTSS is another process that has put the whole state—not just the Ministry of Health—on a very good level because it’s only if you plan and make a good budget that you will know what to do and how to do it, or track your budget and ensure implementation. Before the MTSS, things were being done haphazardly, but now the whole state is doing very well with budget tracking as well as budget performance. ”

— Dr. Abubakar Yusuf Labaran

The Kano State Honourable Commissioner for Health

**FIGURE 4**

**Percent Share of Health Budget in Total State Budget (2004-2012)**



By aligning their medium term budgets with multi-year resource envelope projections, states have started to ensure credibility and predictability of the budgets. This has resulted in reducing the huge variances between budgets and actual spending (*see figure 4*).

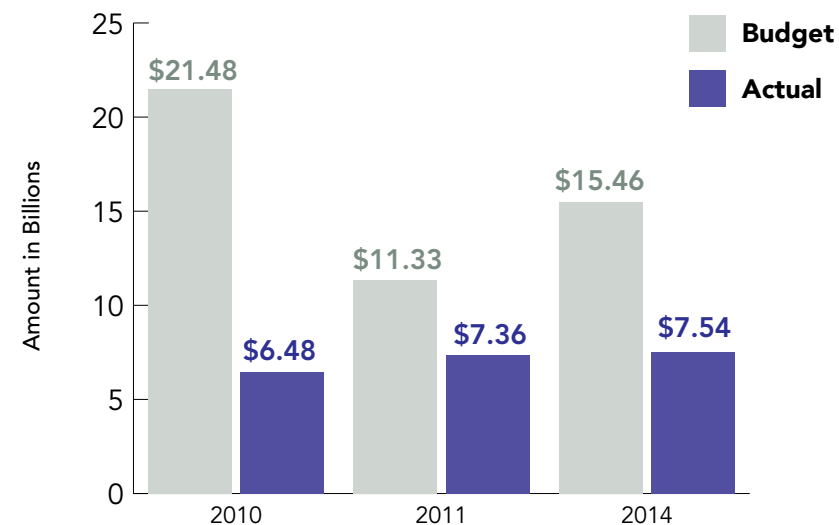
The budget for health dropped from 21.48 billion naira (US\$134.25 million) in 2010 to about 15 billion naira (US\$<sup>3</sup> 93.75 million) in 2012.

<sup>3</sup> 1 US\$ = 160 naira

Furthermore, through PATHS2 support the three focal states now have the capacity to use tools such as the Public Expenditure Management Review to track the use of health budgets and other resources. The findings of these reviews are being disseminated and used to monitor the efficiency and effectiveness of health expenditures and their alignment with priorities and policy objectives of the state plans as well as with the outcomes of the use of the resources.

**FIGURE 5**

**Kaduna: Trend in Budget (Budget vs Actual Expenditures)**



This enhances accountability in the use of the increased budgets for health.

In addition, in collaboration with other partners since 2010 PATHS2 supported a Joint Annual Review (JAR) of the implementation of the SSHDPs with the results of the JARs being used to assess and advocate for increased accountability for the implementation of the SSHDP especially attainment of the targets in the plans.

This process, which has been guided by the strengthened Monitoring & Evaluation system as an accountability mechanism and instrument of good governance as well as by capacities developed through PATHS2's support has kick-started a process of performance assessment and increased attention by public sector officials to results against the use of health budgets and other resources.

At a recent event in Kano State, Dr Abubakar Yusuf Labaran Commissioner for Health said *"The state is working hard to improve health care delivery and provide access to quality health care"*.

*"As part of our efforts to make available quality health care services to the people particularly the rural communities, Kano State government with support from PATHS2 has established a Primary Health Care Management Board to oversee the provision of primary health care services in the state and ensure that the grassroots benefit"*.



“ The DRF scheme has made 95–100 percent of the drugs demanded in the maternity ward available at all times. The drugs required in the emergency unit are always available. These drugs are replaced daily. For pregnant women, from their first antenatal visit to 40 days after delivery, the drugs are given free.

We supply all the drugs for Free Maternal, New-born and Child Health to the patients as a loan to the government, and it repays us at the end of the month. The scheme has made it easy for the government, which does not need to undertake the cumbersome business of going out to purchase drugs by itself. ”

— Pharmacist Nasiru Alhassan

Chief Pharmacist, Dutse General Hospital, Dutse, Jigawa

## 4 • Free MNCH Services Are Now Available

Improving health purchasing better targets health budget funds to priority services and poor populations to give effect to the Free MNCH Policy and related programmes. With PATHS2 support, Jigawa State solidified health purchasing for the Free MNCH Programme, while Kaduna initiated the activities. The Jigawa experience in health purchasing for the Free MNCH Programme is important as it provides evidence that Nigeria's Public Finance Management (PFM) systems are flexible enough to allow implementation of output-based provider payment systems.



This provides evidence that PFM strengthening and health purchasing can co-exist and be harmonised and used for each other's comparative advantages. This is a reason to be optimistic about realising the full potential of Free MNCH Programmes and to increase financial access and move forward on the road to universal health coverage by better targeting all health budget funds to priority services and poor populations.

In addition, the existing health purchasing mechanisms allow development partner investment in direct budget support (e.g. Sector Wide Approaches), as systems already exist to directly target specific priority populations and services. A gradual roll-out of health purchasing interventions and lessons learned to other states is therefore occurring, which is another element of the PATH2 legacy.

PATHS2 also worked with stakeholders to improve the funding for commodity-related free care, and to make the commodity supply chain more efficient so that it can be used to manage any commodities more efficiently and therefore strengthen institutions.

Finally, as part of the Jigawa State government's free health care for children under the age of five, the pharmacies supply drugs for free and the government reimburses the pharmacy each month. Best practices in drug procurement are currently being replicated in Borno State through support from Jigawa State. PATHS2 encouraged the technical exchange relationship between Jigawa

and Borno States and today Jigawa is helping Borno to procure their drug requirements.

In Kaduna, based on high-level advocacy by PATHS2, a committee was set up by the Executive Governor of Kaduna State to review and recommend the best approaches to improving the implementation of the scheme. In addition, PATHS2 supported the costing and programme assessment of the scheme and showed that contrary to initial speculations, the scheme can be implemented even within the current budgetary constraints.

In response to the findings, there has been renewed commitment to improve the implementation of the scheme including the establishment of a "virtual clearing-house system" for Free MNCH management. The virtual clearing house system of managing the Free MNCH will usher in efficiency and transparency and serve as model for management of Free MNCH to be replicated in other Nigerian states.



## 5. A Strong Workforce Policy Is in Place With A Great Many Health Workers Trained in Essential Skills

PATHS2 has built capacity in health workforce planning, management and development, ensuring that each state is intimately involved in

the annual recruitment and training of health workers, accreditation of nursing and midwifery schools (as well as the building of new ones), and tracking and monitoring health workers.



As a result of PATHS2 support, each state now has an HRH policy and strategic plan with functional HRIS database in place. With the deployment and use of the HRIS, the number of ghost workers has drastically reduced and when the system is fully consolidated in the three states, existence of ghost workers will be virtually eliminated.

In order to address the immediate challenges of health worker availability in facilities, PATHS2 adopted stopgap measures which include partnering with the National Youth Service Corps (NYSC) to deploy newly trained medical doctors to rural health centres. There is evidence that the NYSC Agency is committed to sustaining this collaboration, for which PATHS2 had advocated, to improve the HRH needs in the three states.

Additionally, PATHS2 is supporting interventions that contribute to reductions in maternal and infant mortality by providing training on life-saving and other skills to birth attendants including: doctors/matrons-in-charge, midwives and CHEWs in Jigawa, Kaduna and Kano States to improve their capacity to care for women and children from birth through the continuum of care.

There are now 1,013 trained health workers in Jigawa, 872 in Kaduna and 1,415 in Kano for a total of 3,300 who are skilled in Advanced Lifesaving Skills, Integrated Management of Childhood Illness, Family Planning, Post Abortion Care, Ultrasound, and Malaria Case Management.

*“Our hospital is training midwives to supervise pregnancy and deliver women safely,” said Deborah Newam, a midwife and principal nursing officer at a Kaduna Hospital. She added that—because of her training—she does not anticipate losing a mother or her baby again.*

1,013  
in Jigawa

872  
in Kaduna

1,415  
in Kano

*Trained to Save Lives*

This is significant progress as it has been shown that health workers who received clinical update trainings are twice as likely to manage MNCH cases better than those who did not. (Source: *PATHS2 Health Facility Survey 2014*).

A celebrated example of PATHS2 support in HRH is the construction of a new College of Nursing and Midwifery built and by the Jigawa State government and commissioned on 15 May 2012 in Birnin Kudu by Jigawa State Governor Sule Lamido.

The opening of the college marked a key turning point and achievement in the collaborative efforts and collective determination by Jigawa State, PATHS2 and other partners to address the severe shortage of midwives within the state.

Justifying the importance of the school to the state, PATHS2 National Programme Manager Mike Egboh, who attended the commissioning ceremony on behalf of DFID, said that *“Jigawa is one of the states with the fewest human resources in Nigeria, with insufficient numbers of nurses/midwives and doctors to serve the population. The establishment of the school will increase the state’s health workforce and add to the doctors and nurses already in place as a result of PATHS2’s efforts in recruiting workers even before the establishment of the school”*.

With a strengthened pre-service system of human resource development, states are now institutionalising health worker trainings in these schools, thereby spending fewer resources to conduct in-service clinical trainings.

“ We have a common goal...The NYSC is in all the nooks and crannies of this country—even where other establishments are unable to reach. PATHS2 is of course also concerned about the lives of people in rural areas, so we were willing to partner with them. I expect that there will be fewer maternal deaths in the rural areas and that both life expectancy overall and children’s survival rates will be improved. ”

— Emmanuel Obi

Director of Youth Corps Welfare, Abuja



## SUCCESS STORY

The Garum Mallam health centre has changed for the better thanks to an agreement between Nigeria’s National Youth Service Corps (NYSC) and PATHS2 which has led to the provision of more doctors and emergency obstetric care in rural health centres.

Dr Yunusa Yusuf Ali, 30, reported to work at Garum Mallam on 2 January 2013. Dr Ali, like all graduates of Nigeria’s universities and polytechnics—a type of vocational college—is required to devote one year in Nigeria’s NYSC. Under the PATHS2 agreement, the NYSC is deploying doctors to PATHS2-supported rural health facilities to provide basic emergency obstetric care.

## 6. The Quality of, Access to, and Affordability of Drugs Is Now Heightened

Health commodities—of which drugs constitute a major component—are one of the biggest contributors to the cost of health service. PATHS2 has therefore focused on improving the availability of quality and affordable drugs (and other health commodities) for patients while also building the government’s capacity to finance and manage the supply chain on its own.

Accessible infrastructure and qualified staff are key components of any health care service, but availability of drugs is particularly critical because they:



- Contribute to saving lives and improving health
- Promote trust and participation in health service
- Constitute major cost drivers (it is estimated by WHO that drugs constitute 60 to 80 percent of health care costs) and therefore need to be properly managed.

In collaboration with state and local governments, PATHS2 supported the implementation of the innovative DRF system that guarantees that essential drugs and equipment are always at hand for health care facilities—in the past, even basic supplies were commonly out of stock throughout the states in which PATHS2 is working.

The establishment of the DRF schemes led to major changes in drug availability and affordability thereby directly improving delivery and utilisation of MNCH services.

The success of PATHS2 in ensuring sustainability of the commodity support provided by DFID is corroborated by the May

2013 report of the Independent Commission for Aid Impact (ICAI), an independent body responsible for scrutinising UK aid impact.

The report mentions the DRF as one of PATHS2’s successes: “In terms of direct delivery on the ground, one of the successes of the PATHS 2 programme has been the ‘Drug Revolving Facility’ (DRF) [...] Today, there is a plentiful supply of drugs and the DRF is on a sustainable independent financial footing”. (*Source: Page 21 of DFID’s Use of Contractors to Deliver Aid Programmes*).

### SUCCESS

When PATHS2 began in 2009, the percentage of primary health facilities with essential drugs consistently available at the time of a patient’s visit was 3.8% in Jigawa; 8.5% in Kaduna; and 6.5% in Kano. By 2014, the coverage had increased to 78% in Jigawa; 81% in Kaduna; and 84% in Kano.

## BEFORE DRF

- It took too long to get drugs ordered and delivered.
- The expiry rate was extremely high.
- In some cases, drugs were just not available.
- Drugs cost too much.
- The quality of drugs was known to be poor.
- The people in the facilities were not sufficiently trained.
- There was drugs and commodity pilferage.

## AFTER DRF

- Drugs are available faster—responding to the needs when they arise. *See figure 6 for details.*
- They are “fresh” and not close to expiring.
- Everything is available in one place so people can now get their medications where they are prescribed. This saves time as people do not have to go to several locations to secure their prescriptions nor do they need to stand in long queues.
- The prices are now accessible to many who would otherwise not be able to afford the drugs. Out-of-pocket spending is the primary method of payment for health care in Nigeria.

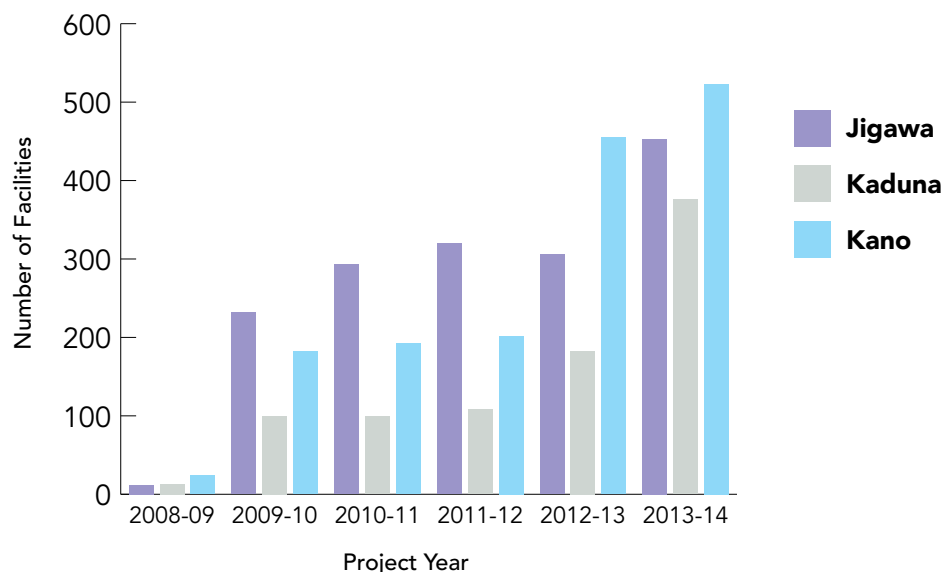
“PATHS2 support is immeasurable. Our capacity has been built on so many issues related to logistics management and procurement, and these trainings have helped us successfully manage the DRF. The impact we see today is as a result of this technical support by PATHS2.”

— Pharmacist Ali Garba Dandidi

Director, Pharmaceutical services, Jigawa

FIGURE 6

Number of Facility with >90% Availability in the Three States





## 7. An Improved Health Management Information System Is in Place

PATHS2 has been working to support the strengthening of the Health Management Information Systems (HMIS) by working with the Ministry of Health at the federal level and in the focal states, including Jigawa, Kaduna and Kano over the past six years. There has been a remarkable increase in the rate of timely reporting from near absence (zero) in 2009 to above 80% in 2014 in all three states.

The development and use of harmonised NHMIS tools that meet the requirements of various stakeholders are helping to continue to improve this rate as is the training and the provision of funding that PATHS2 ensured. The programme facilitated and provided funds for

several training workshops for health workers and ensured the availability of the tools at all health facilities, both public and private.

Additionally, states and LGAs were supported in improving data quality through institutionalising regular Data Quality Auditing/Assessment (DQA) processes and strengthening the system with the launch of a web-based NHMIS, built on a free source DHIS 2.0. Platform.

Improved availability of quality health information at LGA and state levels has enhanced decision-making during LGA and state operational planning, PHC and joint annual reviews and MTSS development in PATHS2 focal states.

Another giant stride in the improvement of HMIS is the deployment of mobile phone technology for data reporting directly from health facilities into the national database. The use of mobile phones was launched with the support of PATHS2 in the model LGAs, under its mobile health (mHealth) initiative. The use of mobile phones virtually eliminates the bottlenecks in data reporting from facilities to higher administrative levels, thus representing one of the most cost efficient methods of reporting good quality data on a timely basis.

The government of Enugu State has taken advantage of this cost efficient method of reporting data to replicate the use of mobile phones technology in all health facilities, including public and private facilities, across the entire state. The MNCH2 programme is expected to support the replication of this initiative in health facilities in all other LGAs in the three states.



Now that robust training has been provided to those in need of the information, there has been *“about 80% improvement on data reporting from all the facilities. The private clinics now report. It was challenging to get them to report data before,”* said Lawal Ibrahim, Monitoring & Evaluation Officer of Ikara LGA, Kaduna State. Also, following the support provided by PATHS2 to the Federal Ministry of Health (FMoH), a national HMIS database was developed and launched and is hosted on a web server. This provided the platform for all the 36 states of the country and the Federal Capital Territory (FCT) to report the monthly facility data from their respective states.





## 8. Core Service Delivery Improvements and Health Facility Infrastructure Are Enhanced



The implementation of the service delivery pillars (*referred to on page 20*)—which include: improving human resource capacity; establishing and strengthening two-way referral systems; and strengthening integrated supportive supervision—enabled improvements in the nature of clinical practice and the continuum of care.

By January 2014, and through strong supports to the state and their LGAs, PATHS2 interventions were implemented in 92% of public health facilities in Jigawa, 44% in Kaduna, and 54% in Kano. These facilities covered 82%, 91%, and 66% respectively of 2014 projected populations in these states. Details of the coverage or reach of service delivery interventions are shown in figures 7 and 8.

### SUCCESS STORY

In the three states, the percentage of health facilities that meet the minimum standard for human resources, equipment and infrastructure to deliver MNCH services went from 0% to 40% in Jigawa over the life of the project; 0% to 31.3% in Kaduna; and 0% to 16.7% in Kano.

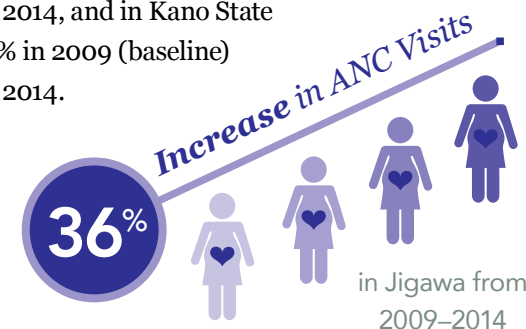
The high and continuously increasing percentage of population covered by service delivery improvements validates the PATHS2 model which links direct service delivery support and health systems strengthening to enable ownership, scale-up and institutionalisation for sustainability.

Appropriate infrastructure is a necessary component of any health care service. Therefore, as part of investments to improve the quality of care, PATHS2 refurbished 140 health facilities in the supported states. The recipient health centres were prioritised in close collaboration with state and local government stakeholders based on the needs identified in each facility.

In addition to improving physical infrastructure, PATHS2 supported 552 health facilities with alternative sources of power supply and essential equipment such as ultrasound machines and phototherapy units to enhance 24 hour services and to improve the capacity of rural clinics to provide a wider range of life-saving services without having to transfer patients to facilities far from their communities to access care. These facilities are all providing uninterrupted quality services in their various locations.

Referral linkages were also strengthened across health facilities in the clusters, with each cluster facility having at least one staff dedicated and trained as a referral focal person to coordinate client referrals to, and from the health centre. The state Integrated Supportive Supervision (ISS) systems for improving the quality of care were also strengthened across the three states. This followed collaboration efforts with state institutions and partners to review checklists and tools, train ISS teams, conduct quarterly facility visits and support improvements based on specific service delivery challenges identified during visits.

The linkages also helped produce a change in utilization levels of vital health care services. For example, the percentage of pregnant women making at least 4 ANC visits increased in Jigawa State from 7.5% in 2009 (baseline) to 43% in 2014, in Kaduna State from 25.7% in 2009 (baseline) to 46% in 2014, and in Kano State from 16.7% in 2009 (baseline) to 39% in 2014.

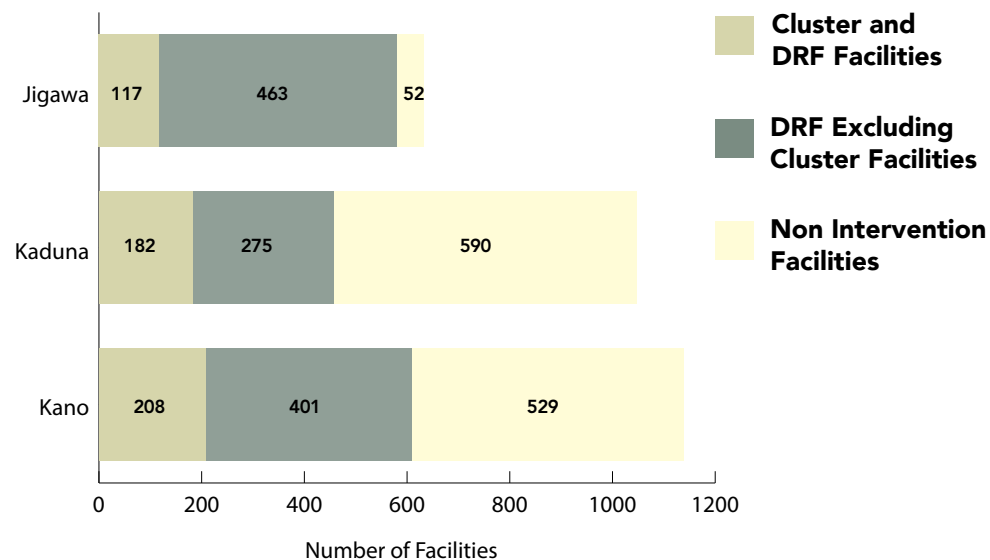


## SUCCESS

In Jigawa State, Saudat Kabiru who at 22 years old successfully delivered triplets at Kiyawa PHC, told the Guardian newspaper that “if she had delivered at home it would have been dangerous but she has been regular in her attendance for ANC which made it easier.” Sensitized on the benefits of antenatal care, she made regular antenatal care visits every Thursday and they paid off as she delivered her triplets (two boys and one girl) without complications at the health facility.

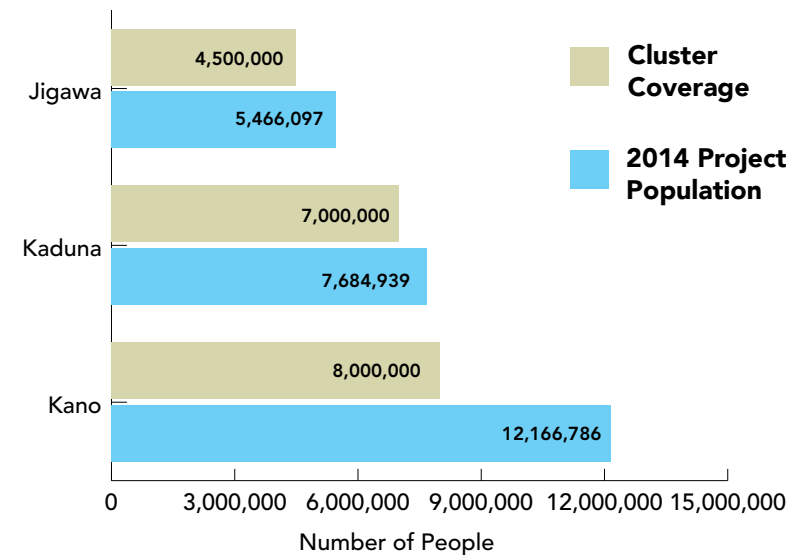
**FIGURE 7**

### Facilities Supported by Service Delivery Interventions



**FIGURE 8**

### Population Covered by Clusters in Three States





## 9. Service Delivery-Focused Innovative Life-Saving Programmes Are in Place—including the Emergency Transport Scheme

A key legacy of PATHS2 in the north is the establishment of an Emergency Transport Scheme (ETS), which represents a partnership with Nigeria's well-organised powerful transport union and taxi drivers who are engaged as volunteer ambulance drivers, using their own vehicles to get pregnant women in emergency and life-threatening situations to a hospital or clinic.

The ETS is a collaboration between PATHS2 and Riders for Health, which is an international social enterprise that manages and maintains vehicles for health-focused partners in sub-Saharan Africa. Riders for Health expertise in transport management enables health workers to deliver vital health care to rural communities on a reliable and cost-effective basis.

PATHS2 engaged them as a technical support organization to train the National Union of Road Transport Workers (NURTW) drivers as part of our ETS intervention. Riders for Health built the capacity of master trainers that are now cascading ETS training and supporting the other drivers to maintain their vehicles in PATHS2-supported states.

Since the inception of PATHS2, 6,450 women in the northern states were transported free-of-charge to receive much needed obstetrics care, through ETS.

In Jigawa State for example, nearly two out of every 100 pregnant women die from complications during pregnancy or childbirth. Within communities, few people own personal vehicles and there are limited

number of ambulances to transport patients from their homes to health facilities.

Under the ETS, the union drivers receive training from PATHS2 on safe driving and an understanding of the danger signs in pregnancy. This helps them keep the woman safe during the trip to the health facility, which is often hastily arranged after a panicked midnight call to the driver's mobile phone.

In return, the drivers who volunteer get special privileges in doing their regular jobs. They need not queue like other drivers to pick up paying passengers when they get to the pickup point at the union-run local "motor park". The union supervisor on duty moves them to the front of the line.

### SUCCESS

When PATHS2 began in 2009, Jigawa had been using the ETS on a small scale. By 2014, however, 3,076 women had been transported to health facilities. In Kaduna and Kano, there were no ETS transports at the inception of PATHS2 but by 2014 that had changed dramatically: 1,430 and 1,314 women in Kaduna and Kano were transported respectively.

Mallam Danlami Umar, a member of the National Union of Road Transport Workers, is a PATHS2-trained ETS driver based in Wudil Local Government Area. He has a lot of stories to tell about transporting women to deliver in health facilities—some sad ones, but a lot of happy ones.

“About two years ago, I travelled to Abuja and returned to Indabo about 8 p.m. I had hardly rested when I was called upon to transport a pregnant woman, whose baby had presented her hand, to Wudil General Hospital. The woman had been in labour all day, and because of the Mallam Danlami Umar, she was able to get straight to the hospital for a safe delivery.”

*“May Allah bless them...I went into labour in the early morning, for about two hours, then my father went to call Mallam Danlami to carry me to the clinic, as I couldn't walk anymore because of the pain. He treated me very well. No problem at all. If they [PATHS2] are helping us, I am very happy.”*

— **Rakiya Addo**  
New Mother





## 10. Family Planning Initiatives Are Established for Improved MNCH

PATHS2 forged an innovative collaboration with Pathfinder International to increase access to family planning services. PATHS2 took advantage of a new policy that enabled CHEWs to provide injectable contraceptives to train health workers in its clusters in this new service. The programme used this as an opportunity to field-test a training curriculum and supported the FMoH in reviewing and revising the curriculum based on lessons learned from field implementation.

In addition to improving clinical skills of health workers, PATHS2 supported community-level interventions to increase demand for and use of family planning services at the community level.

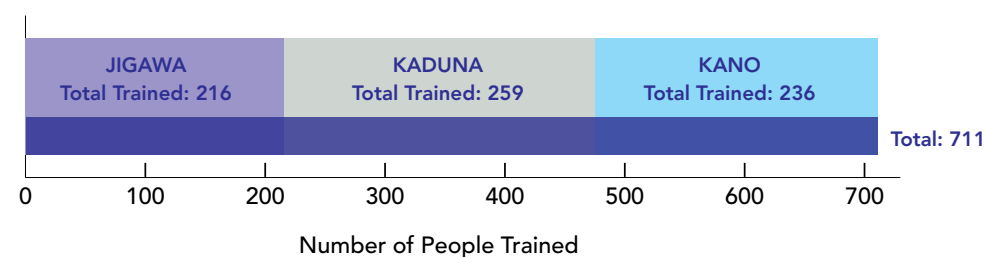
Two hundred and nine community-based distributors were trained to generate demand and provide non-prescriptive family planning services such as oral pills and condoms.

Additionally, 100 health facility staff were trained on the Commodity Logistics Management System and supply chain structures were strengthened to enable facilities maintain an adequate stock of quality family planning commodities at all times.

*See Figures 9A, 9B, and 9C for summary of family planning trainings.*

**FIGURE 9A**

**Family Planning Skills Trainings By State**





**FIGURE 9B**

**Family Planning Skills Trainings in the Northern States**



**FIGURE 9C**

**Health Care Workers Trained in Family Planning in the Northern States**



**Jigawa**
 **Kaduna**
 **Kano**

# A Future Transformed

PATHS2 supported the strengthening and improvement of health sector governance in Jigawa, Kaduna and Kano States from its inception in 2008 through 2014. This led to strengthened stewardship and improved systems and built the capacities of health facilities to deliver quality health care—particularly in the area of MNCH. Since the beginning of PATHS2, the number of pregnant women that received focused antenatal care increased from 189,322 to 1,210,974 by July 2014 across the three supported states in the north.

A substantial number of deliveries (462,732) took place in health facilities under the supervision of skilled birth attendants during the same period, as compared to 126,018 deliveries that were supervised by skilled birth attendants in 2008 in the three states (*NDHS 2008, PATHS2 Surveys 2009, 2012 & 2014*).



An estimated 432,254 deliveries took place in public health facilities as of July 2014, compared to the baseline in 2009, when only 90,739 deliveries were reported to have taken place in public facilities in the same states.

By engaging in effective partnerships at multiple levels, PATHS2 has contributed substantially to the giant strides in health systems transformation in the three states and by extension in the entire country. Communities have become active participants in the management of health care delivery and are now more knowledgeable about the prevention of common health problems.

PATHS2 has solidified a legacy in northern Nigeria of launching a robust and resilient health system that has led to improved access to and availability of quality MNCH services—services that have contributed to saving 140,067 lives.

The complete documentation of PATHS2 legacy in Nigeria will be developed at the end of the project in 2016. The PATHS2 project is ongoing in Enugu and Lagos States until 31 July 2016.







### **The Partnership for Transforming Health Systems Phase II (PATHS2)**

is a six-year development initiative that aims to ensure Nigeria achieves important health-related Millennium Development Goals.

Funded by UKAID from the Department for International Development, PATHS2 is working in partnership with the Government of Nigeria and other stakeholders to improve the planning, financing, and delivery of sustainable health services for those most in need. In addition to its work at the Federal level, the PATHS2 programme is implemented in the five States of Enugu, Jigawa, Kaduna, Kano, and Lagos. PATHS2 follows the successful PATHS programme, which was implemented from 2002 to 2008.

This report has been funded by UKAID from the Department for International Development; however, the views expressed do not necessarily reflect the department's official policies. The contents are the responsibility of the Partnership for Transforming Health Systems II (PATHS2).

### **OUR VISION**

A transformed Nigerian Health care system providing sustainable, accessible and responsive health care service.

### **FOLLOW US ON-LINE:**

[www.facebook.com/paths2nigeria](http://www.facebook.com/paths2nigeria)  
[www.youtube.com/paths2nigeria](http://www.youtube.com/paths2nigeria)  
[www.flickr.com/paths2nigeria](http://www.flickr.com/paths2nigeria)  
[www.twitter.com/paths2](http://www.twitter.com/paths2)

### **CONTACT**

**Mike Egboh** ([m.egboh@paths2.org](mailto:m.egboh@paths2.org))  
37 Panama Street, Off IBB Boulevard  
Maitama, Abuja, Nigeria  
Tel: +234 9 872 5058

### **FEEDBACK**

[communications@paths2.org](mailto:communications@paths2.org)

PATHS2 is managed by Abt Associates, in association with Options, Mannion Daniels, and the Axios Foundation.



Mannion Daniels

