

Theme 1: *How have systems thinking approaches and tools been incorporated in activities to improve health equity? Were these approaches useful in achieving health equity goals? If so, what are the pathways by which these approaches helped to address the root causes of inequity?*

Driving Positive Change: Key Facilitators of Success in Promoting Community Ownership and Sustainable Health Initiatives in Northeast Nigeria

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Context

Describe the context in which the activity takes place. What is the health problem that you are trying to solve? What health system challenges contribute to this problem? Why did you decide to apply a health systems approach to this problem? Why did you choose this approach over others?

The ongoing conflict in Northeast Nigeria has reached its fourteenth year, causing an escalation of violent attacks that have further deteriorated the security situation and led to mass displacement, intensifying the humanitarian crisis. The unfolding crisis has also impacted the delivery of quality primary healthcare services. Poor accountability, weak management, inadequate supervision, and underfunded primary healthcare facilities are endemic problems in Nigeria's health sector, exacerbated by ongoing conflict that further compromises the delivery of essential healthcare services and undermines the overall health and well-being of the population. There is a significant disparity in the Primary Health Care Centers in Yobe and Borno states as compared to other states in Nigeria, including infrastructure, availability of vital drugs, inadequate healthcare workers, and accessibility to healthcare facilities. In 2016, the Borno state government declared a health system emergency due to the destruction of over 50% of primary health care facilities and ambulances, as well as the disruption of access roads by armed organized groups. These challenges have rendered the building and setup of primary health care centers unfriendly for people living with disabilities.

The consequences of the conflict are profound, having weakened the healthcare system and impacted key health outcomes in the region. The Northeast states have the highest maternal mortality rate in Nigeria, estimated at 1,549-2,732/100,000 live births (NDHS 2013 & DHS2,2022) as compared to 576/100,000 live births prior to the conflict (NDHS 2008). Two-thirds of health facilities in the BAY states have been damaged, with functional facilities frequently lacking access to safe water, drugs, and equipment. Of the approximately 2,400 health facilities in the BAY states, 48% are not functioning at all, and 11% are partially functional (Nigeria Humanitarian Response Plan, UNOCHA, February 2022). Pregnant women and children suffering from severe acute malnutrition are unable to access essential health care services due to poor road networks, unavailability, and non-functionality of ambulances, and lack of means of transportation, especially during emergencies and at odd hours due to insecurity in certain parts of the state. As a result, maternal complications and morbidity have significantly increased due to the absence or delay in reaching health facilities in the community.

In her speech "A Century of Global Health Progress" earlier this year, USAID Administrator Power emphasized the importance of rebuilding the resilience of our health systems by investing in primary health workers and community health structures. In line with this strategy and to address these urgent issues, IRC in partnership with USAID is facilitating timely access to healthcare to improve maternal and child health outcomes and well-being of the population. The Health Resilience of Northeast Nigeria (HeRON) project, aims to enhance access to quality Primary Health Care (PHC) and nutrition services. The project focuses on building the resilience of the health system and implementing adaptive and inclusive programs for women, men, boys, and girls, including people living with disabilities. It also seeks to increase access to services for marginalized groups.

Activity Description

Please describe what you are doing to address this health system challenge. What steps did you take to implement this activity? What government agencies or other stakeholders did you work with and how did you engage them? Did you make any changes to your approach as you went along and if so, why? Have you scaled up or do you have plans to scale up?

HeRON adopted a comprehensive and integrated approach to health systems strengthening, including targeted engagement and advocacy with state-level stakeholders to ensure sustainability beyond the life of project. Stronger systems are the key to sustainable service delivery, and the HeRON project plans individual, community and organizational capacity strengthening at the center of its approach.

Working in collaboration with the government, the project has established a joint task force committee with membership that cut across authorities and civil society organizations. The taskforce is responsible for implementing and tracking the progress of its transition and sustainability plans across health system pillars with plans for handover to the government based on a signed memorandum of understanding (MOU).

Additionally, the HeRON project identified, reactivated, established, and strengthened existing community structures to stimulate positive change by promoting health seeking behaviors and reinforce community referrals within health facility catchments for access to services. Ward Development Committees (WDC) Community Health Influencers and Promoter Services (CHIPS) agents were reactivated through collaborative efforts to build the capacity of these structures to function optimally. The Problem Driven Iterative Approach (PDIA) was introduced to support health facilities, in collaboration with the WDCs, to identify local solutions to health challenges while instilling community ownership, accountability, and participation.

The disability inclusion assessment conducted at supported health facilities revealed that the design of Primary Health Care Centers is not suitable for people with disabilities. Issues such as multiple staircases, narrow door widths, inadequate space in waiting areas, lack of emergency response training for staff, inaccessible assembly points, and limited access to drinking water make it difficult for individuals with disabilities to access healthcare services. To address these challenges, HeRON staff worked to strengthen the capacity and capability of WDCs and PDIA teams in the areas of problem analysis, advocacy, resource mobilization and providing oversight to activities of supported facilities. This enhanced the capability of the WDCs and PDIA teams to promote user friendly services for people living with disabilities (PLWDs). Equipped with the knowledge and skills acquired from this training, these community structures successfully mobilized resources from their local communities, philanthropic organizations, and personal contributions. Aiming to reduce dependency on the government and foster self-sustainability in addressing the needs of PLWDs, the WDCs took concrete actions to improve accessibility for PLWDs. They undertook the construction of ramps and rails in 18 facilities to facilitate the movement of PLWDs and facility health workers underwent sensitization sessions to raise awareness about the importance of prioritizing the needs of PLWDs. As a result, the health workers were diligent in ensuring that pathways were always cleared, especially for wheelchairs, trolleys, mobile beds, and couches, to enable smooth and unhindered movement for individuals with disabilities.

The PDIA and WDC teams also identified and addressed challenges surrounding the quality of services provided at Gabai Health facility in Yobe State, specifically insufficient and unsafe water supply. The facility and the community relied on a single-phase motorized borehole, an unprotected hand-dug well, and a small pond for water collection during the rainy season. To tackle this issue, the PDIA teams engaged the Rural Water Supply and Sanitation Agency (RUWASA) and the State Ministry of Water Resources to advocate for a safe and reliable water supply. Through continuous engagement and collaboration, a new solar-powered system borehole was constructed at the health facility. The borehole was equipped with a 6m height steel water stanchion, capable of carrying a load of 10,000 liters PVC water storage tanks, and multiple water collection points. This intervention significantly improved the quality of services provided at the health facility, ensuring a sustainable and reliable water supply for both the facility and the community.

Finally, the Health Resilience of Northeast Nigeria (HeRON) project collaborated closely with the National Union of Road and Transport Workers (NURTW), an independent trade union in Nigeria representing road transport workers, to improve transport for essential health care equipment and services. Collaboration through the HeRON project reactivated existing Emergency Transport Scheme (ETS) to transport pregnant women, children, and emergency cases to health facilities. Existing and newly recruited drivers who expressed willingness to serve as Community Transport Volunteers (CTV) supported the scheme. A comprehensive training program was conducted, equipping a total of 421 drivers with the necessary skills to manage emergency cases, identify and promptly refer danger signs related to maternal issues in the community to the health facility. To ensure the scheme's effectiveness, a supervisory plan was developed to provide ongoing support and monitoring. Volunteer drivers took on the crucial responsibility of establishing a sustainable link between the community and maintaining an efficient transport system. Through close collaboration with the community-based healthcare cadres such as CHIPS Agents, the volunteer drivers played a crucial role in identifying and transporting community emergency cases, particularly focusing on improving maternal and child health outcomes in Borno and Yobe states. The involvement of volunteer drivers was instrumental in ensuring timely and safe transportation for pregnant women, mothers, and children requiring urgent medical attention. Drivers worked closely with the CHIPS Agents, to identify cases that required immediate assistance and coordinated the transportation logistics accordingly. By bridging the gap between communities and healthcare facilities, these volunteer drivers contributed to reducing delays in accessing essential healthcare services for mothers and children.

Activity Impact

How did this activity strengthen the health system? Which components of the health system did you act on (for example, did you support improvements in financing, cross-sectoral coordination, governance, local ownership, information, human resources, behavior of health system actors, service delivery, or medical products, vaccines, or technologies)? How did the pieces of your activity come together to impact equity, quality, and/or resource optimization in the health system? How did these improvements in equity, quality, and/or resource optimization lead to better health outcomes? How does this activity contribute to health system resiliency and/or sustainability?

The HeRON project supported the implementation of various key interventions and initiatives to strengthen the healthcare system with the aim to improve healthcare service delivery, enhance access to quality care, and address the health needs of the community. Key interventions included:

- The reactivation, establishment, and training of WDC and PDIA teams. These had a significant impact on improving resource mobilization and utilization and resulted in several positive outcomes:
 - Construction of rails and ramps at health facilities, making them more accessible for People Living with Disabilities (PLWD).
 - The Client inclusive PDIA teams in 24 health facilities held sessions on IPC with health facility staffs to promote the implementation of interpersonal communication and counseling techniques that were specifically tailored to meet the needs of PLWDs, creating a more inclusive and friendly environment for them.
 - Enhanced self-reliance, sustainability, and local ownership, as the WDC and PDIA teams were able to deliver services that directly addressed the unique requirements of PLWDs.
 - The construction of a solar-powered system borehole had a profound impact by relieving the community members of the financial burden associated with purchasing diesel for the operation of the existing borehole. The solar-powered system borehole not only provided reliable access to clean water but also contributed to the economic well-being of the community by allowing them to allocate their limited resources to other essential needs.

Usman Mohammed Kaana, Deputy in-charge of Gabai Primary Health Care Center in Gulani LGA, Yobe State, expressed his appreciation, stating, "Before the new borehole was constructed, to run this health facility we normally spent nothing less than NGN #1,000 (Approx 2.16USD) daily to buy water from water vendors, and sometimes the resources come from our personal pocket. Our deepest appreciation goes to RUWASSA, LGA WASH unit, and HeRON project for their efforts in ensuring that our water challenge is a thing of the past. The implementation of a solar-powered system borehole with adequate water storage capacity ensures a sustainable solution to the water supply challenge. This system reduces dependency on diesel, which can be costly and environmentally harmful, while harnessing renewable energy. The long-term sustainability of this solution benefits both the health facility and the community in the Gabai area."

- The capacity-building 421 community transport volunteers to identify maternal emergencies and danger signs, enabling them to promptly refer women from the community to health facilities had a significant impact on reducing pregnancy-related complications and maternal mortality rates. Through comprehensive training and review meetings, these volunteers were equipped with the necessary skills to identify maternal emergencies and danger signs, enabling them to promptly refer women from the community to health facilities. Successful collaboration with CHIPS agents to identify clients and link them with the ETS drivers resulted in 1856 pregnant women being successfully transported to receive timely and essential care at health facilities.

Muhammad Abubakar, a program beneficiary, highlighted the impact of the ETS system, "The Jigawa community is very sandy, which makes it very difficult for tricycles to maneuver. The only way to access transport is to walk a long distance to the main road where tricycles can be found. The government imposed dusk to dawn curfew, which made it difficult to transport my wife to the health facility during labor. I called the ETS driver, and he immediately came and transported my wife to the health facility where she had a safe delivery" (ETS beneficiary, Jigawa community in Fika LGA in Yobe State).

- The state government acknowledged the exceptional effectiveness of the Community Transport Volunteers (CTVs) and made the decision to empower them further. In recognition of their dedicated service, a selected CTV in Yobe State was integrated into the government payroll as a Zonal driver, receiving official employment status and associated benefits. This measure aimed to provide long-term stability and support to these dedicated individuals who have been instrumental in improving transportation services for the community. The construction of a new solar-powered system borehole equipped with water storage tanks and collection points ensures a reliable and sustainable source of clean water for both the Gabai health facility and the community. This addresses the water scarcity issue and reduces the reliance on unsafe water sources, significantly improving access to safe drinking water with a consistent and clean water supply, the health facility can provide better quality healthcare services. Clean water is essential for various purposes in healthcare settings, such as hygiene practices, sterilization of equipment, and patient care. By addressing the water scarcity issue, the overall quality of healthcare services provided at Gabai Health facility is positively impacted.
- The incorporation of capacity building and training activities for CHIP's Agents into sustainability and transition road maps resulted in the transitioning of stipends and commodities for 894 CHIP's agents to local government. With the aim of promoting demand creation at communities to improve access & coverage to essential health services and improving reporting and data collection, the CHIPS were able to refer 6,936 women to health facilities to access skilled care in supported communities. HeRON successfully advocated to transition this activity to Borno state government leveraging on its Basic Healthcare Provision Fund to pay CHIPS agents' monthly stipends and commodities. This approach promoted the full and gradual ownership of the CHIPS program by the State. HeRON plans to conduct a process/progress evaluation of these transitions to track implementation, lessons learned and challenges over the course of the project.

Evidence

Fig 1. Deliveries with complications 6 months prior (Apr 2022-Sep 22) to ETS implementation and 6 months after (Oct 2022-Mar 2023)

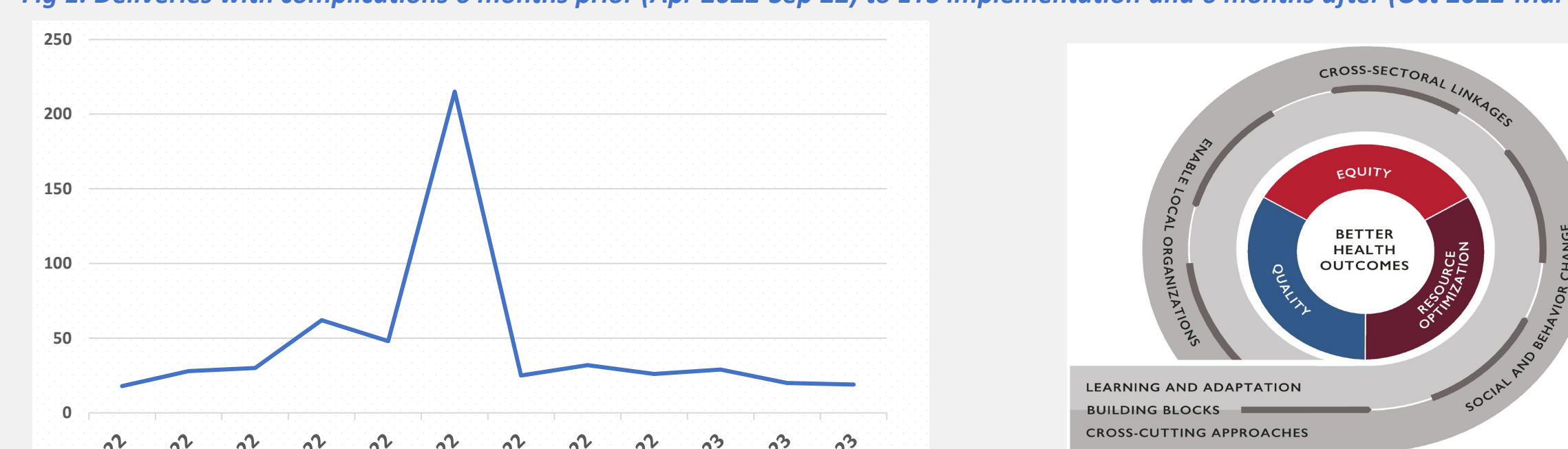


Fig 2 Snapshot of solar newly constructed solar powered borehole in Gabai PHCC of Gulani LGA

Facilitators

What aspects of the health system, context, or external partner support helped make this successful? For example, were there existing working groups in place that enabled efficient coordination between stakeholders on this activity? Did you use a tool or knowledge resource from a global partner like WHO or UNICEF to help inform your activity? How did these facilitators help you achieve your goals?

Key facilitators of success encompassed various factors that played a crucial role in achieving positive outcomes. These facilitators were instrumental in supporting and driving the success of the initiatives:

- The Joint task force committee with its membership drawn from Ministry of Health, state primary healthcare agencies, local government health authorities, civil society organizations, the HeRON team and other system strengthening partners in the state, this committee is aimed at implementation and tracking progress of the road maps.
- The establishment of sustainable emergency transport schemes in rural communities relied on the collaboration and support of key stakeholders. The State Primary Health Care Development Agency (SPHCDA) played a crucial role by providing leadership and advocating for improved maternal health and the benefits of emergency transportation.
- The National Union of Road and Transport Workers (NURTW) also played a significant role in the success of the emergency transport schemes. They mobilized a network of volunteer drivers from their members who were trained and equipped to provide transportation services for pregnant women in need.
- Maternal, Newborn, and Child Emergency Transport Scheme (MaNCE) tools were utilized to further enhance the capacity of the ETS drivers. These tools, developed by the National Primary Health Care Development Agency (NPHCDA), provided the necessary resources and training materials to strengthen the skills and knowledge of the ETS drivers.
- The establishment of PDIA teams and reactivation of WDCs created a strong foundation for community ownership and commitment. Through active participation, community structures and healthcare workers mobilized resources, generated demand, and created an enabling environment for the delivery of quality services, ultimately improving healthcare outcomes and promoting sustainable development.
- Through financial and technical assistance, USAID enabled the implementation of key initiatives, including quarterly review meetings, coordination efforts, capacity strengthening sessions, and the identification of gaps in the healthcare system with sustainable solutions.
- The PDIA and WDC teams engaged in continuous collaboration with relevant stakeholders, including RUWASA and the State Ministry of Water Resources. This collaborative approach allowed for effective problem-solving and the identification of appropriate solutions to address the water scarcity issue. The advocacy visits to RUWASA and the State Ministry of Water Resources played a crucial role in highlighting the challenges faced by Gabai Health facility and the community. Through effective advocacy and negotiation, the teams were able to garner support and resources for the construction of a new solar-powered system borehole.

Challenges

What were some problems or challenges that you faced during your activity implementation? Did you expect these challenges or were they unanticipated? How did you respond to these challenges?

- Systems Strengthening approaches are sometimes viewed negatively due to the perception that they do not provide tangible "inputs" but instead focus on "soft" activities such as technical assistance, trainings, and workshops. For some PDIA teams, the absence of immediate material support can be discouraging leading to lack of motivation as they feel that they are expected to undertake initiatives independently without receiving tangible resources to facilitate their efforts in engaging the PDIA process. HeRON project continues to provide ongoing support and mentorship to PDIA teams throughout the process highlighting the long-term benefits of system strengthening approach to help shift the perception towards a more positive outlook. This included regular feedback sessions, coaching, and guidance in ensuring they feel supported and encouraged in their endeavors.
- One of the challenges faced during the implementation of the PDIA (Problem-Driven Iterative Adaptation) approach using community structures is the unresponsiveness of relevant stakeholders towards the PDIA/WDC teams, particularly when advocating for resources. Despite the efforts and dedication of the PDIA/WDC teams in mobilizing and utilizing resources to address community needs, they often encounter resistance or indifference from stakeholders who play a crucial role in resource allocation and decision-making processes. To overcome this challenge, it becomes imperative to engage in continuous advocacy and dialogue with stakeholders, emphasizing the value and impact of the PDIA approach and the contributions made by the WDC teams. Additionally, stakeholder network mapping was conducted to aid the building of strong networks and partnerships, both within the community and with external actors, to help amplify the voice and influence of the PDIA/WDC teams, increasing their chances of gaining the necessary support and resources.
- Low literacy level among ETS drivers, particularly in the documentation of supported referral cases. To mitigate this, the Community Transport Volunteers (CTVs) were encouraged to leverage the use of pictograms available in the Maternal, Newborn, and Child Emergency Transport Scheme (MaNCE) tool to accurately document cases. The incorporation of visual aids like pictograms proved beneficial in overcoming literacy barriers and ensuring accurate and standardized documentation of supported referral cases by the ETS drivers.

Lessons Learned

What lessons have you learned while you implemented this activity? How will this impact future activities or approaches? What advice would you give to other implementers and health systems actors in other countries that might want to adapt your approach?

- The establishment and reactivation of community structures, such as WDCs and CHIPS agents, proved instrumental in promoting community ownership. Engaging and empowering local communities to actively participate in healthcare initiatives fosters a sense of responsibility, accountability, and sustainability.
- Engagement with relevant stakeholders in setting up the joint task force committee with clear timelines and approaches on transition and exit strategy in the early stages of the project has yielded to positive outcomes. Challenges/bottle necks to transitions process such as constraints in resources (human and financial) are timely identified and addressed through collaborative advocacies. Additionally, capability of stakeholders is built to promote ownership of initiatives timely.
- Collaborating with key stakeholders, such as the State Primary Health Care Development Agency (SPHCDA) and the National Union of Road and Transport Workers (NURTW), played a crucial role in the success of the initiatives. Building strong partnerships with relevant organizations and agencies enhances the effectiveness and reach of the interventions.
- Conducting disability inclusion assessments and identifying infrastructure barriers in healthcare facilities highlighted the importance of addressing physical accessibility for people living with disabilities (PLWDs). Adapting health facilities to be disability-friendly through measures like ramps, wider doorways, and sensitizing healthcare workers helps promote inclusivity and equitable access to healthcare services.
- Enhancing the capacity of community structures, such as WDCs and PDIA teams, through comprehensive training programs proved effective in enabling them to fulfill their roles and responsibilities.
- Engaging communities in resource mobilization and optimizing local resources contributes to long-term sustainability and self-reliance.
- The engagement of Community Transport Volunteers (CTVs) demonstrated the importance of reliable transportation systems for pregnant women and emergency cases.
- The implementation of PDIA highlighted the significance of flexibility and adaptability in finding local solutions to health challenges and social issues. Embracing an iterative process allowed for continuous learning, adjustments, and improvements based on the specific context and needs of the communities.

