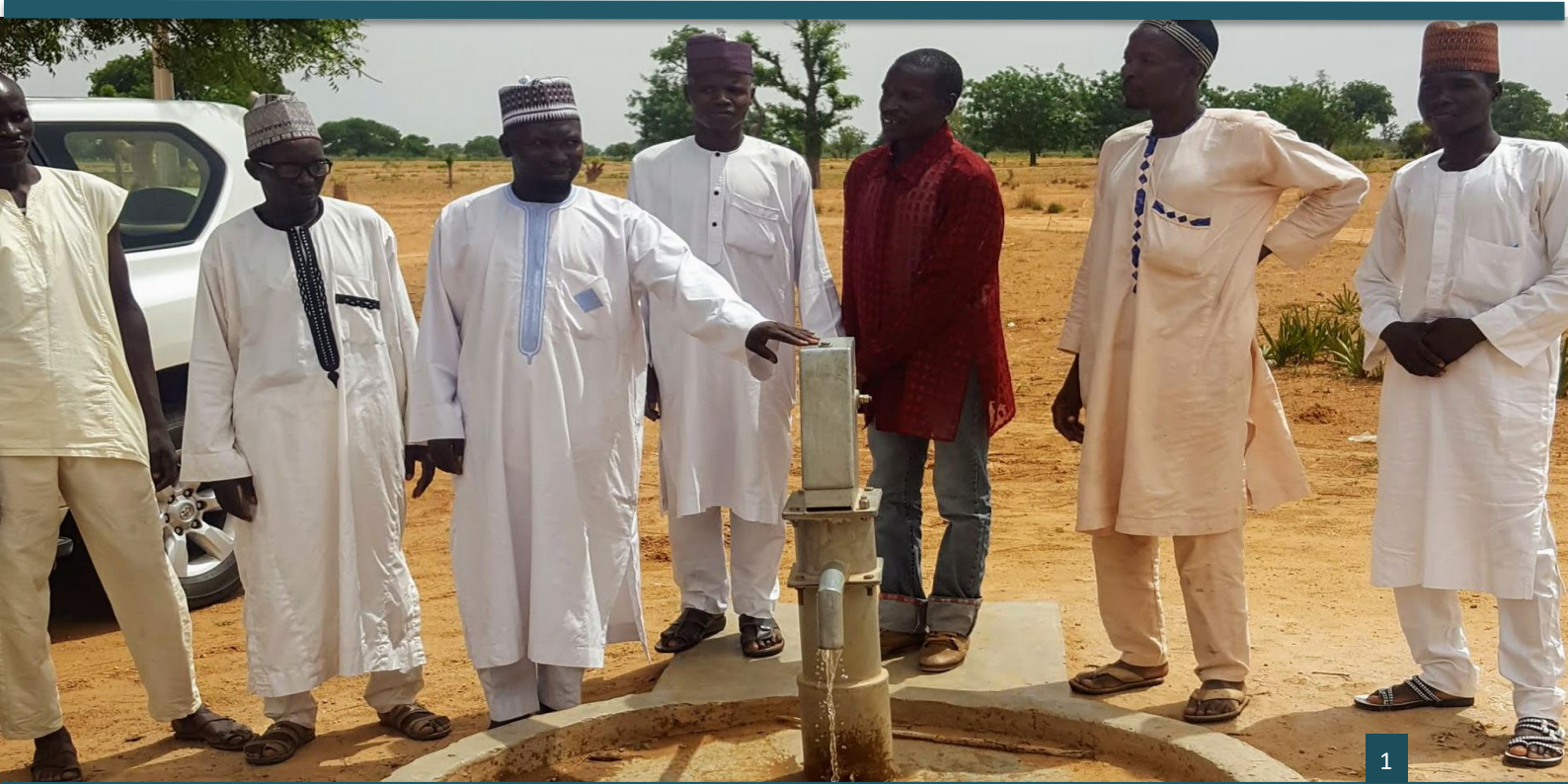


Measuring the benefits to the communities they serve

The social return on investment of community accountability mechanisms for health



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The Maternal, Newborn and Child Health Programme in Northern Nigeria (MNCH2) was a UK government-funded six-year programme designed to improve maternal and child health across six states – **Jigawa, Kaduna, Kano, Katsina, Yobe and Zamfara.**



MNCH2 was implemented between 2014-2020 by a consortium comprising Palladium, Society for Family Health, Options consultancy Services Ltd., Mannion Daniels, Association for Reproductive and Family Health, Axios, and Marie Stopes Nigeria

Highlights

The MNCH2 programme established and supported community-level facility health committees - accountability mechanisms which link community members with health facility staff. These led to a social return on investment (SROI) of 7 Naira for each Naira. This could double if the intervention continued over another five years.

Background

FHCs, which consist of facility and community members, have played an important and positive role in improving the quality of health care services.

Measuring social value

We conducted a review of the social return on investments to quantify the social and environmental outcomes FHCs helped achieve into tangible monetary values.

Facility Health Committees (FHCs)

play an important role in acting as a point of contact between the community and the health system. **They consist of volunteer facility and community members of which 30% must be women.** Through regular meetings, monitoring and feedback forums, FHCs identify gaps in quality of care at facilities and identify solutions to improve quality of care by mobilising human and financial resources. They also inform the community about health services available. The Basic Health Care Provision Fund (BHCPF) aims to extend Primary Health Care to all Nigerians by substantially increasing the level of financial resources to primary health care services. Under the BHCPF, the FHCs act as the health arm of the ward development committees that represent ward-level development issues, including health.

A SROI review is a way to understand, measure and create awareness on the impacts of our work with FHCs. The approach places people who matter, e.g. health facilities users and the health providers who deliver health care services, at the heart of the measurement process.

A social return on investments (SROI) review is a measurement approach that captures the social value of an intervention by translating social outcomes into financial and non-financial measures.

SROI measures the value of the benefits relative to the costs of achieving those benefits. It is a ratio of the net present value of benefits to the net present value of the investment.

We conducted six consultations with over 600 people linked to 12 facility health committees in both **Jigawa** and **Kano** States. These included FHC members, community members (half female, half male) and facility health staff and government representatives.

With these groups, we identified what financial and non-financial inputs had been invested in setting up and supporting facility health committees and examined the benefits and

outcomes that resulted from committee interventions.

Next, we consulted these stakeholders to agree monetary values for the inputs needed to establish and support the FHCs, such as the cost of training committees, conducting sensitisation and committee meetings as well as transport, and the resulting outputs and benefits.

SROI reviews were conducted in each state among facilities from rural and urban or peri-urban settings, and among facilities where committees were considered to be high, medium and low performing (in terms of regularity and frequency of meetings, for example). In each state, officials at the State Ministry of Health validated and verified benefits, quantities and costs.

Benefits of facility health committees

The review found that facility health committees were able to address issues raised by the community, support health staff and communities with problem-solving and mobilised resources for facilities by acting as a bridge between the community and health system. This resulted in improvements in health provider attitudes and stronger trust between communities and health facility staff and increased demand for services.

Examples of approaches, outcomes and benefits attributed to the intervention of the facility health committees

Committee members:

- Transport of patients for referral in community members' private vehicles
- Renovations the roof of health facilities
- Acting as negotiators between community and health workers to raise and resolve issues
- Regular volunteer-led cleaning of health facilities
- Coordination of manpower to construct boreholes, conduct repairs and renovations.

Health facility staff:

- Improved relationships with community members, resulting in a friendlier working environment
- FHCs contributed to paying modest financial incentives to health providers, which boosted staff morale.

Community members:

- Improved relationships with health facility staff, leading to longer health facility opening hours and reduced waiting times.

Traditional duty bearers:

- More involvement by traditional leaders in health matters due to FHC advocacy
- Improved infrastructure of facilities due to financial and in-kind donations for construction, renovation and cleaning
- Greater support for resource mobilisation from the community, local philanthropists and businesses.

Measuring impact

The impact of the facility health committee intervention was calculated by determining what proportion of the outcomes resulted directly from the FHC activities. The calculation takes into account that other activities implemented by MNCH2 or interventions by other development partners might have contributed to the positive outcomes measured and to what extent these may diminish over time. This approach also considers what negative outcomes may have resulted and what changes or outcomes would have happened regardless of the implementation of the facility health committee intervention.

The value of the social return on investment

To identify the programme's SROI value, the financial value of the social change achieved by the facility health committees was compared to the financial cost of producing it.

The analysis found that for the first four years of the programme (i.e. from January 2015 to December

Each ₦1 invested to supporting facility health committees yielded a social return on investment worth ₦7.34.

2018), every Naira invested to the MNCH2-supported FHC intervention yielded a social return on investment of ₦7.34. Every Naira invested to facility health committees from the start of the intervention would result in a social return on investments to the value of ₦13.68 over the next five-year period.

Conclusion

Investing in community accountability mechanisms involving facility health committees could result in a cumulative social return on investments to the tune of more than 13 ₦ for each one ₦ spent in the coming 5 years.

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1. Jigawa: Members of FHC show a bore hole and well build with resources raised and contributed through the FHC.
2. Katsina: Members of FHC on learning tour through exchange visit to best performing FHCs. Dawayo FHC visited Yusufari FHCs sharing of experience on monitoring of facility staff, development and implementation of realistic action plan.



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