MNCH2
Empowering Communities
Strengthening Health Systems
Saving Lives

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Mobilizing Facility Health Committees to improve the service quality at health facilities

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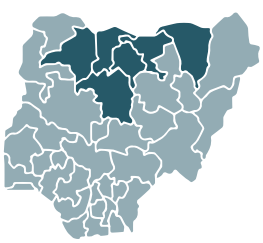
The **Maternal, Newborn and Child Health Programme** in Northern Nigeria (MNCH2) is a UK government-funded five-year programme designed to improve maternal and child health across six states – **Jigawa, Kaduna, Kano, Katsina, Yobe and Zamfara**.



The run-down and often unsanitary nature of community-level health facilities in northern Nigeria contributes significantly to a widespread mistrust and low uptake of health services. The UK government-funded Maternal, Newborn and Child Health Programme (MNCH2) is collaborating with communities, health facilities, and local, state and federal governments to improve maternal and child health outcomes through sustainable and community-led solutions.

Launched in 2014, MNCH2 works with and through government health systems to improve maternal and child health outcomes with an integrated package of MNCH and routine immunisation services for pregnant women, newborns and children. This is achieved through strengthening primary health care systems at state and local government levels, improving the quality of services and building demand for services at community level.

1. 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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MNCH2 is supporting the expansion of Facility Health Committees (FHCs) across the six intervention states: Jigawa, Kaduna, Kano, Katsina, Yobe and Zamfara. FHCs are local accountability committees made up of 15 community representatives, of which at least 30% are women, who meet regularly to find solutions to and advocate for improved health facility infrastructure and performance with local solutions. The committees involve the community in decision-making about health services and how to increase uptake of services, for example by mobilizing communities to maintain and improve facility infrastructure.

An example of some of the improvements made through the support of MNCH2 to March 2016 can be seen in Zamfara state where the FHC in Nahuche made many achievements, a few are listed below:

- **Improved and reliable electricity supply** – A brand new heavy-duty diesel fuel generator on stand-by ensures electricity is always available.
- **Improved access to emergency services** – The facility ambulance has been rehabilitated and is now a fully safety certified operational vehicle.
- **Increased water supply** – The boreholes have been rehabilitated and are now providing sufficient water for service users.
- **Improved facilities** – Beds and mattresses have been repaired and new ones filled up the empty beds.
- **Improved drug management** – Inventory management of drugs was conducted (physical count) where stocks were classified as valid, near to expire, expired and damaged. The near to expire were taken to Drugs Medical and Consumables Supply Agency (DMCSA) for possible substitution.
- **Other activities include value-added services of** – washing and mending bed sheets and curtains, putting back waiting seats and blown roof tops in place, staff presence well checked, duty and responsibility constantly monitored, placing notice boards and pictures, re-organizing offices and ward.

Working with the community to improve outcomes

Supported FHCs receive intensive training by MNCH2 to advocate and raise awareness for increased access to quality health services within their communities, especially for the poorest and most vulnerable. The training also equipped them with skills on how to work with their community members and leaders. For example, the Bilbis FHC in Tsafe Local Government Area (LGA) in Zamfara state is working with the Ward Development Committee (WDC) to assist in increasing awareness and uptake of facility services.

The training and support provided by MNCH2 is helping FHCs to reawaken the spirit of volunteerism and the commitment for community-led solutions. This is evidenced in some of the communities such as:

- **Matusgi Community, Mafara LGA, Zamfara** – The FHC acquired building materials and constructed two new blocks (including male and female wards) through an in-kind contribution. This resolved the lack of wards for admission and increased attendance at the facility. Additionally, funds were raised to fix the broken borehole, the facility's only supply of water.
- **Siminti FHC, Fika LGA, Yobe** – To incentivize women to deliver at health facilities the FHC procured and distributed Mama Kits, an all-in-one kit that contains everything needed to help provide a clean and safe delivery including plastic sheeting, razor blades, cotton wool, soap and cord ties.
- **Four FHCs in Yobe state (Kaluwa, Siminti, Ngalda and Sugum)** – These FHCs are embarking on community mobilization to promote antenatal care (ANC) and routine immunization in their communities.

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Improving facilities, improving services, improving access

FHCs focus a great deal of their efforts on improving the infrastructure of facilities, which has a direct impact on services and access. This includes improved facilities for staff and patients alike.

Lack of staff accommodation prevents medical staff from being readily available, especially at night. To address this issue of access to medical practitioners, FHCs such as those in the communities of Gama Giwan and Matusgi (Zamfara) have secured funding from influential community members to provide appropriate staff accommodation, thus allowing midwives to provide services at any time of the day.

- In Yobe, the FHC in Dawayo, Bade LGA provided accommodation for the Officer-in-Charge of the health facility, thus allowing staff to be able to work longer hours in the facility.

Improving infrastructure is also encouraging women to attend the clinic for ANC visits, giving birth, and routine immunization, whilst improving the facilities' overall environment and hygiene.

- In Maiadua FHC, Katsina, the FHC replaced broken window panes and cleaned the ANC clinic and the maternity ward, constructed benches in the pharmacy for patients to sit while waiting to collect their drugs. To promote confidentiality, they provided window blinds in the immunization room.

Access to clean water is a constant issue in enabling facilities to provide quality services and is an issue that FHCs are taking up to improve health in their communities.

- In the rural Lawan Musa community, Bade LGA, Yobe mobilized resources and connected the facility to the town's public borehole

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2. FHC Women Sub Committee listing challenges they face in accessing services in the facility
3. Community Mapping by FHC showing key landmarks
4. Katsina: FHC Mahuta PHC @ Dandume LGA katsina sourced ambulance after conducting advocacy to LGA.

FHCs performance is improving across all six states

The table to the right examines the degree to which facility health committees are meeting the standards defined in the three key roles for FHCs. FHCs are expected to perform 4 tasks against each of these 3 roles, so 12 in total. If FHCs are able to perform any 11 out of these 12 tasks their performance is considered 'good'. 'Perform' here means that an FHC scores at least 4 points out of a possible total of 8 points against each of the tasks as assessed using the FHC self-assessment tool. This is collated through quarterly self-assessment reports

Quarterly self-Assessment reports from 296 FHCs out of 361 established shows that 269 had shown a remarkable improvement in their performance around key roles.

FHCS IN SUPPORTED PRIMARY HEALTH CARE FACILITIES MEETING GOOD STANDARDS AGAINST ALL THREE FHC KEY ROLES

	Jigawa	Kaduna	Kano	Katsina	Yobe	Zamfara
Total no. of FHCs	**107**	**56**	**98**	**50**	**30**	**20**
Number of self-assessment forms received	105	27	95	30	27	12
Number of FHCs scoring at least '4' against each operational area score	99	26	82	28	26	8
Number of FHCs achieving a 'good' score [achiveing >0 against all but 1 task	99	24	75	21	22	8
% achieving a 'good' score	**94%**	**89%**	**79%**	**70%**	**81%**	**67%**

- The facility in Gora Nayame PHC, Maradun LGA, Zamafara had no water. After their training from MNCH2, the FHC costed how much they would need to connect the facility to the public water supply and mobilized funds to provide water to the facility.
- In Yobe, the FHC in Dawayo sourced funds from the community to provide their borehole with power and protection.

Across the intervention states, FHCs are mobilizing their communities to conduct sanitation exercises to improve the overall environmental hygiene of the facilities. This includes the construction of toilets and pit latrines in facilities .

Procuring drugs and commodities

The availability and affordability of drugs is still a big challenge in many primary health care facilities in Nigeria. FHC members, who themselves face these challenges as members of these communities, rose-up to the task and are taking actions that will minimize the effect of this problem in their communities.

- The FHC in Jengebe PHC, Zamfara raised funds locally to renovate the facility's pharmacy, open a bank account for drug supply and procured drugs which are now being sold to service users at subsidized rates. In the same state, Gama Giwa FHC is currently reactivating the drug supply system in the facility, using funds they raised locally.
- In Yobe, the FHC in Dikumari were quick to use skills they learnt during their training to advocate for assistance with drug supply from the National Health Insurance Scheme. The Scheme was very supportive of this community initiative and donated drugs worth One hundred thousand Naira (N100,000) to capitalise the facility's Drug Revolving Fund (DRF).
- Advocacy efforts of other FHCs have continued to attract support to the health facilities. In Gashua, the FHC supported the health facility with assorted drugs and food formula for malnourished children. FHC advocacies to LGAs are also yielding very positive results. For example, Damaturu LGA supported Gwange health facility with drugs while Kaluwa health facility received support of drugs and equipment from Yusufari LGA.

What next?

Building on these initial successes, MNCH2 is planning a number of initiatives to ensure the on-going effectiveness and sustainability of the FHC system. This includes working alongside the National Primary Health Care Delivery Agency (NPHDCA) to develop a long-term sustainability strategy for FHCs which looks at how they can be permanently institutionalized within the WDC framework as well as transiting training and mentoring of FHCs to government agencies. This is a key institutionalization process planned by MNCH2 by programme year 4.

5. Zamfara: FHC Wanke showcasing microscope given to the lab by the National Tuberculosis and Leprosy Control Programme.

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