

Report Of The High-level Strategic Dialogue Of PAS CSOS, States And Vital Voices On NSIPSS (2018-2028): CSO Engagement, Accountability, Roles & Expectations



**EXECUTIVE SECRETARY OF NATIONAL PRIMARY HEALTHCARE
DEVELOPMENT AGENCY (NPHCDA), DR FAISAL SHUAIBU**

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1 INTRODUCTION

Nigeria has just developed a National Strategy for Immunization and PHC system Strengthening (NSIPSS) which will guide the operationalization of routine immunization services and PHC as a whole in order to meet the needs of Nigerians. Developed through wide consultation and interaction with various stakeholders, the strategy is meant to span 10 years from 2018 to 2028. An important focus of this strategy is its emphasis on leadership and accountability at all levels of government.

Following its provisional approval by GAVI with the prospect of external funding, the National Association of Community Health Practitioners of Nigeria (NACHPN) in conjunction with the development Research and projects Centre (dRPC) under the Partnership for Advocacy in Child and Family Health At Scale, PACFaH@Scale, organized a one day PAS/CSO and Professional associations High level Strategic Dialogue on Advocacy and Accountability on Routine Immunization in Nigeria. This meeting would expose CSOs to the strategy document and create an opportunity to commence discussions on roles of government and non-government actors in rolling out the NSIPSS.

This report summarizes proceedings from the meeting.

2 OBJECTIVES OF THE MEETING

Dr Judith-Ann Walker, Executive Director dRPC

Dr Walker welcomed the group and gave an insight into the objectives of the meeting the first of which was to address the gap between national level policy making and implementation focusing on the NSIPSS which will guide RI within a PHC framework for the next 10 years.

The second objective was for the participants to understand the accountability responsibilities of civil society, professional organizations, media and other actors in the routine immunization space

3 KEYNOTE SPEECH

Dr Faisal Shuaib ED/CEO NPHCDA

Abdullahi Garba, a Director of Planning Research and Statistics in the NPHCDA spoke on behalf of the Executive Director and apologized for his absence.

He stated that NPHCDA has entered a new era of accountability and openness exemplified by collaboration with partners and other groups. Using the recent MICS results, he noted that available data do not match the increased funding for immunization. Consequently, civil society groups were in a unique position due to their independence from government to advocate for increased allocation and judicious use of resources. This, he stated is especially important since plans to directly fund health facilities using the Nigerian State Health Investment Project (NSHIP) model are being developed. He confirmed that partners like GAVI are willing to support the implementation of the NSIPSS strategy, which he acknowledged, had significant input from stakeholders. The willingness by partners to support the strategy was due to its clear framework for accountability.

He lamented the high number of unimmunized children in Nigeria, and assured that NPHCDA has commenced steps to bring the situation under control with various strategies including the establishment of the National Emergency Routine Immunization Coordination Centre (NERICC) at the national level, State Emergency Routine Immunization Coordination

Centre (SERICC) at the state and Local Emergency Routine Immunization Coordination Centre (LERICC).

Discussions following his speech were focused on questions relating to the status of the Basic Health Care Provision Fund (BHCPF) and the implications of directly funding facilities when there was a State Primary Health Care Board. In his response, he stated rollout of the BHCPF was on course but due to inability of the states to provide their counterpart funding, the NPHCDA will roll out in just 6 States of the country. However, scale up would occur as soon as possible. While restating that the studies on the NSHIP model of facility funding had shown significant improvement in facility performance, he assured that the appropriate channels will be used while disbursing money from the fund.

4 BUILDING DYNAMICS IN ADVOCACY TO SUPPORT RI IN NIGERIA DRPC-PAS MODEL

Dr Emmanuel Abanida spoke at length on activities carried out by dRPC. He noted that DRPC as a non-governmental organization is tasked with building capacity and social capital for development through training, research, public enlightenment, advocacy. The project PACFaH @ Scale, which is funded through the dRPC and will run from 2017 to 2022, presently works at the National level and in Bauchi, Kaduna, Kano, Niger and Lagos States. He listed the interventions supported by PACFaH @ Scale as Family Planning and Child Spacing, Routine Immunization, Childhood Killer Diseases and PHC Under One Roof.

While describing the framework of results guiding the PACFaH project, Dr Abanida focused on 2 investment outcomes specific to routine immunization which are to Support the implementation of country RI Finance Strategy” and to Support the implementation of a Country RI financing strategy”. All Civil Society Organization working with PACFaH are aligned to specific areas of the results framework and committed to delivering specific outcomes, intermediate outcomes and outputs.

In the area of research, it was noted that PACFaH had conducted a study recently to assess capacity of the system to implement RI by estimating the number of community health workers trained since 1978 and comparing this with the number required currently in all health facilities in the country. The findings showed a total of 86 institutions had trained 200,438 JCHEWS, CHEWS and CHOs out of which 122,554 were engaged. This was compared to 320,000 currently required.

5 PANEL DISCUSSION-PERSPECTIVES, LEARNINGS ON ROLES AND ACCOUNTABILITY

5.1 PUBLIC VOICE: NIGERIA'S PERSPECTIVES AND EXPECTED ROLES FOR THE STATES UNDER NSIPSS-DR AHMED GARBA RUFAl (NPHCDA)

Dr Rufai described the NSIPSS as a successful effort by government to articulate all immunization plans into one document. He noted that GAVI has already pledged to support with one billion US dollars while two billion US dollars will come from the Nigerian government. During rollout of the strategy, Dr Rufai assured that the NPHCDA will engage with governments, partners, civil society groups and communities while ensuring that the states act as the main drivers of the document under guidance from the national level. In alignment with the federal government's focus on accountability, he stated that the NPHCDA which has also strengthened its internal accountability mechanisms will ensure that activities are tracked through an accountability framework. States will have a role of leadership,

ownership, resource mobilization and tracking and accountability.

Following his speech, questions on the apparent absence in participation of the states in the development of the document and how CSOs can ensure transparency at the State level were raised. He responded by confirming that there was participation by the states but it was difficult inviting representatives of all states each time a meeting was needed to deliberate on the document. On transparency, he encouraged the CSOs to continue to engage with government to effect change noting that the stance of the present federal government has encouraged reforms at the NPHCDA and this is an example for states to follow.

5.2 POSSIBLE ADVOCACY “ASKS” IN RI SERVICES-DR MUYI AINA

Dr Aina described the biggest issue in immunization as funding and that advocacy should focus on expanding current sources of funding, drawing strategically from state sources and use of special taxation. He identified mechanisms civil society could use to maximize value for money in immunization such as audits, transparency, commodities accountability especially in comparing the number of children immunized with vaccine utilization, data and performance.

On data, he commended the work done to deemphasize pressure on lower levels to show high coverage and rather focus instead on quality of data. He concluded by encouraging civil society groups to articulate data in ways politicians can understand better in order to improve chances of success during advocacy

Questions posed to him included how to address the difficulty in getting partners to key into plans of the government and specific measures to address data quality. He responded by stating that the absence of clear plans and direction at various levels of government was the sole reason why partners do not align themselves with plans of the government. On data quality, he confirmed that the adoption of zero target reporting has reduced the pressure of people to manipulate figures. He however stated that the solution to problems on the field cannot be solved in an office and therefore engagement should occur at lower levels.

5.3 FRESH PERSPECTIVES FROM STAKEHOLDER ON GOVERNANCE/ACCOUNTABILITY FOR RI-DR IBRAHIM YISA

Dr Yisa commenced by defining the components of governance which include accountability, efficiency, effectiveness, rule of law and participation. He explained that immunization deserved special attention because it provides an opportunity for improving newborn survival, it is low cost and high impact and it makes a huge contribution to economic growth. He described two studies which attempted to estimate the investment returns of immunization to an economy stating that one showed that immunization gives 16 times the amount spent while another gave a figure of 44 times. Therefore, the narrative on immunization should focus on how much the government will recover using the economic recovery and growth plan model adopted by the present government. Specifically, he stated that rather than talking about unimmunized children, advocates should focus on the number of disease outbreaks as well as the cumulative number of children who could die as a result of being unimmunized and the effect of these events on the overall workforce productivity.

Finally, Dr Yisa provided other perspectives to looking at accountability beyond financial. He noted that civil society groups could focus on accountability in relation to performance, service delivery, policy making and political.

In response to issues raised on problems with conducting high level engagement as well as how to tackle non-release of funds based on government's commitment to the Abuja declaration, Dr Yisa advised that engagement should not always be at the highest level of

government but rather should happen at the level where the problems occur. In addition, he noted that holding government accountable for funds not disbursed should take into consideration the state of the economy.

Other issues addressed by Dr Yisa included concerns that the NSIPSS was more about routine immunization rather than PHC in which routine immunization is domiciled and the reluctance of politicians to align with messaging on immunization. He responded by reaffirming that PHC is the overall target of the NSIPSS strategy but due to the occasion, the focus was on routine immunization. He advised civil society groups to use the right messages in order to ensure it resonates with politicians.

5.4 VOICE FOR CSOS-DEEPENING MECHANISMS FOR ENGAGEMENT IN RI SERVICES- PROF PAUL BASSI

Professor Bassi, emphasized the need to ensure that civil society groups advocating for specific constituencies are members of these communities so they advocate based on a genuine understanding of the need of the communities. He lamented the absence of a list of civil society groups and recommended a mapping of civil society groups by thematic areas so that resources for advocacy are known by location and also by area of specialty. He noted the exclusion of civil society groups at various levels of decision making and that many organizations look out for big names when conducting advocacy. Professor Bassi gave a unique example of how traditional barbers were instrumental in overcoming resistance to polio vaccination. He noted that at the health facility level, civil society groups assist service providers in improving the quality-of-service delivery and reducing wastage. He stated that CSOs should be assisted to be more effective and should be allowed to participate at national and local levels especially where decisions are being taken. Finally, he suggested the development of indicators for use in tracking the performance civil society at all levels to make them accountable.

Discussions arising from the Professor Bassi's speech centered on the possible engagement of trade unions among civil society groups and further information on how the traditional barbers were used. He restated that the need to profile all CSOs from the LGA level upwards to enable people know what is being done everywhere. He explained that John Snow International partnered with traditional barbers who conduct circumcision and carry out birth marking and the collaboration with the proved successful in reducing resistance to polio immunization due to the respect they had in the community.

5.5 ADVOCACY & ROLES OF NON-STATE ACTORS IN OPTIONS FOR FUNDING RI IN NIGERIA-DR GARBA ABDUL

Dr Garba started on the need to improve trust between government and CSOs and for government to see them as partners. He emphasized the importance of evidence and a need to couch messages appropriately during advocacy in order to obtain the right response. He called on government to deemphasize funding when working with CS groups and rather to engage the groups on their own merit. In addition, he blamed a lack of ownership and a poor understanding of the importance of data as the reason why those generating it appear unperturbed about its poor quality. In terms of the contribution of non-state actors, Dr Garba advised on a redefinition of roles and that the NSIPSS document should be revised to reflect the contributions of non-state actors.

5.6 DR DOROTHY NWODO

Dr Nwodo, addressed some of the issues directed at government. She noted that GAVI was committed to providing 1bn USD to support the NSIPSS and that the government is going to

engage states to increase their contribution to routine immunization especially towards the purchase of vaccines. In response to an issue raised which expressed concerns on the absence of state representatives and traditional and religious organizations at the event as well as during the development of the strategy, Dr Nwodo confirmed that there was extensive engagement with stakeholders including CSOs and speakers of houses of assembly. However, following a final approval from GAVI, the NPHCDA will have a more comprehensive engagement.

She acknowledged the importance of civil society in improving routine immunization coverage stating that a one of the directors of GAVI, in recognition of their effort, met last year with some members of the civil society in Nigeria. In addition to this, a GAVI-CSO platform has been created which civil society can be active in.

6 BREAK-OUT SESSION- “OPTION FOR CSOS BUILDING IN AND SUPPORTING ACCOUNTABILITY IN STATE IMMUNIZATION WITHIN THE CONTEXT OF THE NSIPSS: ADVOCACY FOR LEADERSHIP/GOVERNANCE, FUNDING & POLICY IMPLEMENTATION

Participants were split into four groups to address evidence and advocacy under the following themes:

- Leadership and governance
- Policy implementation
- Accountability
- Immunization

funding Each group would

focus on

- a. Improve funding, stepping down at State of the national RI finance strategy. What should be the shape/contents of this strategy
- b. Making happen, the implementation of the R.I finance strategy with @ least 1% of state CRF to the BHCPF by 2022
- c. Build-in into the currency of Open Government Platform, as means of having TRANSPARENT & ACCOUNTABLE RI ecosystem.

Table 1 summarizes their presentations

7 CLOSING REMARKS

Dr Judith-Ann Walker, Executive Director dRPC

Dr Walker thanked everyone for their contributions. She noted that many of the CSOs did not demonstrate familiarity with the NSIPSS implying their exclusion during the development of the NSIPSS document in their states. To address this, she stated there will be more engagement meetings with NPHCDA especially with those from Lagos State. She informed the group about the creation of a new department on accountability in the NPHCDA and encouraged the groups to take advantage of its existence.

She stated that dRPC has funding for capacity building for NGOs and also called for committed individuals who will be accountable for funds given to them to come forward with good ideas.

Dr Walker concluded by assuring that there will be more meetings and engagements with NPHCDA and with the civil society groups

Table 1: Summable showing key deliberations from breakout session

	Improve funding, stepping down at state of national RI finance strategy. What should be the contents of this strategy	Making happen, the implementation of the R.I finance strategy with @ least 1% of state CRF to the BHCPF by 2022	Build-in into the currency of Open Government Platform, as means of having TRANSPARENT & ACCOUNTABLE RI ecosystem
Leadership and governance	<ul style="list-style-type: none"> • Map CSOs in each state • Develop terms of reference • Include them in State SERICC and LERICC committees • Make them mandatory members of LGHA and State primary health Care boards • Members of community and ward structures • Monitor budget performance and preparation before RI implementation • Publish RI performance and budget utilization • Collate RI finance tracking tool at state and LGA 	<ul style="list-style-type: none"> • Strong advocacy for the implementation of RI strategy by State Exco, State Houses of Assembly and LGA Exco • Encourage traditional and religious leaders to be strong advocates by giving them information on budgeting and implementation in their communities 	<ul style="list-style-type: none"> • Ensure TSA is deployed for the disbursement of funds at all levels • Publicize erring government officials and reward impactful ones
Policy implementation	<ul style="list-style-type: none"> • Federal, State and local governments should determine contributions for RI before the exit of GAVI and these funds deducted from source 	<ul style="list-style-type: none"> • Legislation centered on the NHA • Create more awareness • CSOs should demand for more support 	<ul style="list-style-type: none"> • All CSOs should mobilize resources to ensure that states sign into the Open Government Platform through which the State government will be engaged for accountability on RI financing at the state level

			<ul style="list-style-type: none"> • Work with the state steering committee and “open alliance civil society” which are the advocates for open government at the state level
Accountability	<ul style="list-style-type: none"> • Establishment of a five-year State RI strategic plan with a costed workplan. CSOs will advocate for a budget line to accommodate the workplan. They should ensure the existence of an accountability framework for tracking the budget 	<ul style="list-style-type: none"> • CSOs at the state level to ensure the enactment of appropriate legislation to commit the state to contributing at least 1% to the Basic health Care provision fun by 2022 • Advocate to the executive to implement the law when enacted 	<ul style="list-style-type: none"> • Ensure robust and transparent of disbursement expenditure retirement and auditing of all funds given for RI at the State, LGA and health facilities
Immunization funding	<ul style="list-style-type: none"> • Mapping CSOs to identify those in RI space • Capacity building of CSOs • Advocacy for RI and PHC strengthening • Gather funding sources and the character of these sources for RI and PHC • Engage CSOs in the development of the RI workplans with the PHC board 	<ul style="list-style-type: none"> • Mobilize CSOs to advocate for the provision and release of 1% CRF fund to the legislature and executive especially the Ministries of Health, Budget, Finance and Justice 	<ul style="list-style-type: none"> • Advocate for state actors to adopt and implement principles of open government partnership • State actors to public monthly financial records

8 ANNEX 1- AGENDA

AGENDA

HIGH LEVEL STRATEGIC DIALOGUE OF PAS CSOs, STATES AND VITAL VOICES ON

NSIPSS (2018-2028): CSO ENGAGEMENT, ACCOUNTABILITY, ROLES & EXPECTATIONS

Thursday, August 9, 2018
Blu Cabana Restaurant, Mabushi Abuja

TIME	ITEM	PERSON RESPONSIBLE
8.30-9.00am	Registration	All
9.00-9.15am	Welcome and Objectives	Dr Judith-Ann Walker, ED, dRPC
9.15am-9.30am	Building dynamics in Advocacy to support RI in Nigeria dRPC-PAS Model	Dr Emmanuel Abanida, Senior Technical Advisor, dRPC
9.30am-9.45am	Keynote Speech/Declaring meeting open	Dr Faisal Shuaib, ED/CEO, NPHCDA
10.00am-11.15am	Panel discussion-PERSPECTIVES, LEARNINGS ON ROLES & ACCOUNTABILITY (Objective: Creating a space for explorative roles for non-state actors in RI, learning from vital voices)	
	[1] Public voice: Nigeria's perspectives & expected roles for states under NSIPSS	Dr Ahmed Garba Rufai, NPHCDA
	[2] Fresh perspectives from Stakeholders on governance/accountability for RI	Dr Ibrahim Yisa, European Union-Support to Immunization Governance in Nigeria [EUSIGN]
11.15am-11.45am	Tea break and networking	
	[3] Voice for CSOs-deepening mechanism for engagement in RI	Paul Bassi, JSI Bingham University
	[4] Possible Advocacy "ASKS" in RI Services [5] Advocacy & roles of non-state actors in options for funding RI in Nigeria	Dr Muyi Aina, Solina Health Abdul Garba, Save the Children
1.00 pm-2.00pm	Lunch and Networking	
2.00pm-3.00pm	Break-out session- "Options for CSOs building in and supporting accountability in State immunization within the context of the NSIPSS: Advocacy for Leadership and governance, Funding and policy implementation"	All
3.00pm-4.00pm	Report back and presentations	All
4.00pm-4.15pm	Closing	All

9 ANNEX 2-ATTENDANCE

S/N	NAME	DESIGNATION	ORGANIZATION
1	Emmanuel Abanida	STA	dRPC
2	Umar Kawu	Consultant	dRPC
3	Aminu Suleiman	IT Officer	dRPC
4	Femi Oyerile	NITA	MCSP/SSI
5	Amos P. Bassi	STA	MCSP/JSI
6	Amselm Okoo	Consultant	dRPC
7	Dr. A. Oluwo	DMS	LSPHCB
8	Dr. Akinlade O.	IPO	LSPHCB
9	Bola Orefejo	SIO	LSPHCB
10	Dr. Ahmed Abdulsalem	DM-SERICC	NSPHCDA
11	Rukayya Rufai	ED	Responsible Parenthood and Children Association
12	Dr. Aliyu Yabagu Shehu	PD	CCRHS/PAS
13	Joseph S. Barde	DDPRS	SMOH
14	Dr. Tope Ogunniyon	M&E Officer	NNNGO
15	Mariya B. Abubahkar	IMCI P/O	KSPHCDA
16	Dr Ibrahim Yisa	Team Lead	EU-SIGN
17	M.S Ibrahim	PD Kharium	APHPN
18	Hassan A. Karofi	CA	dRPC
19	Zainab M. Maidabino	Asst. CA	dRPC
20	Garba Abdu	NPM	SCI
21	Liatu Idzi	Riss Coordinator	KSPHCDA
22	Dr. C.K. Bakam	PM SERICC	KSPHCDA
23	Dr. Samuel Jiya	Sio-Niger	NSPHCDA
24	Oladele Matthew	M&E	CCRHS/PAS
25	Lawal Abubakar	Chairman	HERFON-KAD
26	Dorcas M. Adeyemi	Chairperson	MCH-CS
27	Dr. J.O Attah	Immunization expert	EU-SIGN
28	Ayo Adebisola	PO	NNNGO-PAS
29	Shehu A. Baba	PO	CCRHS-PAS
30	Dr. Daiyabu Muhammad	F.DPHCS	KSMOH
31	Dr. Shehu U. Abdullah	MEAN Tech	KECCOH
32	Ubali Ibrahim Rar	PR.ADV	dRPC
33	Saduja S. Zahradeem	M&E /PA	APHPN
34	Dr. A.S Labi	DPRS	HPHCDA
35	Alyewan Samuel	PCO	NACHPN
36	Olalalu O.E	M&E	dRPC
37	Dr. Moh'd Nasir Mahmad	ES	Kano State PHCMB
38	Sa'adatu Ibrahim	DPM	PHCMB
39	Bushir Sunusi	PNU-SERICC	SPHCNUB
40	Hauwa Adamu	P.O	dRPC
41	Dr. Muiy Aina	MP/CEO	SOLINA GROUP
42	Dr. Garba Ahmed Rufai	Asst. Director	NPHCDA
43	Bamidele Odusole	B.A	Albright Stone Bridge G.
44	Dr. Dorothy Nwodo	Director	NPHCDA

MEDIA			
45	Owoseye Ayodamola	Reporter	Premium times
46	Adebowale Adenike	Reporter	Premium Times
47	Abiodun Alade	Reporter	Daily Trust
48	Jerrywright Ukwu	Reporter	Nay.com
49	Michael Atima	Reporter	Nigeria Health Watch
50	MCHenry Igwe	Reporter	Nigeria Health Watch
51	Gifty Poku	Cameraman	AIT
52	Muryanatu A. Sa'eed	Senior Reporter	NTA
53	Ibrahim Ramalan	Editor	Daily Nigerian
54	Vincent Ikuomola	Reporter	Nation
55	Eniola Alanweotu	Reporter	PUNCH
56	Patrick Eembi	Camera	TVC News
57	Kemi Balogun	Reporter	TVC News
58	Ogom Ezedimbu	Reporter	AIT

10 ANNEX 3-PICTURES

