

THE ROLE OF PAS CSOs IN THE PERFORMANCE REVIEW PROCESS OF THE BMGF MOUs IN KANO, KADUNA AND NIGER STATES



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Introduction

The Health/PHC Memorandum of Understanding (MOU) initiative by Kaduna, Niger and Kano states was an innovative, multi-partner approach to improving integrated primary health care (PHC) programs through a sustainable funding approach. Following a comprehensive diagnostic of the three states' PHC systems and with the lessons learned from Bauchi and Sokoto states the MOUs were signed. The PHC MOU signed between the Kaduna state government and the Bill and Melinda Gates Foundation (BMGF), DFID, Aliko Dangote foundation (ADF), UNICEF, Global Fund in 2019 was to span till 2023, while the signed MOU between the Kano state government and the BMGF and ADF in 2017 ended in 2021. In 2017, Niger state also signed its own MOU between with the BMGF, the MOU performance period was between 2017-2021. These MOUs are reviewed with the multi-partners yearly, but at a micro level, the milestones are monitored quarterly with the implementation driven via the establishment of a governance structure which leverages existing technical working groups (TWGs) in the states. On a bi-annual basis, all parties involved jointly review progress towards milestones and annual operation plan (AOP) targets identified from the previous period. So far, six bi-annual performance review has been conducted in all three states. The performance review covers reporting on agreed milestones, metrics and targets. The table below highlights the accountability structure in Kano, Kaduna and Niger states.

<div> <div>The MOU Accountability Structure in Kano, Kaduna and Niger states</div> <div>  Table 01: </div> </div>		
GOVERNANCE LEVEL	COMPOSITION	TIME LINE
High-Level Joint Review Committee (HJRC)	HE, Governor (Chairman), BMGF Leadership, HS, State House of Assembly, Federal Ministry of Health, CSOs and NPHCDA	Progress review of milestones and AOP targets every 6 months
MOU Steering Committee (SteerCo)	HE, Deputy Governor (Chairman), Honourable Commissioner for SMOH, ED, SPHCDA, State Ministry of Finance, State Ministry of Budget & Planning, State Ministry of Local Government	Quarterly review of MOU implementation progress
MOU Top Management Team (TMT)	Honourable Commissioner, SMOH (Chairman), PS, SMOH, Directors of SMOH, Heads of Health Agencies, Directors of PHC at the LGA Level	Monthly review of MOU performance
State-led Technical Working Group (TWG)	Health Care Financing, Data & Performance Management Supply Chain and Logistics Management, Service Delivery (including Promoting Community Action) and HRH	As required, monthly at least

This issue brief aims to highlight the role of and the level of inclusion of civil society organizations (CSOs) in the performance review mechanism in all three states.

From the accountability structure, the CSOs have been weaved into the process and are to be involved in both the High-Level Joint Review Committee and the State-led Technical Working Group components. But how inclusive has this structure and process been for CSOs in Kano, Kaduna and Niger states?

The role of civil society organizations in the performance review process of the MOUs in the states

The performance review is a critical component of the MOU process and this evidences progress or the lack there of from commitments and milestones from the previous period's targets. The

intervention areas are target points from which the priorities and milestones are drawn from and in Kaduna, Kano and Niger as per the MOUs are similar as highlighted below.

Similarities in Intervention Areas in Kano, Kaduna and Niger states



Table 02:

Intervention areas	Leadership and Governance	Improve quality of care and linkages at all service delivery points	Integrate health commodity supply chain	Human Resource for Health	Data/Health Management Information System	Healthcare financing
Similarity in Kano, Kaduna and Niger states	 Yes	 Yes	 Yes	 Yes	 Yes	 Yes

Civil society organizations are critical stakeholders in the integrated health MOU process, their scope as highlighted above includes participation in the financing technical working group of the state led TWG structure working on the demand side and ensuring transparency and accountability, their role is to ensure full implementation of the commitments in the integrated health MOU. But important to note their role in the integrated health MOU is also limited in the governance level performance review mechanism to just two areas; that is participating in the State-led Technical Working Group (TWG) and bi annual review (High-Level Joint Review Committee HJRC).

CSOs Engaged in the MOU performance review process and their roles			
INDICATORS	KADUNA	KANO	NIGER
Number of CSOs engaged in the MOU review process in 2021	18 CSOs - HSDF, HSCL, Core Group, Alive & Thrive, SCIDaR, Chigari Foundation, CDC - NSTOP - AFENET, Rotary Inter, NURHI, MNCH2, eHealth, CHAI, PERL, Malaria Consortium, IIGES-PAS, CRERD, PSA, SFH, FHI360, CIHP, SCI	16 CSOs - CDC-AFENET, CHAI, Chemonics, CHR, FCDO, dRPC, eHA, HSDF, LAFIYA, Malaria Consortium, Marie Stopes, MSH, Options, SCIDaR, SFH, TCI	6 CSOs - Clinton Health Access Initiative (CHAI), Malaria Consortium, Evidence 4 Action, TA Connect, White Ribbon Alliance, CCRHS PAS
The scope of engagement of CSOs in the MOU review process in 2021 in Kano, Kaduna and Niger states	<ul style="list-style-type: none"> Independent oversight tracking of the commitment, disbursements of operational funds and budgetary allocation to the health sector Participation in quarterly review meetings of the MOU Supporting development of the integrated health MOU implementation progress report/VTC deck for the quarterly and bi-annual review meetings Participation in state led technical working work platform and Quarterly review of the integrated health MOU implementation progress Track, Document, and Disseminate key milestone achievement on the intervention area and priority action for next step to the general public Continue attendance and participation at sub-Technical Working Group meetings 		

In 2021, the number of civil society organizations engaged in the MOU review process were sixteen in Kano, eighteen in Kaduna and six in Niger state. With Kaduna and Kano states having more civil society participation when compared to the number of CSOs in the Niger state process. The roles of CSOs in the three states during the review process were similar, including providing independent oversight for the integrated PHC MOU through tracking of the commitments, disbursements of operational funds and budgetary allocation to the health sector, participation in quarterly review meetings of the MOU, supporting in the development of the integrated health MOU implementation progress report/VTC deck for the quarterly and bi-

annual review meetings, participation in state led technical working work platform and quarterly review of the integrated health MOU implementation progress, track and document key milestone achievement on the intervention area and priority action for next step, attendance and participation at sub-Technical Working Group meetings.

PAS CSOs Supporting the Health MOU



Table 04:

STATE	NUMBERS OF PAS CSO ENGAGED IN THE HEALTH MOU
Kano	dRPC Kano Coalition of 5 CSOs – (WIM-PAS, MWAN-PAS, FOMWAN-PAS, NANNM-PAS & AMKASS-PAS)
Kaduna	IIGES-PAS
Niger	CCRHS-PAS

In Kano state, five PAS CSOs (Women in Media, Medical Women's Association of Nigeria, Federation of Muslim Women's Association of Nigeria, Nigerian Association of Nurses and Midwives and Accountability Mechanism for MNCH Kano state) are involved in supporting the Health MOU review process, while in Niger and Kaduna states, PAS is represented by Center for Communication and Reproductive Health Services and Integrated Initiative for Grassroots Empowerment Support respectively.

On the 11th of February 2022, to determine the level of awareness and overall satisfaction with the inclusiveness of CSOs in the MOU performance review process, the PAS CSOs in these three states were surveyed through focus group discussions on the 2021 performance review process in retrospect. Regarding "CSO Awareness" of the Health MOUs, in all three states they were aware of the MOUs signed but most (60%) of PAS CSOs in Kano state hadn't seen or read the actual MOU document unlike the CSOs in Kaduna and Niger states. This may be because the document was not widely circulated. They were however familiar with the VTC decks and were involved in tracking the commitments and in the deck preparation in all three states. Overall, all of the PAS CSOs in the three states expressed satisfaction with their level of involvement and inclusion in the MOU process.



Representatives of FOMWAN-PAS, Kano-PAS coalition, CCRHS-PAS Niger, IIGES-PAS & GIWAC-PAS Kaduna during the focus group discussion (11/02/2022)

To update on the performance milestones achieved, PAS CSO partners in Kaduna, Kano and Niger states conducted key personnel interviews with the Executives Secretaries of their states PHCDA/B to track the government's performance. The following were updates from the states.

Kaduna State Performance by Milestones



IIGES-PAS & GIWAC-PAS with the Executive Secretary Kaduna SPHCDA Dr. Hamza Abubakar

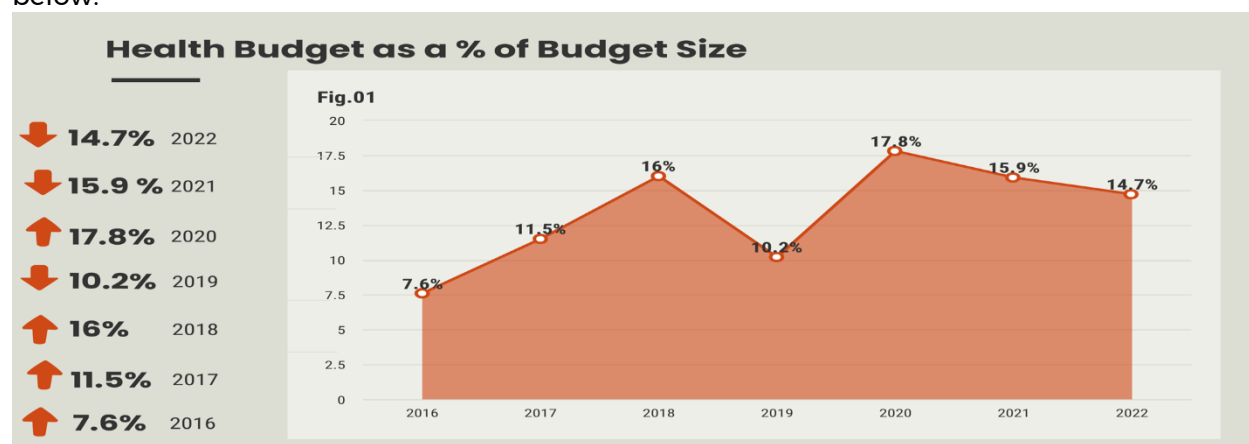
Kaduna State has made progress with the intervention areas and the implementation of the Primary Health Care Under One Roof policy (PHCUOR) policy, with complete transfer of the PHC budget line item, staff and program functions from the State Ministry of Local Government and State Ministry of Health to the State Primary Health Care Development Agency (SPHCDA). Additionally, the State has adopted the RACI matrix (responsible, accountable, consulted and informed) to outline roles and responsibilities for health sector

agencies and authorities, development and technical partners, and other relevant stakeholders. The RACI has been adopted by the State and embedded into the State annual operational planning process, harmonized in the health sector Annual Operational Plan developed in line with the State's Strategic Health Development plan and Local Government Health advisory committees established in all 23 LGAs.

To improve performance across PHC indicators, the state has commenced implementation of a number of activities including: Group antenatal care (ANC) sessions as an alternate service delivery model to increase uptake of high impact interventions including ANC attendance, Skill Birth Attendants, etc. Kaduna State developed a costed Service Delivery Plan (SDP) as a near-term, achievable PHC service package that is on course towards achieving the Minimum Service Package (MSP) per national recommendations.

Kaduna state has resolved the state supply chain transportation challenges by improving management, accountability and end-to-end visibility of essential health supply chain data visibility to drive rapid improvement in supply chain outcomes, line listing of Mai-Angwans, completed external audit of the state PHC basket funds, establishment of health sector integrated data control room (IDCR) targeted at improving state level DHIS data quality resulting in greater than 80% DHIS reporting rate. It has also commenced the disbursement of fifty-thousand-naira (N50,000) operational cost each to 255 PHCs in the state, established the health sector Integrated Data Control Room (IDCR), completed phase one Human Resource for health (HRH) recruitment for PHC and Transfer of Malaria, TBL and HIV/AIDS to KSPHCB. Establishment of LGHA committee in all 23 LGAs in the state and institutionalization of eight TWG to improve coordination of all stakeholders in health sector has been accomplished.

There are 1150 health facilities now conducting fixed and outreach RI sessions once every week, conduct of daily RI sessions in 100% of the urban PHCs, secondary and tertiary health facilities. The 2020 PHC integrated reach every ward micro plan has been developed. The phase two PHC renovations are ongoing. All 5262 health facilities are now geo-referenced with the state improving their health sector budget allocation and execution rate from 2016-2022 as seen below.



**MWAN-PAS & WIM-PAS with the Executive Secretary
Kano SPHCMB Dr. Tijanni Hussein**

Kano State Performance Milestones

Kano state government now routinely hosts quarterly reviews of primary health care performance at state Executive Council meetings, facilitating engagements with all five Emirate traditional leaders around PHC.

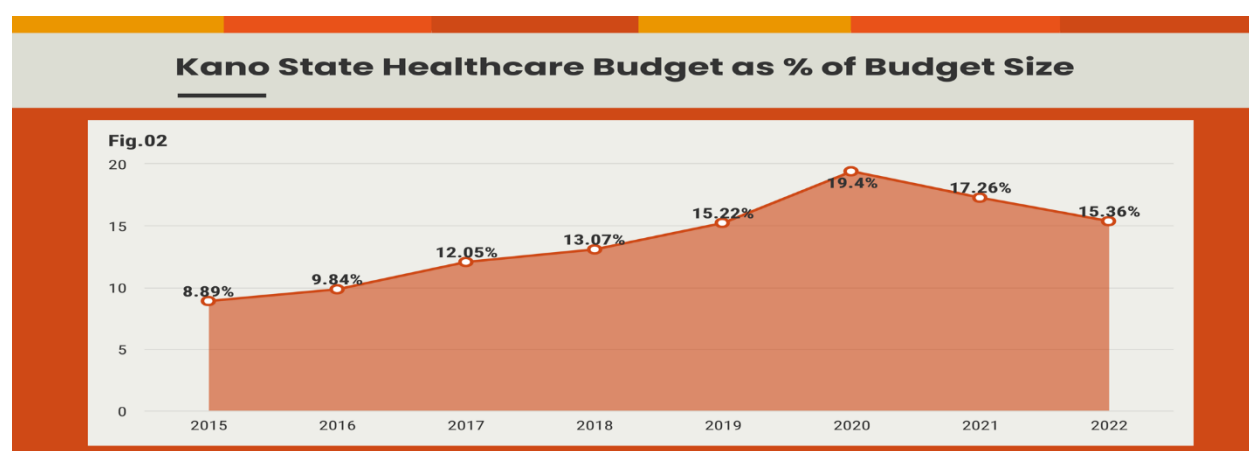
There is improved monitoring and storage capacity of commodities at 6 zonal medical stores, establishment of program technical working groups as well as other coordinating fora across all MDAs.

Institutionalization of service delivery enhancement interventions including state-led ISS visits, RMNCAH+N & Quality of Care strategy, missed opportunities for vaccination and planned preventative maintenance. Procurement of vehicles for supervision and improved/efficient

logistics movement at DMCSA, commencement of digitization of accounting processes at the SMoH, HMB, SPHCMB, and DMCSA for improved financial accountability. Conducted a complete HR, equipment, and infrastructure audit of PHCs and establishment of HRH unit equipped with an HR management Information Software.

Procurement and maintenance of essential medical equipment and production of data monitoring tools for secondary and primary health facilities, implementation of innovative technology-based referral network system, recruitment of Medical Officers of Health and commencement of Minimum Service Plan implementation process.

The budget trend from 2019 to 2022, Kano state government allocated more than 15% of state resources to health budget in fulfilment of 2001 Abuja declaration (Increased budgetary allocation to health sector from 12.5% in 2017, 13.07% in 2018, 15.22% in 2019, 17.26% in 2021 and 15.36% in 2022 as shown below), and is fulfilling its requirement for the basic health care provision fund to form part of the state funding source for PHCs.



Niger State Performance Milestone



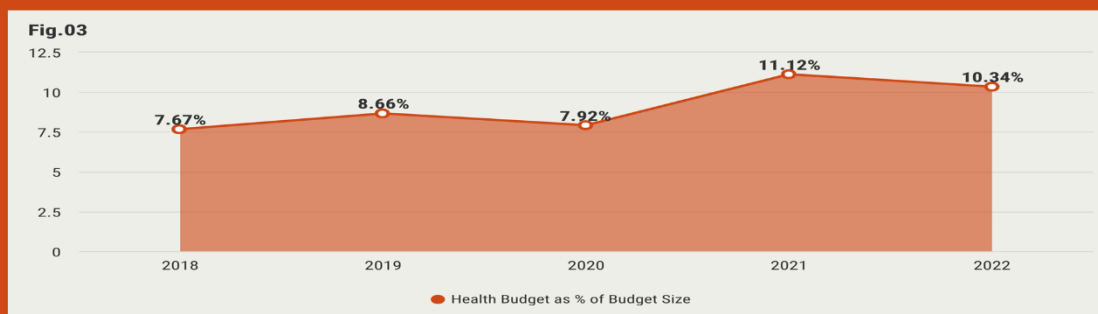
CCRHS-PAS with the Executive Secretary Niger SPHCDA, Dr Ibrahim Dangana

Niger state achieved some key milestones including improved Logistics Management Information Systems visibility to 80-90% at the pilot Health Facilities, institutionalized their Technical Working Groups, bank accounts fully open for 274 PHC and capacity building on financial management for all staff completed. Regular funds disbursement for focal PHCs to conduct outreaches and Health Promotion activities. Niger state has developed a performance management dashboard for program review, with the Niger state performance management dashboard (NIDMA) web application installed for improved service delivery,

assess to quality data and visibility. Integrated Supportive Supervision (ISS) model available and ISS conducted to 274 PHC facility for the 2019 Q1 and Q4. Roll out of CHIPS program in ten LGAs and 39,925 enrollees currently accessing care across 180 PHCs. The transfer of LGA staff to SPHCB is at 80% completion.

The health budget trend from 2018 to 2022 has fluctuated in Niger state, never reaching 15%.

Health Budget Trend and as Percentage of the Budget Size 2018-2022



Timeliness of the release of counterpart funds by the state governments for the MOUs for Q1-4 in 2021 and Q1 2022

In Kaduna state, there was timely releases of counterpart funding for the PHC MOU in 2021. The State released the full funds upfront with the 2022 release was made in December 2021, while 2021 was released in December 2020. Niger State did not release their PHC MOU counterpart funding commitment tied to the final MOU year 2021. However, in Kano State, only 35% of the PHC MOU commitment was released as of third quarter of 2021.

INDICATOR	KADUNA	NIGER	KANO
Counterpart fund amount to be released for 2021	PHC MOU=N246,000,000 RI MOU=N258,000,000	N342,756,277	N338,948,179
Amount released and Time lag in releases of counterpart funds by the state government in Q1	Released the Whole Amount in the Preceding Year (Q4 2020) for 2021 that is Annual Releases not Quarterly.	N/A	
Amount released and Time lag in releases of counterpart funds by the state government in Q2			
Amount released and Time lag in releases of counterpart funds by the state government in Q3			N119,416,991 which represents 35% of the fund released as at Q3 2021
Amount released and Time lag in releases of counterpart funds by the state government in Q4	PHC MOU=N246,000,000 RI MOU=N258,000,000 for 2022 Released in Q4 2021		
Amount released and Time lag in releases of counterpart funds by the state government in Q1 2022		MOU expired, renewal in view	MOU expired, extension in view

Understanding the challenges to the delay in releases of the counterpart funds

In Kano state, poor revenue generation may be a factor, as out of the N177 billion projected revenue for the year (2021), only N27 billion was realized representing only 15%. When states do not have enough resources, it may become difficult to fulfil on its policy objectives and commitments, and the issue of PHC MOU was no exception. In fact, the total budget

performance for Kano state is 22% in 2021 fiscal year. However, this was not the case with Niger and Kaduna State where the 2021 states revenue performance were 72% and 98% respectively. The health budget performance in the two states is 72% and 95% respectively compared to 58% in Kano State. Despite this, poor prioritization by the state government in the face of competing needs may have also contributed to the non fulfilment. In Niger state, due to the delay with commencement of the MOU process, the MOU year does not align with the implementation year, hence, the counterpart fund release has been adjusted by a year, this means that the counterpart fund for year 2021 will be released in 2022. As at the time of writing of this issue brief, the KII with the Executive Secretary Niger state revealed that the state government through the Executive Governor has already authorized this counterpart fund release to be done in April 2022.

Government's perspective on the role CSOs should play in the RI/PHC MOU Process

The PAS CSO partners; GIWAC-PAS, IIGES-PAS, CCRHS-PAS, MWAN-PAS and WIM-PAS as part of efforts to streamline CSO activities to more strategic ones that are supportive and complementary to the efforts of government sought to discover what the most helpful role for CSOs was from the perspective of government who themselves are the implementers of the RI/PHC MOU process.

The methodology of reflective focus group discussions with the Executive Secretaries of the Kano, Kaduna, and Niger State Primary Healthcare Development Agencies/Management Board was utilized in this process to allow government to reflect on the role CSOs in the PHC/RI MOU process should play. The following highlights below were the thematic findings.

In Kaduna state, the Executive Secretary identified advocacy and community engagements as the most helpful roles for CSOs to play in the RI/PHC MOU process. He noted that CSO advocacy to key stakeholders on performance issues affecting routine immunization and community engagements to sensitize parents to present children for immunization at PHCs and community sensitization on importance of routine immunization were pivotal to their success. While in Kano state, the Executive Secretary identified advocacy and accountability as the most helpful roles for CSOs to play in the RI/PHC MOU process. According to him, advocacies to the government on their behalf for releases of funding was key to their implementation success. Whilst also pointing out that CSOs can help track and prompt the implementations of the planned activities and ensure that they conform to standards, or the agreements reached. This accountability role was an important one for CSOs. In Niger state, the Executive Secretary identified CSO advocacies to the government for the timely releases of counterpart funding as their most important role. He also noted that CSOs also had an important role in the accountability process; tracking the funding and milestones to produce scorecards on government's performance as well as supporting the government with community engagement to boost demand for the services.

There are similarities in the perspectives of the Niger, Kaduna, and Kano Executive Secretaries of the State Primary Healthcare Development Agency/Management Board on the role CSOs should play in the RI/PHC MOU Process. While the CSO advocacy and accountability roles were obvious and came through quite strongly, the CSO role in community engagement was still an important one that the governments were keen for CSO support.

Strategic activities conducted by PAS CSOs to support accountability for the MOU state in 2021



PAS Kano coalition meets SPHCMB to validate research findings in Kano state. (20/11/2021)



PAS Kaduna coalition tracks PHC MOU commitments in Kaduna state



CCRH5-PAS meets DPR5 to track the PHC MOU commitments in Niger State

KANO

- Participated and supported institutionalised state technical working group (PHC Task force, NERICC & RHTWG)
- Tracking Health MOU commitments
- Tracking of 2021 quarterly releases on RI, FP and PHCUOR
- Development of Routine Immunisation, Family Planning and PHCUOR people scorecard
- Conduct advocacy visit to the State Commissioner for Health and ES-SPHCB on PHCUOR policy implementation
- Radio/TV engagement and mobilization of community members in order to improve demand for RI and PHC services
- Support State CIP and RMNCAH+N Strategies
- Tracking of BHCPF implementation status for development of scorecard

KADUNA

- Tracking of MOU commitment and priority for 2021, Participate and support institutionalised state technical working group (PHC Task force, NERICC & RHTWG)
- Development of Routine Immunisation, Family Planning and PHCUOR people scorecard
- Tracking of 2021 quarterly releases on RI, FP and PHCUOR
- Tracking of BHCPF implementation status for development of scorecard

NIGER

- Tracking of 2021 quarterly releases on RI, FP and PHCUOR
- Development of Routine Immunisation, Family Planning and PHCUOR people scorecard
- Participate and support institutionalised state technical working group (PHC Task force, NERICC & RHTWG)
- Conduct advocacy visit to the State Commissioner for Health and ES-SPHCB on PHCUOR policy implementation
- Tracking of BHCPF implementation status for development of scorecard

PAS CSOs Advocacy Agenda

The findings from the process of development of this update brief has been used to evidence the PAS CSOs advocacy agenda which are highlighted below;

- Increase advocacy efforts in Niger and Kano states for the full release of their counterpart funds for the MOUs.
- Increase accountability activities of PAS CSOs in alignment with the BMGF priorities through tracking of the States commitments for the performance review process.

Conclusion

Civil society inclusion is of benefit to the MOU and the performance review process. In 2021, the MOU performance review process was inclusive and CSO inclusion and involvement was critical to the accountability process supporting both the states and multi-partners. PAS CSOs supported their states in coalitions and through technical working groups, all geared towards achieving the overarching goal of the MOUs.

Recommendations

As Niger and Kano states are up for extensions, the CSOs scope in the accountability process should be considered for increase. PAS CSOs from their implementation support and consultations are recommending the expansion of the role of CSOs in the PHC health MOUs to involve greater participation in the MOU Steering Committee chaired by the State Executive Governor and the MOU Top Management Team (TMT) headed by the State Commissioner for Health. The catalytic role of the CSOs through this access will support the government side take ownership and fulfil on their commitments.

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