In Nigeria, health resources are scarce. Women frequently die in childbirth. Their children die too often from preventable and treatable illnesses. For those managing and delivering health care, it is essential to base plans on evidence of what is needed, and what works. But weaknesses in health information systems present many obstacles to sound decision-making.

Nigeria’s national health management information system is undermined by political, social, and technical gaps and weaknesses. There is a fundamental disconnect between those who manage the health information system and the people and processes involved in health planning and budgeting. The decision-making environment is not conducive to using evidence in planning. Meanwhile, front-line health workers are overwhelmed by the volume of data they must collect.

“IT TAKES POLITICAL WILL TO PROPOSE AND IMPLEMENT PROJECTS TO STRENGTHEN HEALTH SYSTEMS...AND COURAGE TO BASE THEM ON EVIDENCE”

Amina Abubakar, Former Permanent Secretary, Ministry of Health, Bauchi State, Nigeria

Building new approaches for existing systems

For six years, the Nigerian Evidence-based Health System Initiative (NEHSI) — a partnership between the Government of Nigeria, Foreign Affairs, Trade and Development Canada, and Canada’s International Development Research Centre — has tested new approaches to strengthening the quality of health information systems in Bauchi and Cross River states.

Implemented by CIET, a research and training organization, the University of Calabar, and the University of Southern Maine, NEHSI has worked closely with senior health officials and workers and the communities they serve. It strives to ensure local ownership and sustainability by involving key stakeholders, while respecting local culture and decision-making processes. These processes are not always tangible or explicit.
NEHSI is building on existing systems, making them more manageable, transparent, and science-based. In light of Nigeria’s decentralized health system, it integrates knowledge from communities and multiple levels of government to enhance the information system. And to ensure local capacity to sustain these changes, it trains and mentors health workers in epidemiologically sound methods of data gathering, analysis, and use.

Over six years, we have seen growing demand for these new approaches, and encouraging signs that health officials are gaining new skills and habits. Most importantly, they are routinely asking for evidence as a basis for planning and budgeting. Families and communities are also making practical improvements in managing their own health, using sound information brought to their doorsteps.

Starting with the right data

Because evidence is essential to shaping better health outcomes, NEHSI has focused on giving health planners access to reliable, timely, and affordable data, derived from processes that can be sustained in Nigeria.

Nigeria’s health information systems rely on data gathered from institutions, such as hospitals and clinics. But to meet the needs of the most vulnerable, planners need to reach those without access to clinics or hospitals. They also need to go beyond the kinds of data routinely captured — such as births, deaths, and illnesses — to address root causes and factors that can improve health outcomes.

By going beyond health facilities to households, NEHSI accesses data and insights on the causes of death and illness, from the viewpoint of those the health system is intended to serve. Input from health workers and others in the community helps to pinpoint solutions that are feasible and actionable with local resources.

“In Cross River state, we believe in quality data.”
Angela Oyo-Ita, Health Commissioner

Front-line health workers endlessly fill forms to satisfy multiple demands, but the resulting information is cumbersome, inconsistent, and of little use in health planning. NEHSI uses a social audit process developed by CIET that complements facility-based data with input from households, communities, and key health system stakeholders. Gathering the “right data” begins by prioritizing local information needs. A structured household survey process gathers information on health issues, as well as their possible causes and solutions. In later stages, potentially life-saving information on maternal and child health risks is brought back to communities, in forms they can relate to everyday decisions on issues such as care and nutrition.
Research has been undertaken in collaboration with officials involved in healthcare decision-making, from the state to the local level. With technical support, NEHSI strengthens existing planning processes, and builds bridges between various ministries and agencies.

In Bauchi and Cross River, state health commissioners and other state and local primary healthcare officials have been closely involved, as has the Governor’s Office in Cross River. Lessons from research are also shared with federal health officials to inform potential uses in other states. Reflecting the federal role in governance and standard setting, the Director of the Federal Ministry of Health’s Department of Planning, Research, and Statistics chairs the NEHSI project advisory committee.

In Bauchi, channels for data sharing have been opened between the State Ministry of Health and the State Ministry of Budget and Economic Planning. The latter has been provided with high quality data, timed to coincide with budgeting and planning deadlines. It also uses this data in evaluating the National Strategic Health and Development Plan framework.

Health “scorecards” have been an invaluable tool for linking research findings to budgeting and planning processes. Scorecards provide a statistical summary of major findings on health indicators, by local government area. For example, a scorecard on maternal health reveals the percentage of pregnant women who visited government health facilities, the frequency of visits, and the percentage who experienced a variety of complications. This allows planners and policymakers to compare performance between local areas and against state results, to pinpoint needed improvements.

Findings from household surveys are also brought back to community members and leaders for discussion in the form of short and informative “docudrama” videos. For example, following a first data-gathering cycle on maternal health, communities watched a drama focused on heavy workloads and domestic violence, which research showed to be pregnancy risks. These videos are screened in public, and followed by discussions on what can be done in a local context. These viewings deepen the culture shift by raising expectations that these local realities will be addressed in decision-making.

Through these practical, recurring measures, NEHSI is bridging the divide between evidence and action, and bringing greater transparency to health system decision-making.

**Building evidence into plans and budgets**

Sustaining these changes demands that those who play crucial roles in managing and implementing the Nigerian health system have the skills to gather, interpret, and use evidence in health planning — and the will to invest in these new approaches over the long term. NEHSI has focused training on health workers, policy-makers, and planners at state and local levels, and is now seeing signs that new skills and knowledge are being institutionalized.

Actively involved throughout, state and local governments in both Bauchi and Cross River have signalled commitment to sustaining household visits and social audits as a basis for health-system planning. Both states allocated funds to a third data-gathering cycle in 2013.

“Before, women went to see friends for antenatal care. Now they are asking for urine tests and blood pressure checks.”

Yagana Gidado, Federation of Muslim Women’s Associations in Nigeria

Decision-makers work with researchers to plan the implementation of the social audit.
Their 2013 health budgets, and local economic development strategies in Cross River, also reflect the influence of evidence from earlier data cycles.

In Bauchi, for example, NEHSI findings showed extremely low immunization coverage and high rates of diarrhea among children in study areas. The state Primary Health Care Development Agency has cited this evidence in proposals to invest more in immunization outreach services and in training measures to address the water quality and hygiene issues that contribute to diarrhea. Proposals to improve antenatal care and breastfeeding support are based on data that showed women were getting too little care during pregnancy and in feeding their newborns. Cross River’s state Ministry of Health and local community health department are now investing in mobile vaccination facilities for greater rural outreach based on social audit findings.

Ministry of Health officials in both states have also used scorecard data in negotiations on external health funding support. There are signs too that a culture of evidence is taking root beyond the health sphere. In Cross River a sector-wide social audit program has been created. This will expand the social audit methodology to other sectors, including agriculture and education.

Looking ahead

NEHSI operates on the basis that sound data is an essential starting point for a strong health system, and ultimately to sustainable development. As the project wraps up in 2014, its findings on approaches to supporting maternal and child health and strengthening health information systems will be published and shared widely. But more than generating research findings, NEHSI has focused on creating strong links among the key actors involved in Nigeria’s health systems. It has worked toward incremental and subtle changes, to build new skills, new habits, and new understandings about the value of evidence. This will last beyond the lifetime of the project.

Ultimately, it is up to Nigerian decision-makers to choose health strategies that best meet the health needs of their citizens. In working within the Nigerian system for the past six years, NEHSI’s success will be evident when those future choices are based on firmer knowledge of the real needs and the best options available.

The Nigeria Evidence-based Health System Initiative (NEHSI) is a collaborative project between the Government of Nigeria, Foreign Affairs, Trade and Development Canada, and Canada’s International Development Research Centre, to support a fair, effective, and efficient primary healthcare system in Bauchi and Cross River states.