The challenge

Nigeria has some of the highest infant, child, and maternal death rates in the world. Greater access to primary health care (PHC) can reduce deaths through prevention and early treatment. A cornerstone of strong PHC systems is information. Timely and accurate information guides decisions on what services should be provided and where resources should be allocated. Information can be used in planning if people have the capacity to collect, analyze, interpret, and use it. When evidence is missing and capacities are limited, it is difficult to make informed decisions that result in effective, efficient, and equitable health systems and positive health outcomes. This is the challenge facing Nigeria, Africa’s most populous country, where resources are scarce, there is a high burden of illness, and where wrong decisions not only cost money, they ultimately cost lives.

A joint response

The Government of Nigeria, Foreign Affairs, Trade and Development Canada, and Canada’s International Development Research Centre have partnered to support primary health-care reform in two states — Bauchi and Cross River. The Nigeria Evidence-based Health System Initiative (NEHSI) improves the health of mothers and children by strengthening the health information systems that underpin primary health care. Governed by a Project Steering Committee and a Project Advisory Committee, NEHSI includes key Nigerian decision-makers who provide input on strategic direction.

The project strengthens the capacity of state and local governments to base healthcare planning on evidence, so that resources are allocated to make a difference. It aims to instil in state and local health planners the habit of asking for evidence, and for them to then apply new skills and capacities to interpret it, then use this evidence in making decisions. NEHSI is building bridges between departments and levels of government for coherent policies, based on data.

What is happening on the ground

Strengthening health information and services begins with understanding the existing health system and the needs it must meet. This requires reaching beyond health facilities to communities and households.

NEHSI’s implementation research approach integrates community-based data into the health information system. It socializes the resulting evidence in a number of ways — for planning and policy purposes and to enable people to take direct action. Decision-makers are involved throughout the process, from setting priorities for data collection to using the evidence. They receive training so they can better understand and interpret data. By streamlining the existing health information system using a cyclical social audit process led by CIET, a research organization, data is captured in sentinel sites in Bauchi and Cross River states to complement existing data. The data collected from households and health facilities is fed back to communities and families so they better understand behaviours that adversely affect the health of mothers and children, and can make positive changes. Data is also directed to government information, planning, and budgeting processes to improve service delivery.

NEHSI emphasizes:
- ownership and accountability
- high quality and relevant data
- integration and coordination with existing systems
- building the habit of evidence-based planning
Different approaches to surveillance are being tested. In one local government area in Cross River State, teams from the University of Calabar and the University of Southern Maine piloted a population-based open platform health demographics surveillance system. It retrospectively captures key demographic events (birth and deaths) and the burden of disease, and links to the national health management information system. In Bauchi, another population-based community surveillance system being tested by CIET in one local government area focuses on mothers and babies. It collects and analyzes risk data in real-time, while catalyzing improved access to primary care. This “live” system involves discussing risk factors with every single mother while collecting data. Over a series of visits, primary health care is brought to the doorstep, while data on health outcomes is gathered and monitored. This is critical in a state where only one in 10 women access care. The household visits also engage husbands in the discussions about the health of their wives and children.

What we are learning
Evidence to date has shown that strengthening the health information system helps to strengthen the entire health system. In the pilot areas, communities have demanded — and decision-makers have provided — better quality health services. The close involvement of stakeholders in identifying problems and priorities, and in collecting, analyzing, interpreting, and using data increases the likelihood that evidence-based planning approaches will be institutionalized. This is sustainable development in action.

**NEHSI strengthens:**
- the reliability, consistency, and availability of health data at state and local levels;
- engagement by community members;
- the capacity of institutions to plan and deliver primary health care; and
- Nigerian ownership of evidence-based planning to support scaling up.

Progress to date
As of May 2013, the Nigeria Evidence-based Health Systems Initiative has contributed to:

**Reliable and timely health data**
- Two social audit data cycles — one on maternal health and one on childhood illnesses — were completed in Bauchi and Cross River states:
  - 17,506 households and 193 health facilities were surveyed about maternal health issues: 15,613 pregnant women were reached, and 360 focus group discussions were held on key issues.
  - 13,220 households and 224 health facilities were surveyed about child health and immunization: 22,544 children between the ages of 0-47 months and 14,509 mothers and caregivers were reached; and 360 focus group discussions were held on key issues.
- Current coverage of household visits in Giade district in Bauchi is estimated to be 100%: 9,328 pregnant women from 27,249 households have been registered in the community surveillance system.
In Cross River, a pilot health demographic surveillance system covering 1,370 households has been completed and demonstrated to state officials.

**Engaged communities**

- 44,678 community members from Bauchi and Cross River participated in docudrama screenings and discussions on the management of childhood illness.
- 23,126 community members from Bauchi and Cross River participated in docudrama screenings and discussions on maternal health.
- Nearly 2000 community leaders took part in action planning sessions on solutions for childhood illness.
- Scorecards on childhood illness and maternal outcomes were launched and shared with communities and officials in both states, based on evidence from the social audit.
- The Emirs of Bauchi, Misau, Katagum, and Dass viewed and discussed the docudramas on maternal and child health.

**Scorecards on childhood illness and maternal outcomes were launched and shared with communities and officials in both states, based on evidence from the social audit.**

A template of electronic tools was developed for real-time tracking of deaths that occur in all secondary public health facilities in Cross River State.

In Giade district in Bauchi, a Cellular Initiated Data Integration and Reporting mobile technology system has been developed to improve accountability, efficiency, integration with the state planning system, and reporting to the federal level.

“**I see NEHSI as coming to fill in very identifiable ways some missing gaps in the Nigerian health system, particularly in the area of strengthening health information system which will now lead to having better information for decision making and for planning and action**”

Muhammed Lecky, Former Director of Planning Research and Statistics, Federal Ministry of Health

**Nigerian ownership and institutionalization**

- The Bauchi government redistributed midwives using the surveys on maternal and child health.
- The Bauchi State Ministry of Health officials are implementing the social audit. Almost all of the government officials responsible for primary health care planning are involved in the social audit. In addition the coordinator for running the social audit is a government official.
- In Bauchi, the annual government budgeting and planning process has taken into account evidence from the scorecards and related action-planning discussions. This in turn has fed into the evaluation of the National Strategic Health and Development Plan. The State Primary Health Care Development Agency has used evidence from the social audit to budget for a number of interventions, including:
  - supporting the provision of training and the upgrading and refurbishing of health facilities to provide antenatal care;
  - increasing the number and improving the operation of healthcare facilities that provide free mother and child health care, including the availability of medicines;
  - improving the health management and information systems by supplying data tools, providing GPS-based Geo Indexing software, and training 2000 volunteers;

**Capacity to use evidence**

- Nigerian policymakers and planners are gaining expertise in evidence-based planning through an executive training course and Master’s of Science in Epidemiology degree program.
- Health workers in one local government area in Cross River have been trained in demographic surveillance using an open platform software system that links to the state and federal health management information system. The resulting software (OpenHDS) is now available for use throughout Africa.

**Docudrama videos, developed in local languages portray real life situations based on evidence from the social audit, enable people to see and discuss their health choices.**
• training volunteers on oral rehydration therapy/basic sanitation, and creating 100 ORT corners in a similar number of health facilities;
• educating mothers on the correct management of diarrhoea.

The Cross River State Planning Commission has allocated funds to continue annual social audits and scorecards beyond the project life.

In Cross River, evidence from the two social audit cycles is informing “Local Economic Empowerment Development Strategies – LEEDS”.

In Cross River, on the instruction of the Governor, the scorecards were shared through the state’s website.

In Cross River, the docudramas were broadcast on state television.

Examples of action plans from the discussion of evidence at the local government area level in Cross River include the decisions of working groups to:
• Implement housing and tenancy laws and policies that ensure minimum environmental and sanitation standards are met. Owners must provide all households with a latrine and access to improved water sources. They also must have an adequate system for removing garbage and waste water.
• Engage the community in periodic “health days” to highlight the importance of various aspects of health – pregnant women’s day, immunization day, and hygiene day.
• Consider allocating resources at the local government area level to improve primary healthcare services, focusing on maternal and child health.

“We carry the voice of the voiceless into planning.”

Yagana Gidado, CIET field coordinator, Bauchi State

The [Nigeria Evidence-based Health System Initiative (NEHSI)](http://www.idrc.ca/gehs) 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.