



CASE STUDY

Revitalising Primary Health Care in Kano State

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To improve the delivery of quality maternal and child health services, the Kano State Primary Health Care Management Board (PHCMB) has adopted the cluster system made popular by the UK aid-funded PATHS2. The board adopted the model in March 2014 as the service delivery system to be operated in all 44 Local Government Areas (LGAs) in the State.

A cluster is a collection of 13-17 selected health facilities that provide graded levels of emergency obstetric care and referral services for the purpose of reducing maternal mortality within a population of 500,000 persons. It consists of one Comprehensive Emergency Obstetric Care (CEOC) facility, four Basic Emergency Obstetric Care (BEOC) facilities, and 8 - 12 Primary Health Care (PHC) facilities.

The model, also known as the PATHS2 Concentric Model, is an integration of the World Health Organization's health systems strengthening approach and PATHS2's direct support to integrated service delivery in reducing maternal, neonatal and child mortality. Accordingly, the PHCMB has since been conducting systematic assessments of health facilities in its LGAs to see what gaps exist that need to be addressed. Outcomes of the first assessments have led to a plan to renovate 146 health facilities; procure drugs in 30 of these HF's for the operation of the Drug Revolving Fund; provide 208 solar dry cell refrigerators to preserve vaccines; and provide 10 laptops to make it easier and more efficient to upload health data to the District



Rakiya Addo, a client of the PATHS2-supported Indabo health facility, tends her two-day-old baby at home in Indabo.

Health Information System. The concentric model works by strengthening the supply-side health systems and governance at the state level and in the LGAs, to provide integrated health services, while increasing demand for quality health services by the community through eight pillars. The first six of the pillars are supply-based, while the last two are demand-driven:

1. Improve health commodities.
2. Improve basic infrastructure.
3. Improve human resource capacity.
4. Establish and strengthen two-way referral systems.
5. Strengthen integrated supportive supervision.

6. Strengthen the health management information system.
7. Increase health service accountability to communities.
8. Strengthen health communication and community mobilization.

PATHS2 employed the WHO cluster approach to determine which health facilities the programme would support.

“The PATHS2-approach to service delivery is client-focused and all-inclusive, integrating demand and supply as well as critical elements of the system that need to be in place for sustained improvement in maternal and child health services,” explains Dr Amina Aminu Dorayi, Director of Service Delivery for PATHS2. “In Kano State, communities, health workers and managers of health services at various levels have embraced this holistic approach and are already replicating most of its pillars. This commitment has contributed to progress in service outcomes in the state, and I am confident that in the next few years, even more women and children will benefit from this model of care.”

In Kano State, the eight pillars are implemented in 16 clusters: 128 PHCs, 64 BEOCs, and 16 CEOCs. Six hundred seven other PHCs also benefit from one form or the other of PATHS2 interventions. PATHS2 provides direct inputs such as buying health commodities, renovating health facilities, and improving the capacity of health workers through various trainings. At the same time, state governments, LGAs, and community members are also beginning to invest their own resources to expand activities, both in PATHS2-supported areas and beyond. Results from assessments show that this comprehensive approach has achieved important outcomes and laid the groundwork for replication and

sustainability.

Dr Shehu Abdullahi, the Executive Secretary of the Kano State PHCMB, believes strongly that the cluster approach is the way to revitalise primary health care in Kano. “Apart from providing for supervision of the different levels of care, in terms of quality, this is the only way you can achieve what you want,” he says. “For instance, the BEOC will be supervised by the CEOC, and there are the referral linkages between the various levels of the clusters. It is only this way that you can really give the quantum of care to a set of population. ... In a population, there are a certain number of health facilities that will take care of that population. A higher population density requires another set of facilities; the higher the level of care, the more robust is the intervention.”

Since PATHS2 began implementing the model in Kano in 2011, 1,314 women have been saved from complications in pregnancy and childbirth through the referral system and Emergency Transport Scheme. Health data reporting is now at 86 percent (reported by both public and private health facilities), far up from 2 percent in 2011, as reported in the 2014 Kano State health data factsheet. Rakiya Addo, a 29-year-old mother of four, says she doesn't know PATHS2, but she is grateful to Allah for the way the health workers at the Indabo health facility attended to her during antenatal care, and during labour when she was giving birth to her fourth child the day before. “May Allah bless them,” she says. Indabo is one of the health facilities in Kano benefitting from the PATHS2 service delivery model.

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The Partnership for Transforming Health Systems Phase Two (PATHS2) is a health systems strengthening initiative that aims to ensure Nigeria achieves important health-related Millennium Development Goals.

Funded by UKAID from the Department for International Development, PATHS2 is working in partnership with the Government of Nigeria and other stakeholders to improve the planning, financing, and delivery of sustainable health services for those most in need. In addition to its work at the federal level, the PATHS2 programme is implemented in the five states of Enugu, Jigawa, Kaduna, Kano, and Lagos. PATHS2 follows the successful PATHS programme, which was implemented from 2002 to 2008.

PATHS2 is managed by Abt Associates, in association with Options, Mannion Daniels, and the Axios Foundation.

