

# STRENGTHENING THE AKWA IBOM HEALTH SYSTEM for improved HIV response

The PEPFAR/USAID-funded Program to Build Leadership and Accountability in Nigeria's Health System (PLAN-Health), managed by Management Sciences for Health (MSH), is a five year project (2010 – 2015) aimed to strengthen the institutional capacity, leadership, and management skills of public sector institutions and civil society organizations for better HIV/AIDS and other health services delivery to vulnerable groups in Nigeria.

## HIV: A CRITICAL SITUATION IN AKWA IBOM STATE

**A**kwa Ibom State located in Nigeria's Niger Delta, in the coastal south of the country, has a population of 3,920,051.<sup>1</sup> Created in 1987, it is made up of 31 Local Government Areas (LGAs).

Akwa Ibom ranks six out of Nigeria's 36 states for the highest number of people living with HIV. The 2012 National AIDS and Reproductive Health Survey showed the state as having a prevalence rate of 6.5%, which is higher than the national prevalence rate of 3.4%.

The maternal mortality rate is 77 per 100,000 live births<sup>2</sup> and infant mortality is 72 per 1,000 live births.<sup>2, 3</sup> Minimal use of antenatal care (ANC) services by pregnant women and deliveries outside the formal sector are contributing factors. Available data indicate that 57.2% of pregnant women attend 4 or more ANC sessions while only 39.7% deliveries are attended by skilled birth attendants.<sup>2</sup>

*Figure 1: Map of Akwa Ibom State*



<sup>1</sup> National Census figure. 2006. The population projection for 2012 was 4,655,127.

<sup>2</sup> Nigeria Demographic Health Survey (NDHS). 2008.

<sup>3</sup> Multi Indicator Cluster Survey (MICS). 2011.

Providing equitable services and interventions to address the HIV burden in Akwa Ibom State is a health management emergency. The 2012 Nigeria Health Workforce Profile for Akwa Ibom indicates there is one doctor per every 24,000 people and one nurse per every 1,500 people. Interventions to strengthen the leadership, management, and service provision of the state's health system are needed. Adequate skills, strengthened management, and an enabling environment for service provision are critical to reducing the burden of HIV.

The Program to Build Leadership and Accountability in Nigeria's Health System (PLAN-Health) is funded by the US Agency for International Development and the President's Emergency Plan for AIDS Relief (PEPFAR) and implemented by Management Sciences for Health (MSH). In the first two years of the program (2010 – 2012), the focus was on Gombe State and the Federal Capital Territory. PLAN-Health selected Akwa Ibom as its third project state and began working there in 2012 to help decrease its high HIV prevalence rate and strengthen its systems to provide increased and improved health services.

### PLAN-Health client organizations located in Akwa Ibom State

Civil Society Organizations (CSOs)	Public Sector Institutions (PSIs)
<ul style="list-style-type: none"> <li>African Human Development Center (AHDC)</li> <li>AIDS Care Managers (ACM)</li> <li>Antof Rural Resource Development Center (ARRDEC)</li> <li>Community Partners for Development (CPD)</li> <li>Heal the Land Initiative in Nigeria (HELIN)</li> <li>Integrated Aid Initiative (IAI)</li> <li>Queenette Initiative for Health and Education (QIHE)</li> <li>Women's Initiative for Self-Actualization (WISA)</li> <li>Women United for Economic Empowerment (WUEE)</li> </ul>	<ul style="list-style-type: none"> <li>Akwa Ibom State Agency for the Control of AIDS (AKSACA)</li> <li>Akwa Ibom State AIDS/Sexually Transmitted Disease (STD) Control Programme (AKSASCP)</li> <li>Department of Planning, Research, and Statistics (DPRS), Ministry of Health</li> <li>Akwa Ibom Health Insurance Scheme</li> </ul>

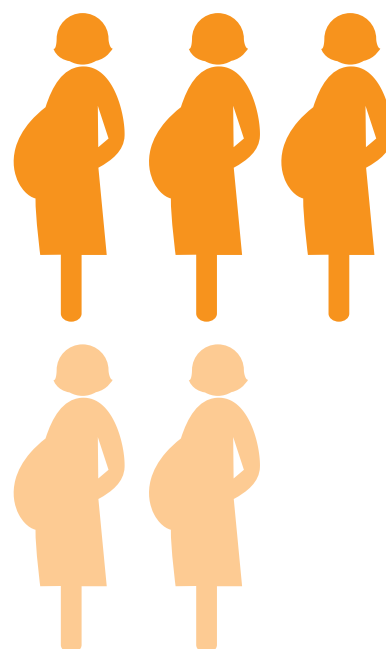
## A HOLISTIC APPROACH TO HEALTH SYSTEMS STRENGTHENING

To guide its activities in Akwa Ibom State, PLAN-Health conducted an operational research study in 2013 to assess the perceptions and beliefs of women of reproductive age regarding the use of pregnancy-related health services. The survey revealed that the financial risk of paying out-of-pocket for health services, poor attitude and unavailability of health workers, and inhibiting religious and traditional beliefs dissuaded pregnant women from accessing health services. Nearly 60% of the women interviewed did not deliver in a health facility. Traditional birth attendants (TBAs) were reportedly the preferred service providers in the communities because of their availability, accessibility, and affordability.

In response to this research and as part of its work to provide support and technical assistance to government and non-government agencies, as well as develop local expertise to build capacity for leadership and management, PLAN-Health adopted a multi-pronged systemic approach engaging both public sector institutions (PSIs) and civil society organizations (CSOs).

PLAN-Health worked with PSIs in Akwa Ibom to ensure an enabling environment for service provision and consistent supply of services. Highlighted activities included:

- Design and implementation of a ward model for community-based health insurance (CBHI) to improve financial access to health care services and reduce out-of-pocket payments
- Provision of support to the state to mobilize and manage human resources for health (HRH) to reduce health care manpower shortages
- Support to the state to collate and use HIV & AIDS and other health data for decision-making through strengthening health management information systems (HMIS)
- Strengthening the leadership, governance, and institutional capacity of various PSIs, including the Akwa Ibom State Agency for the Control of AIDS (AKSACA) and Akwa Ibom State AIDS and STD Control Program (AKSASCP)
- Support to Akwa Ibom State Government to develop a governance framework with policies to guide the activities of TBAs



**60%**  
of the women interviewed did  
not deliver in a health facility

PLAN-Health worked with CSOs to enhance demand-creation for HIV & AIDS and other health services, as well as active engagement of community structures. To strengthen the organizational system capacity of CSOs, PLAN-Health conducted organizational assessments for select CSOs, using the National Harmonized Organizational Capacity Assessment Tool (NHOCAT) to establish a baseline, identify gaps in their organizational systems capacity, and determine interventions for capacity-building and technical assistance. The results of this assessment informed a holistic package of interventions that were institutionalized and adapted within the organizations. Interventions included:

- Board governance development to strengthen governance and promote sustainability
- Financial management support to ensure proper management of budget and tracking of expenditures
- Resource mobilization and proposal writing support to diversify funding sources for sustained service provision
- Leadership development to strengthen and entrench leading and managing best practices
- Gender mainstreaming to ensure gender-sensitive programming
- Monitoring and evaluation (M&E) systems strengthening and technical assistance to track progress, review, develop and revise policy manuals





## HEALTH SYSTEM INTERVENTIONS AND ACTIVITIES



### Strengthening Public Sector Institutional Capacity

#### Leading and managing for positive health outcomes

PLAN-Health trained key officials and senior management staff of the Akwa Ibom State Ministry of Health (MoH) on leadership and management to develop their skills as health service leaders, managers, and providers. Team-building workshops were conducted with other state MoH staff. In 2014, 120 MoH medical doctors were trained on leading and managing practices.

#### Improving data collection and reporting

In 2014, 31 LGA M&E officers were trained on information, communication, technology skills and the use of district health information system software (DHIS) 2.0, which enabled the team to migrate from the paper-based system to the DHIS 2.0 platform, thereby improving the health data reporting rate by 70%. AKSASCP also improved in data reporting from 2011 to 2014 for several program areas, such as prevention of mother-to-child transmission of HIV (PMTCT) (0.1% to 86%), HIV counseling and testing (HCT) (0.45% to 68.3%) and antiretroviral therapy (ART) (0.3% to 83.8%).

#### From fragmentation to coordination of existing key groups

PLAN-Health supported key stakeholders in the state to develop, disseminate, and use Coordination and Partnership Guidelines for the HIV & AIDS response. The project also supported AKSASCP and AKSACA to develop and implement operational plans that coordinate HIV & AIDS activities in the state. AKSASCP reported 71% completion of activities of its 2013 to 2014 operational plan. Before PLAN-Health support, the department had never developed an operational plan. PLAN-Health also supported AKSACA to develop and



manage its website ([www.aksaca.gov.ng](http://www.aksaca.gov.ng)) to disseminate its guidelines and better coordinate the state's HIV response.

In 2013, the project worked with AKSASCP to conduct bimonthly PMTCT alignment meetings to improve use of health services in facilities and coordinate PMTCT activities in the state with a focus on emerging issues, such as TBA activities and operational research. The meetings established a framework for the health sector HIV response (prevention, treatment, care, and support) in the state. It grouped all implementing partners (IPs) working in PMTCT/treatment, local government officials, and CSOs working in HIV to ensure effective and improved coordination of all HIV/STD interventions in the state. The meetings focused on aligning IPs working in similar focus areas to reduce duplication of services; they also enabled increased program outcomes and better reporting of intervention activities. Thus the state was able to increase the number of PMTCT sites from 34 in 2011 to 393 in 2014. The number of persons accessing PMTCT services rose from 18,000 in 2011 to 117,000 in 2014.

One output of the meeting was a TBA directory that identified 2,795 TBAs in the state. Additionally, PLAN-Health aided the government to formulate a policy framework around five thematic areas (regulation, coordination, monitoring, supervision training, and PMTCT) to guide the engagement of TBAs to improve standards of care and curb malpractice in order to reduce maternal, neonatal, and child mortality in the state. PLAN-Health provided technical assistance for developing the following documents:



- Trainer and participant manuals and guidelines for the training of traditional and faith-based birth attendants
- Guidelines on the regulation of activities of traditional and faith-based attendants
- Coordination guidelines for traditional and faith-based attendants
- Guidelines for the monitoring and supervision of traditional and faith-based birth attendants
- Guidelines on PMTCT
- Hospital internship logbook for traditional and faith-based birth attendants

### Strengthening Civil Society Institutional Capacity

PLAN-Health provided targeted technical assistance to nine CSOs in the state. Interventions included training workshops, technical sessions, virtual and on-site coaching, and short-term embedment of technical experts within the CSOs. The main areas of focus were leadership and management capacity development, financial management, board development, M&E, and resource mobilization. In 2014, PLAN-Health also provided small grants to the CSOs to strengthen their financial management systems and enable them to provide demand-creation services for PMTCT in the state.





## Results from PLAN-Health's engagement with CSOs in Akwa Ibom State (as of September 2015):

- **6 CSOs** passed the USAID pre-award assessment and can now receive direct funding from the US Government
- **9 CSOs** were trained on resource mobilization and raised **1.2 million US dollars** in new funding
- **9 CSOs** showed at least **10%** improvement from the baseline on their NHOCAT assessment
- **7 CSOs** implemented their Leadership Development Program actions plans<sup>4</sup>
- **9 CSOs** successfully implemented the small grants with the following results:
  - **560** male partners attended at least one ANC visit with their partners
  - **526** pregnant women were HIV counselled, tested, and received their results
  - **1,272** pregnant women completed a minimum of 4 ANC visits
  - **1,518** pregnant women completed ANC referrals by TBAs



**560**

*male partners attended at least one ANC visit with their partners*

4 MSH's Leadership Development Program (LDP)

## Building Local Capacity for Leadership and Management

The PEPFAR Health Professionals' Fellowship Program, funded by PEPFAR/USAID and implemented by MSH, was designed to improve and strengthen the management and leadership capacity of individuals delivering HIV & AIDS services to enable them to tackle challenges in their environment and achieve positive health outcomes. Thirty-nine Akwa Ibom health professionals from primary health centers (PHCs), secondary facilities, AKSACA, the state MoH, and CSOs participated in the fellowship program in 2013 and 2014. Comprehensive capacity-building of health workers through the program has had a positive impact on PMTCT in the state. PEPFAR Fellows conducted advocacy visits to policymakers, key community stakeholders; gatekeepers, religious leaders, and community rulers to ensure support and access to target groups in the communities/LGAs where they served. They organized support groups for pregnant women and their partners, sensitized communities on PMTCT and ANC, and counseled and tested women of reproductive age and pregnant women for HIV.

### Some outcomes from the Fellows' activities include:

- PMTCT data reporting in AKSACA improved from **0% to 38.9%**
- **567** new attendees were enrolled for ANC
- **1,432** persons were counselled and tested for HIV and received results
- **12,762** received PMTCT and prevention messages
- **90** TBAs were trained on referrals for PMTCT
- **500** TBAs received PMTCT sensitization messages
- **261** health workers were trained on PMTCT



**261**

*health workers were trained on PMTCT*

## Improving Financial Access to Health Care Services

In order to improve equitable access and protect the poor and other vulnerable groups from catastrophic out-of-pocket costs at the point of service, PLAN-Health provided technical assistance to Akwa Ibom State to design and implement a viable and innovative ward-based CBHI scheme – The Ukana West Ward II CBHI scheme which is the first community-led, owned and funded CBHI scheme in Nigeria. In 2014, PLAN-Health organized a knowledge exchange and learning visit for key Akwa Ibom state MoH personnel to understudy CBHI best practices in Lagos State and develop and disseminate the CBHI Handbook during the 7th State Council on Health led by the Deputy Governor of the State. PLAN-Health also supported the state to conduct health facility assessments at two select facilities to determine readiness for the CBHI program, using the National Primary Health Care Development Agency (NPHCDA) minimum guidelines and standards.

PLAN-Health initiated the state technical working groups (TWGs) on CBHI, and conducted a capacity-building training for TWGs on the ward-based model adopted for the CBHI scheme. PLAN-Health also trained CBHI Board of Trustees, state MoH, PHC, and National Health Insurance Scheme (NHIS) staff on CBHI standard operating procedures (SOPs), setting up drug management systems, and board policy and operation for the CBHI scheme. PLAN-Health also revived dormant primary structures in the state, such as the ward development committees and village development committees.



PLAN-Health supported the official launch of the CBHI scheme at the Ukana West Ward II, Essien Udim LGA, Akwa Ibom State in August 2014 and supported the development of an online enrolment platform for the scheme. By September 2015, 486 individuals were enrolled in the program.

### Snapshot of the Ukana West Ward II CBHI scheme

Category	Details
Launch date	August 2014
Location	Ukana West Ward II, Essien Udim LGA, Akwa Ibom State
Ownership	Community-owned, led, and managed by a board of trustees elected by the community
Membership	Residents of Ukana West Ward II and its environs
Type of scheme	Voluntary. No person can be excluded from membership
Premium	Individual: 3,000 Naira /year (\$15) Family of 6: 2,400 Naira /year (per person) (\$12) Additional family member: 1,800 Naira /year (\$9)
Unit of enrollment	Individual, family
Benefit package	National Ward Minimum Package
Health facilities	Primary services are provided by Ukana Ikot Ide PHC and referral services by Cottage Hospital Ukana
Referral package	Customized package
Co- payment	50 Naira (\$0.25) per visit at PHC. None at referral
Payment/contribution period	Annual single payment or payments in two instalments
Provider payment system	Capitation for PHC and fee for service for referral hospital
Waiting period	One month after registration and completion of payment



## IMPLEMENTATION CHALLENGES IN AKWA IBOM STATE

When implementing activities in Akwa Ibom State, PLAN-Health experienced bureaucracy within PSIs that resulted in considerable delays in carrying out planned or proposed activities. There was often poor implementation of action plans developed during training workshops and technical assistance visits, mainly due to the PSIs' weak accountability structures. The frequent delay of funds for planned activities held up implementation of operational and strategic plans. Many PSIs also lacked staff to follow up on organizational systems strengthening activities. Insufficient and poorly motivated HRH in the state negatively impacted the supply component of health service provision. The health workforce is inadequate to cater to health needs in the state and workers have low motivation, leading to periodic strikes, especially at the PHC level.

In addition, there were frequent changes in the state health administration and leadership. Akwa Ibom State had three commissioners of health during the life of PLAN-Health. As such PLAN-Health had to undergo a process of engagement with each commissioner, which often led to delays in implementation of activities.

While the CSOs utilized PLAN-Health grants to create demand for ANC and other PMTCT services, facility-based deliveries were still low due to patronage of TBAs. PLAN-Health's operational research highlighted the reasons: unruly attitude of facility staff, insufficient health staff to attend to patients, facilities closed at night (usually the time when most deliveries take place), a lack of basic infrastructure for safe deliveries, and cultural beliefs and practices all contributed to low delivery rates. A strike of state health workers led to a halt in CSO referral activities such that the grants contract period had to be extended.



There were also multiple challenges implementing the Ukana West Ward II CBHI scheme. Enrollment into the scheme was very slow as people were reluctant to join. This was due to their expectation of free health care to be provided by the state government. One of the unique features of the scheme is the Community Health Development Fund, which was set up to pay for referrals to the Cottage Hospital. However, contributions to the Fund have been extremely slow. The absence of a Fund secretariat also made it difficult to coordinate resource mobilization activities.

Community ownership of the scheme is evidenced by the election of community members to the board of trustees. However, the board members found it hard to adjust to their voluntary role, without salary or incentives, and therefore often lacked the necessary commitment to provide oversight for the scheme.

Finally, the PHC staff associated with the CBHI scheme had high expectations for incentives to provide health services through the scheme. Their commitment dropped off when these were not forthcoming. This was coupled with the loss of revenue obtained from the sale of drugs and services to patients.





## KEY LESSONS LEARNED

- To be effective, health systems strengthening efforts must be implemented simultaneously on different fronts and must align with national and state priorities. In Akwa Ibom State, PLAN-Health focused on multiple building blocks for comprehensive, systemic impact. Interventions centered on leadership, management, and governance; HRH; health financing; HMIS; and partnerships and coordination.
- Demand, supply, and an enabling policy environment are essential elements that must be tackled in order to ensure consistent availability of quality health services to achieve positive health outcomes. PLAN-Health considered this in its interventions and engagement of key actors and institutions.

***“I would like to appreciate PLAN-Health as they have impacted positively on management and coordination responsibilities. The way we do things now in AKSASCP is different on the positive side and I can ascribe 65% to 70% of the improvement to Plan-Health between 2013 and now.”***

**—State coordinator, AKSASCP**

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