

**Project:** Strengthening maternal healthcare services at primary healthcare centres (PHCs) in marginalised communities of Ogun State

Implementation Period: 20 months

Implementing Partner: JDPC Ijebu Ode

January 2023

## **Introduction**

The importance of an efficient healthcare delivery system for the general well-being of a society cannot be overstated. This is why governments worldwide commit significant funds to the health sector. A healthy society is often equated with a prosperous one. However, globally, women and children are among the most vulnerable groups in society, particularly in African countries. Maternal mortality and child death rates remain major areas of concern at the international level and finding ways to tackle this issue has become increasingly challenging.

In the last two years (2019-2022), efforts were made to reduce maternal mortality in Ogun State, Nigeria, using the SPARK model (Strengthening Public Accountability for Results and Knowledge). This report details the outcomes of this engagement.

## **Problem Statement**

### **High Maternal Mortality Rate:**

- The maternal mortality rate in Nigeria is among the worst in the world, with 917 deaths per 100,000 live births in 2017.
- The lifetime risk of a Nigerian woman dying during pregnancy, childbirth, postpartum or post-abortion is 1 in 22, in contrast to the lifetime risk in developed countries, estimated at 1 in 4,900.
- The problem analysis conducted by JDPC Ijebu Ode/IBP SPARK connects the high maternal mortality rate in Ogun State to delays in receiving skilled pregnancy care.

### **Urban-Rural Disparities:**

- There are marked urban-rural differences, with outcomes worse in rural areas compared to urban areas.
- Budgetary allocation and spending aimed at improving obstetric care services outcomes for the past four years have focused more on the secondary and tertiary health facilities in urban areas, neglecting the primary health care centres in rural communities.
- Only 35% of women in rural areas received antenatal care from a skilled provider, compared to 86% of women in urban areas.
- Only 23% of births in rural areas were attended by a skilled birth attendant, compared to 67% in urban areas.

### **Shortage of Skilled Human Resources, Equipment, and Infrastructure:**

- Acute shortage of skilled human resources that can perform basic emergency obstetric care services in 251 communities across 11 Local Government Areas (LGAs) in Ogun state.
- The clinics in rural areas lack the required equipment for safe delivery and obstetric care.
- Medical supplies like drugs and other essentials are largely unavailable in rural clinics.
- The clinic buildings are dilapidated and need to be renovated, as oftentimes things like the walls, roofs, floor, toilet etc. are not ideal for safe delivery and obstetric care.
- The federal government of Nigeria introduced the Midwives Service Scheme (MSS) in 2009 to fill the healthcare human resource gaps and rapidly increase the availability of skilled birth attendants, especially in rural communities.
- Despite the introduction of the MSS, the shortage of skilled human resources, equipment and infrastructure in rural areas remains a major challenge in improving maternal and child health outcomes in Nigeria.

### **Other Contributing Factors:**

- Limited access to transportation and poor road infrastructure in rural areas also contribute to the delay in receiving skilled pregnancy care.
- Inadequate funding and poor management of health facilities also contribute to the poor maternal and child health outcomes in Nigeria.
- A lack of community awareness and education on maternal and child health also plays a role in the high rate of maternal mortality in Nigeria.

### **Solutions captured in the Charter of demand of the Community Development Association CDA:**

- Address the shortage of skilled human resources, equipment and infrastructure in rural areas.
- Improve access to transportation and infrastructure.
- Increase funding and improve management of health facilities.
- Increase community awareness and education on maternal and child health.
- Ensure the availability of medical supplies and drugs in rural clinics

### **SPARK model**

The Strengthening Public Accountability for Results and Knowledge SPARK model focuses on five key areas: bolstering agency, reform coalition, accountability ecosystem, enabling environment, and ideas, norms, and discourse.

- **Bolstering agency:** This refers to building the capacity of movements and community-based actors to effectively advocate around service delivery issues.

- **Building a reform coalition:** Bringing together stakeholders from civil society, movement actors, and other key players to work towards common goals (around service delivery challenges).
- **Strengthening the accountability ecosystem:** Establishing capabilities to navigate the systems and assert pressure on the institutions where governance decisions are made.
- **Creating an enabling environment:** Factors such as the rule of law, media freedom, and citizen participation are crucial in creating a supportive environment for accountability efforts.
- **Shaping ideas, norms, and discourse:** Influencing public attitudes and perceptions of accountability and governance through underlying beliefs, values, and discourse.

The SPARK model aims to provide a comprehensive approach to addressing governance and accountability issues by considering all these different themes in the context of a particular community.

SPARK in Ogun State focuses on three main outcome areas:

- **Outcome 1:** Community groups (CDAs) and their coalition partners acquire increased capacity to collectively engage and influence service delivery and budget systems for primary healthcare delivery.
- **Outcome 2:** Improved fiscal policies for more responsive primary healthcare programs.
- **Outcome 3:** Community groups (CDAs) engage in participatory mechanisms for planning, budgeting, and oversight of primary healthcare services.

The report will detail the actions taken, the results achieved, the challenges faced, and the conclusions and recommendations for future actions. The project team believes that this project serves as a valuable model for future initiatives aimed at improving maternal health outcomes in Nigeria and similar contexts.

## **Project Implementation**

### **Selection criteria**

- The project used a purposive sampling method to select communities and Local Government Areas (LGAs) with high maternal mortality rates and limited access to primary healthcare services to ensure representation in the population.
- The initial implementation was focused on three LGAs: Ijebu East, Ijebu North East, and Remo North, where maternal health challenges were more pronounced.
- Following requests from Community Development Association (CDA) members in similar areas facing similar challenges, the project was scaled to eight additional LGAs (The Local Government Areas are Abeokuta South LGA, Ipokia LGA, Imeko Afon LGA, Ikenne LGA, Odeda LGA, Ewekoro LGA, Yewa North LGA, Yewa South LGA)

- The expansion helped address concerns about the project being concentrated in a specific area dominated by an ethnic group, as there are four major ethnic groups in the state.
- The addition of these communities to the coalition of the project through strategy meetings helped to broaden the scope of the project.

### **Technical Support Received from IBP/SPARK**

The IBP/SPARK technical coordinator conducted a thorough analysis (Problem analysis, Mapped the accountability ecosystem, Drew the decision-making matrix in government (federal, state and local government), reviewed and identified the priority of the government and conducted a comprehensive public health expenditure review). The main issues identified were:

- Difficulty in mobilising enough resources for healthcare, particularly in rural areas
- Lack of focus on healthcare in government spending, with a focus on infrastructure projects like roads and big hospitals instead.
- Lack of transparency in local government finance
- No formal system for citizens to provide input on the state budget

SPARK targeted two Federal government programs aimed at supporting sub-national governments in order to strengthen the primary healthcare system (without putting significant pressure on state resources).

These programs are:

**Midwives Service Scheme (MSS):** Implemented in 2009 to address maternal mortality rates, but resources are allocated based on overall maternal mortality rates for the state rather than specific data from rural communities, leading to a disproportionate distribution of resources to some states and ongoing struggles with high maternal mortality rates in states like Ogun.

**Basic Healthcare Provision Fund (BHCPF):** Set up and funded by the federal government in 2018, with the federal government committing to partially financing the fund by providing an annual grant of at least 1% of its Consolidated Revenue Fund. However, state governments are required to meet certain conditions to access the funds. In order to access funds through the NPHCDA Gateway, states are required to meet certain preconditions.

These include:

- **Field Assessment of PHC Facilities:** States are required to conduct a field assessment of primary healthcare facilities to determine their baseline condition and track improvements across ten thematic areas, such as infrastructure and staffing. This assessment is state-based and funded.
- **Capacity Building:** States are also required to provide training for health workers and Ward Development Committee members on how to manage the BHCPF program.
- **Financial Reporting Framework:** States are required to develop and train Facility Health Officers on the financial reporting frameworks.

- Verification: Verification exercises ensure that all selected primary healthcare facilities meet the minimum requirements to receive funds from the BHCPF and provide quality services. This includes having a functional bank account.
- These preconditions are put in place to ensure that the funds are used effectively and efficiently, and that the primary healthcare facilities meet the standard required to provide quality healthcare services to the community.

The IBP/SPARK Technical Support team recognised the challenges faced by these programs in the past, and thus targeted these programs in the advocacy and campaign strategies.

**Challenges:**

- Under the MSS scheme, resources are allocated based on overall maternal mortality rates for the state rather than specific data from rural communities, leading to a disproportionate distribution of resources and ongoing struggles with high maternal mortality rates in some areas.
- State governments often show reluctance to meet the required 25% counterpart funding and support under both the MSS and BHCPF programs.
- Failure of the federal government to contribute the 1% of its consolidated revenue fund as committed to the BHCPF.
- Political interference in the constitution of Ward Development Councils can also be a major issue.
- Implementation of the programs can be slow in some states due to a lack of completion of prerequisite activities, such as baseline assessments and capacity building, which are state-funded activities.
- High turnover rate of skilled frontline health workers impede progress, as it results in the late retirement of funds and stalling the ability of states to draw more funds from the BHCPF under the NPHCDA gateway.
- Officer-in-charge and Chairman of Ward Development Councils prepared business cases and prioritised projects for primary health care facilities without consulting other council members, leading to lack of community participation.
- Lack of adequate funding and non-release of allocation for 2019 and 2020 into the Basic Health care provision fund
- There is often a lack of a robust feedback mechanism between the Ward Development Committee ( citizen-government oversight committee over primary health care centers) and the Ogun State primary healthcare development board.
- There is no structured public procurement system at the facility level to align expenditure to global best practices and no structured system for reporting and auditing accounts at the facility level.

**Key focus of budgetary advocacy:**

**Federal Government/Budget office of the federation:**

- Use of community-level data to determine primary healthcare facilities supported under the MSS.

- Budgetary allocation under the expanded MSS program should be disaggregated by geopolitical zone.
- Payment of all outstanding obligations to the BHCPF (approx. N150 billion between 2018 and 2021)

**National Primary Healthcare Development Agency:**

- Publication of quarterly figures of funds disbursed, beneficiaries, and locations of primary healthcare centers benefiting from the BHCPF through the NPHCDA's gateway.
- Publication of the Field Assessment of Primary Healthcare Facilities submitted by states and annual reports on progress to ensure funds are meeting desired outcomes.

**Ogun State Government:**

- Creation of a budget line for the 25% counterpart fund for the BHCPF gateways, reflected in the state's proposed and enacted budget.
- Training and retraining of Officer-in-charge of facilities and members of the ward development council to prepare business cases and render accounts in a structured way.

**Ogun State Primary Healthcare Development Board:**

- Establishment of a robust feedback mechanism for communication and information sharing between ward development councils and the SPHCDB.

**Overview of Actions taken by agency group and coalition members in line with SPARK model**

**Phase 1: Formation of the Women coalition on Maternal health in Nigeria**

- The first level of activities for the agency group involved holding inception meetings 60at the community level to share experiences and information on previous advocacy efforts related to primary healthcare services and maternal health in Ogun State. 60 representatives, all women, were nominated to represent their communities at the state level, forming the coalition called Ogun Women for Maternal Health (OWFMH).
- In line with the SPARK strategy, OWFMH extended invitations to various women's groups working to improve maternal health outcomes in Ogun state, including FOMWAN, NASFAT-Women's Group, Women wing of Christian Association of Nigeria (WOWICAN), National Council Women Society (NCWS), Catholic Women Organization (CWO), Association of Small Scale Agro Producers of Nigeria (ASSAPIN), and Center for Grassroots Economic Empowerment (CGEE). 20 women representatives were selected from these organised groups to join the 60 representatives from the CDAs.
- OWFMH also met with associations of front-line health workers, such as the Forum of Local Government Nurses and Midwives, National Association of Nigeria Nurses and Midwives, Association of Medical Laboratory Scientists, Health Educator Association, Community Health Extension Workers, Junior Community Health Extension Workers, and Association of

Medical Records and Information Management. These unions signed an MOU to jointly advocate with the coalition around improving maternal health outcomes.

- Finally, OWFMH wrote an advocacy letter to the Ministry of Women Affairs, the wife of the Governor, and the Speaker of Ogun State, outlining their concerns and recommendations for improving maternal health outcomes in the state.

## **Phase 2: Evidence around Service Delivery failure**

- The second level of activity for the agency group focused on gathering evidence, solidifying collaborations with key groups, and taking collective advocacy actions. Following the meetings held with state representatives of CDAs, front-line health workers, and women's groups, the proposal to increase the number of targeted local governments was agreed upon, with the focus being on PHCs in rural areas. The new local government areas added to the targeted list were Ikenne, Yewa North, Yewa South, Ipokia, Imeko-Afon, Odeda, Abeokuta South, and Ewekoro.
- Community meetings were organised with representatives from the added LGAs, where members from the initial targeted LGAs shared their experiences and engaged in discussions. It was agreed that gathering evidence on the state of PHCs was important for advocacy efforts and that community representatives should lead the evidence-gathering process.
- To ensure the technical accuracy of the assessment, a social research consultant was appointed to develop the assessment tool. The tool was made available to the PHCs Coordinator at the Local Government Level, and their observations were captured and used to fine-tune the tool. The focus of the assessment was on the clinic's infrastructure, personnel, and activities, specifically designed to capture issues around maternal health.
- To gather the evidence, an electronic survey platform (Surveytogo) was used, and experienced data collectors were employed. DCOs and PCOs were trained on the electronic survey platform, and the assessment tool and a 2-day training session were organised for representatives leading the team. Before the exercise, a pilot study was carried out using the e-survey platform, and a revalidation meeting on the tool was organised.
- After the validation, the evidence gathering took place over a period of 5 days, covering 11 LGAs with 200 PHCs facilities. The exercise was carried out by 49 DCOs, 19 PCOs, and 10 supervisors ( with CDA members support) .
- After the evidence-gathering exercise, the data was analysed, and a report was generated highlighting the key findings and recommendations for improving maternal health outcomes in the targeted local government areas. This report was shared with the stakeholders, including the Ministry of Women Affairs, the wife of the Governor, and the Speaker of Ogun

State, as well as the front-line health workers associations and the women's groups that were part of the coalition.

Based on the findings of their evidence-gathering efforts, the coalition, Ogun Women for Maternal Health (OWFMH), planned and executed a series of advocacy actions, including

- Meetings with key decision-makers in the state government to present the findings and recommendations of the report and to advocate for increased funding and resources for maternal health in the targeted local government areas.
- Community mobilisation and awareness-raising campaigns to educate and empower the local communities to demand better maternal health services from the government.
- Collaboration with the media to highlight the issues and challenges faced by pregnant women and new mothers in the targeted local government areas and pressure the government to take action.
- Coordination with the front-line health workers' associations to jointly advocate for better working conditions and incentives for health workers in the targeted local government areas.
- To enhance engagement and participation in public finance management, the agency group, in partnership with representatives from front-line health workers and organised civil society organisations (CSOs), received a series of virtual training on budget analysis, budget tracking, and budget advocacy. This strengthened the coalition, and during the COVID-19 lockdown, a virtual meeting was hosted to further garner public support.
- With the evidence gathered, the agency group, trained around budget advocacy and with the support of the union of front-line health workers, civil society in Ogun state, and the media, OWFMH organised the first town hall meeting on improving maternal health in Ogun State. The Wife of the Governor of Ogun State, the Executive Secretary of Ogun State Primary Health Development Board, and Representative from the Ministry of Budget and Ministry of Health attended. OWFMH shared the evidence and enrolled the support of the wife of the government. The evidence gathered was presented to the state representatives, and human-angle stories of the challenges faced by pregnant women were shared during the meeting.
- The agency group, along with organised civil societies, followed up on the commitments made by the state representatives during the meeting to ensure that they were being implemented and maternal health outcomes in Ogun state improved over time.

### **Phase 3: IBP Technical Coordinator's Support and Advocacy effort targeted at Public finance management issues.**

The coalition, Ogun Women for Maternal Health (OWFMH), wrote advocacy letters to the Federal Government, Ministry of Budget, Finance, and National Planning, and the Budget office of the federation, on the following issues:

- Use of community-level data to determine primary healthcare facilities supported under the Maternal, Newborn, and Child Health (MNCH) program, and the Midwives Service Scheme.



- Budgetary allocation under the expanded MSS program should be disaggregated by geopolitical zone in order to ensure that resources are being distributed equitably across different regions of the country.
- Payment of all outstanding obligations to the Basic Health Care Provision Fund (BHCPF), which amounted to approximately N150 billion between 2018 and 2021.

OWFMH also wrote letters to the Ogun State Government on the following issues:

- Creation of a budget line for the 25% counterpart fund for the BHCPF gateways, which should be reflected in the state's proposed and enacted budget.
- Training and retraining of the Officer-in-charge of facilities and members of the ward development council to prepare business cases and render accounts in a structured way in order to increase transparency and accountability in the allocation of resources.
- Enrolling the state back into the Midwives Service Scheme, which provides funding and support for the training and retention of midwives in underserved areas.

The letters were aimed at addressing the issues that affect maternal health outcomes in the state and putting pressure on the government to take action.

#### **Phase 4: Advocacy**

As part of their ongoing advocacy efforts, the coalition, Ogun Women for Maternal Health (OWFMH), utilised various media platforms to amplify their voices and gather support for their cause.

- In partnership with the National Association of Women Journalists (NAWOJ), a free 3-hour live radio program was dedicated to discussing issues related to primary healthcare centers and their impact on maternal health.
- A 62-week live program was dedicated in two radio stations to discuss issues around primary healthcare centers and provide a platform for community members to share their experiences and concerns.
- The coalition also utilized social media, adopting the hashtag #fixmyphc for engagement and awareness-raising.
- In celebrating the International Day for Maternal Health, the women's group organized a press conference to make their requests for the rehabilitation of primary healthcare centers, provision of drugs, and adequate health personnel at the facilities.
- With the support of civil society organizations, a march was organized with over 500 women in attendance to further draw attention to the issue and put pressure on the state government to take action. The march was attended by representatives from the Office of the Ministry of Women Affairs and the Speaker of the Ogun State House of Assembly.
- Following the commitments made during the first town hall meeting, another town hall meeting was conducted by the women's group, CDAs, CSOs, and the media. The Commissioner for Health and the Executive Secretary of the Ogun State Primary Health Care Development Board were present at the meeting to discuss the progress made and to further advocate for improving maternal health outcomes in Ogun state.

## **Overview of Activities by Outcome areas**

**Outcome 1:** Citizens group demonstrates collective capacity to influence decision makers to address identified PHC service delivery issues.

- Held series of strategy meetings for agency groups (CDAs) at all levels to strategize, reflect, take stock, and share experiences on how to strengthen WDCs and engage frontline health workers in oversight activities.
- Updated the charter of demands with recent findings from facility assessments, community scorecards, budget analysis budget tracking, and facility assessments.
- Facilitated meetings with a coalition of civil society organisations, frontline health workers, media, social media influencers, traditional rulers, political party leaders, and others to address service delivery issues.
- Launched digital campaigns and held advocacy visits with key stakeholders to address service delivery issues.
- Held regular review and reflection meetings before and after advocacy efforts to share experiences and plan for engagement with government authorities.

**Outcome 2:** Decision makers collaborate with community groups to improve oversight and bridge PHC service delivery gaps.

- Updated facility assessments for PHCC services with validation from frontline health workers and the Oyo State Primary Health Care Development Agency.
- Undertook community scorecards to track availability of drugs/vaccines and quality of infrastructure at primary health care centers, published quarterly.
- Engaged government stakeholders on scorecard findings at all levels.
- Monitored budget execution and equipment deployment at PHCCs and published quarterly reports.
- Engaged government stakeholders on budget tracking findings, collaborated with relevant agencies and provided capacity building for community groups, effective communication and dissemination of information and sustainability planning.

**Outcome 3:** Improved service delivery and oversight at primary healthcare centers.

- Regular monitoring and evaluations were conducted to identify areas for improvement and strategies were adjusted accordingly.
- Collaboration with relevant government agencies and departments were established to ensure coordination and alignment of efforts.
- Capacity building for community groups were provided, including training on advocacy, monitoring and evaluation, and community mobilization.
- Effective communication and dissemination of information to project participants, stakeholders, and the general public were ensured to ensure transparency and accountability.

- Sustainability planning were done to ensure that the project's impact is long-lasting and the community groups are equipped to continue the efforts after the project ended.

## **Results and Outcomes**

Overall, the project successfully achieved its objectives of empowering community groups despite the short implementation period, improving the overall healthcare delivery system, and increasing accountability of the government to improve maternal health outcomes in Ogun State. The project's results demonstrate a significant increase in the capacity of community groups to engage and influence service delivery and budget systems for primary healthcare delivery, as well as an improvement in fiscal policies for more responsive primary healthcare programs in the state and the engagement of community groups in participatory mechanisms for planning, budgeting, and oversight of PHC services.

The outcome of the Ogun Women for Maternal Health campaign was that the citizens' group successfully demonstrated their collective capacity to influence decision-makers to address identified Primary Health Care (PHC) service delivery issues. Over 35,249 community members participated in 45 strategy meetings, which identified and addressed 12 issues in the charter of demands. Advocacy visits were held with 27 government officials and decision makers, and 60 members of the coalition received training on budget tracking and advocacy, as well as 110 Community Development Associations (CDAs) and 10 frontline health workers.

As a result of this engagement, decision makers collaborated with community groups to improve oversight and bridge PHC service delivery gaps. 261 facility assessments were updated, 4 community scorecards were conducted and published, and 5 government stakeholders were engaged on the findings. Budget tracking activities were conducted, and there was an increase in the proportion of the Health sector budget allocated to Ogun state primary health care development board, from 4.2% in 2020 to 25.42% in 2021 and 23.11% in 2022.

Additionally, community groups (CDAs) engaged in participatory mechanisms for planning, budgeting, and oversight of PHC services. Town hall meetings were organized, and 20 CDAs, 8 Media Houses, 15 frontline health workers, and 80 women were represented, with 5 state representatives present and committing to support and improving maternal health outcomes in Ogun State. Participatory budgeting was introduced in 3 selected Local Government Areas (LGAs) resulting in an increase in transparency and accountability in the allocation and utilization of funds for maternal health. Regular monitoring and evaluation visits were conducted by the project team in collaboration with the CDAs to track the progress and impact of the project on maternal health outcomes in the communities (630 visits).

## **Key Performance Indicators for Improving Service Delivery and Oversight at Primary Healthcare Centers in Ogun State**

- Improved working conditions and incentives for front-line health workers in the targeted local government areas, leading to increased motivation and retention of health workers in these areas.  
<https://www.premiumtimesng.com/regional/ssouth-west/412412-ogun-govt-to-pay-health-workers-10-one-time-bonus.html>  
<https://www.premiumtimesng.com/news/top-news/567636-nigerian-govt-set-to-review-health-workers-salary-structure.html>
- Increase in transparency and accountability in the allocation and utilisation of funds for maternal health in the communities.  
Ogun state published its 2020, 2021 & 2022 detailed budget document ( Executive budget proposal, Enacted budget, In-year reports, year-end report and Audit report)  
<https://www.ogunstate.gov.ng/>
- Increased funding and resources allocated by the state government to maternal health services in the targeted local government areas. Increase in budget allocation to primary health care in Ogun state (from N2.3 billion in 2020 to N8.89 billion in 2021 & N7.93 billion in 2022). Also dedicated resource was allocated to support states in the Southwest to recruit front-line health workers.
- Improvements in the infrastructure at primary healthcare centers, leading to better maternal health services for pregnant women and new mothers. Ogun State renovated 60 primary health care centres (the state government committed to renovating 100 PHCCs).
- Improvements in the availability of skilled personnel at primary health care centers.
- Increased community awareness and engagement around maternal health issues, leading to more informed and empowered communities who can hold the government accountable for improving maternal health outcomes.
- Improved working conditions and incentives for front-line health workers in the targeted local government areas, leading to increased motivation and retention of health workers in these areas.
- Overall improvement in maternal health outcomes in the targeted local government areas, including increased access to maternal health services and better quality of care provided.

### **Overview of Results by Outcome Areas**

Outcome 1: Community groups (CDAs) and their coalition partners acquire increased capacity to collectively engage and influence service delivery and budget systems for PHC delivery

- 60 members of the coalition ( Ogun Women for Maternal Health) received step-down training on budget tracking and advocacy.

- 110 Community Development Associations (representing the interest of over 2 million residents in 11 LGAs) received step-down training on budget tracking and advocacy.
- 10 front-line health workers (members of the Association of Nurses and Midwifery in Ogun State) received budget tracking and advocacy training as part of the coalition strengthening initiative.
- 10 organized civil societies working around service delivery failure in the health sector committed to supporting the Community Development Associations and collectively assert pressure on the Ogun state government to improve funding for programs aimed at improving maternal health outcomes.
- Media groups under the auspices of the Nigeria Association of Women Journalists (NAWOJ) agreed to support the campaign of the coalition (Ogun Women on Maternal Health). Ogun Women for Maternal Action was offered 3 free one-hour radio program slots where issues impeding maternal health outcomes were discussed.
- 2 Town Hall meetings were organized by Ogun Women on Maternal Health and co-organized by CSOs, Media, and CDAs. 20 CDAs, 8 Media Houses, 15 front-line health workers (in and out of service), 80 women were represented in the Town Hall meeting demonstrating collective agency.
- 5 State representatives were present at the Town Hall meeting (Wife of the Governor of Ogun State, Ministry of Budget, Commissioner for Health, Ogun State Primary Health Development Board, and Ministry of Finance) and made commitments on support and improving maternal health outcomes in Ogun State.

#### Outcome 2: Improved fiscal policies for more responsive PHC programs

- Ogun State Women for Maternal Health - an expanded coalition of women groups in Ogun State (representing over 2.5 million) built. Membership is drawn from the CDAs/trade unions/Women associations and other associations in the state.
- The budget performance for Ogun State Primary Health Care Development Board increased significantly by 74.15% from the 2020 level of N1.32 billion to the 2021 level of N8.89 billion.
- Budgetary provision to rehabilitate primary health care centres also increased from N1,300,000,000.0 in 2020 to N2,324,097,710 in 2021.
- The provision for the purchase of health and medical equipment also increased significantly from N 471,473,624 in 2020 to N 846,945,289 in 2021.
- Percentage increase in the proportion of Health sector budget allocated to Ogun state primary health care development board ( from 4.2percent in 2020 to 25.42% in 2021 & 23.11% in 2022).
- Increase in budget allocation to primary health care in Ogun state (from N2.3billion in 2020 to N8.89 billion in 2021 & N7.93 billion in 2022).
- Actual health sector spending as a percentage of actual revenue increased from a 2019 level of 7.53% to 58.65% in the fiscal year 2020. Ogun Women for Maternal Health did make a strong case for the state government to invest more state revenue in the health sector.
- Actual expenditure of the Ogun State Primary Health Care Development Board increased significantly from N299.8 million in the fiscal year 2019 to N450million in 2020 (notwithstanding the impact of the COVID-19 pandemic).

- 101 Primary Health Care Centers were able to draw funding from the Basic Health Care Provision Fund to rehabilitate, renovate, equip and procure drugs.
- Increase in budgetary provision to rehabilitate primary health care centers (from N1,300,000,000.0 in 2020 to N2,324,097,710 in 2021).
- Increase in provision for the purchase of health and medical equipment from N471,473,624 in 2020 to N846,945,289 in 2021.
- Increase in Actual health Sector Spending at a percentage of Actual Revenue from a 2019 level of 7.53% to 58.65% in the fiscal year 2020.
- The number of Primary health care centres that were able to draw funding from the Basic health care provision fund to rehabilitate, renovate and equip the centres. (101)
- Introduction of a budget line for counterpart fund for the basic health care provision fund ( 2020 - 0, 2021-0, 2022 - N196,701,730.25).
- The budgetary allocation for the Midwives Service Scheme has been increased to N2.5 billion, up from the 2018 and 2019 levels of N200 million and N915 million, respectively.
- The Federal budget was disaggregated, and budgetary allocation for the Midwives Service Scheme was made by geopolitical zones. The coalition's recommendation for increased allocation of funds to the Midwives Service Scheme in the southwest zone was accepted, resulting in a budgetary allocation of N353.2 million, or 14.12% of the total allocation to the Midwives Service Scheme.

Outcome 3: Community groups (CDAs) engage in participatory mechanisms for planning, budgeting, and oversight of PHC services

- 196 Ward Development Councils directly tracked and reported on happenings at the primary health care centres.
- In fiscal 2020 and 2021, Ogun Women for Maternal Health/CDAs participated in budget dialogues with key decision-makers at the state level. Feedback on happenings at Primary Health Centers was submitted to the state government.
- Ogun State Primary Health Care Board is committed to developing a policy that will train community members interested in becoming Midwives and recruit and retain them to serve the nominating communities for a specific number of years.
- The Ministry of Health committed to meeting all criteria necessary, including paying counterpart funds for the primary healthcare centres in the state to access the Basic Health Care Provision Fund. 101 primary healthcare centres have accessed the fund.
- The National Association of Nurses and Midwives, CDAs, Ogun Women for Maternal Health, and ten civil society organisations in Ogun state jointly hosted two town hall meetings, where eight key decision-makers attended and committed to implementing recommendations.
- Over 80 communities now have ambulances to convey pregnant women to the nearest comprehensive primary health care centres, general hospitals and teaching hospitals.
- 20 ultrasound machines have been acquired by the Ministry of Health

## Challenges

Despite the successes of the project, there were also a number of challenges that arose during its implementation. Some of these challenges included:

- **Resistance to change:** The project faced resistance from some members of the community who were not comfortable with the SPARK model - the idea of community groups engaging with government agencies and influencing service delivery and budget systems, which made it difficult to mobilise and engage community members effectively.
- **Logistical difficulties:** Coordinating and organising meetings and training sessions with the various community groups and coalition partners were a logistical challenge during the early stages of the project.
- **Limited understanding of the SPARK model:** Some community groups and coalition partners had limited understanding of the SPARK model and its components, which hindered their ability to fully engage and participate in the project.
- **COVID-19 pandemic:** The project also faced challenges as a result of the COVID-19 pandemic, which made it difficult to organise meetings and training sessions and also limited the ability of the project team to conduct field visits to the communities.
- **Language barriers:** Some community members, particularly those in rural areas, did not speak or understand the English language, which made it difficult to communicate effectively and engage with them. This required additional resources and effort to ensure that information was translated and communicated in a way that was accessible to everyone.
- **Limited data and information:** The project team faced challenges in obtaining accurate and up-to-date data and information on maternal health outcomes in Ogun state, which made it difficult to effectively measure the project's impact and progress.
- **Sustainability:** Ensuring the long-term sustainability of the project's results and the impact was a challenge as it requires continued support and engagement from community groups, coalition partners, and government agencies.
- **Measuring impact:** Measuring the project's impact on maternal health outcomes was challenging as it requires accurate data and information, which was not always available. Additionally, it also requires a long-term monitoring and evaluation approach.

Overall, the project faced several challenges throughout its implementation but was able to overcome them through a combination of innovative solutions, strategic partnerships, relationships and the dedicated effort of the implementing team and technical coordinator. Despite these challenges, the project was able to achieve its objectives and make a significant impact on maternal health outcomes in Ogun State. However, to ensure the long-term sustainability of the project's results and impact, it is important to continue to strengthen the agency of the OGFMH.

## Key Lessons

Overall, the project's results demonstrate that by empowering community groups, implementing a strong public participation system, and increasing transparency in government budget documents, it is possible to improve maternal health outcomes in Ogun State and similar contexts. The project's success can be attributed to the actions taken early on by the agency group and coalition members.

Key lessons that contributed to the project's success include:

- Empowering community groups and building their capacity to engage and influence service delivery and budget systems for primary healthcare delivery
- Building a reform coalition by bringing together stakeholders from civil society, movement actors, and other key players to work towards common goals
- Strengthening the accountability ecosystem by establishing capabilities to navigate the systems and assert pressure on the institutions where governance decisions are made
- Creating an enabling environment by focusing on factors such as the rule of law, media freedom, and citizen participation
- Targeting government programs, such as the Midwives Service Scheme (MSS) and Basic Healthcare Provision Fund (BHCPF), to address specific challenges and ensure effective and efficient use of funds
- Improving working conditions and incentives for front-line health workers, leading to increased motivation and information sharing.
- Increasing transparency and accountability in the allocation and utilisation of funds for maternal health.
- Increasing community awareness and engagement around maternal health issues leading to more informed and empowered communities that can hold the government accountable for improving maternal health outcomes.
- Achieving overall improvements in maternal health outcomes in the targeted local government areas, including increased access to maternal health services and better quality of care provided.
- Implementing a multi-faceted approach that combines capacity building, advocacy, and engagement with government agencies to achieve the desired outcome.
- Recognizing the importance of careful planning, strategic partnerships, and dedicated effort to overcome obstacles and achieve the desired outcomes.
- Using key performance indicators (KPIs) to measure progress and track improvements in service delivery and oversight at primary healthcare centers.
- Increase in actual health sector spending as a percentage of actual revenue increased due to the coalition's advocacy efforts, which likely helped to secure more state revenue for the health sector.
- Rehabilitation of clinics and provision of health and medical equipment, also contributed in the improvement of maternal health outcome. That may have been influenced by the wife of the governor, and the collective influence of the agency group.



In summary, the results achieved by the agency group and coalition members in the project can be attributed to a combination of factors, including capacity building, coalition building, evidence gathering, advocacy, and changes in budget allocation.

## **Conclusion**

The project aimed to improve maternal health outcomes in Ogun State by empowering community groups, improving the healthcare delivery system, and increasing government accountability. It was implemented using the SPARK model and involved a multi-faceted approach of capacity building, advocacy, and engagement with government agencies. The project was successful in achieving its objectives, but faced challenges that emphasized the importance of careful planning, strategic partnerships, and dedicated effort. The project's findings and results can inform future efforts to improve maternal health outcomes in Nigeria and similar contexts, but sustainability requires continued support from community groups, partners, and government agencies.