UNDERSTANDING THE RESILIENCE OF LOCAL GOVERNMENTS DURING THE COVID-19 PANDEMIC IN NIGERIA

What can we learn to strengthen primary health care and pandemic response?

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WELCOME AND OBJECTIVES

OBJECTIVES FOR TODAY

- ❑ Share the results of this study for feedback from states
- ❑ Discuss how the findings can support primary health care strengthening and pandemic response at both the federal and state levels
- ❑ Share next steps on how this analysis can be utilized and share other technical resources

STUDY FINDINGS

OVERVIEW: RAPID CYCLE MONITORING OF ESSENTIAL HEALTH SERVICES

- The COVID-19 pandemic has had wide-reaching direct and indirect impacts on population health
- During the peak of COVID-19 in Nigeria, the FMoH collaborated with the Global Health Financing Facility (GFF) and the World Bank to monitor the status of interruption or continuity of delivery of Essential Health Services (EHS) in Nigeria.
- This EHS monitoring has been conducted through phone surveys to health facilities, through analysis of DHIS2 service volume, and household surveys.
- Building on this work, the FMoH, in partnership with GFF and Exemplars in Global Health, conducted this study to understand subnational health systems resilience during COVID-19

STUDY TEAM AND ENGAGEMENT PROCESS

Federal Ministry of Health (FMoH) led the study and oversaw data collection

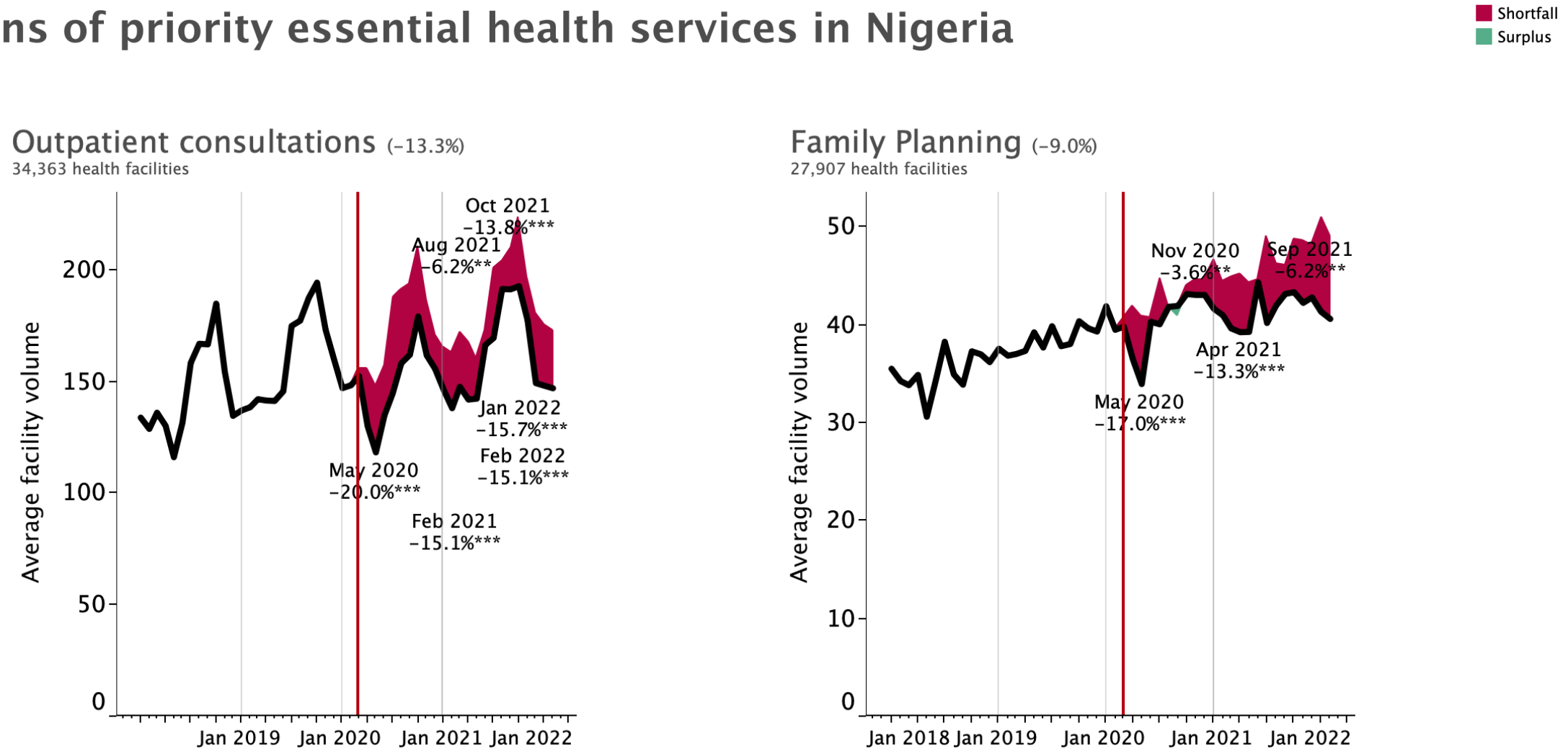
FMoH informed State Commissioners of Health about the study prior to data collection

Data collection and analysis was led by University of Ibadan and the Global Financing Facility and supported by Hanovia Limited

SMoHs and SPHCDAs from each sampled state participated in the study and provided inputs on engaging the local government areas

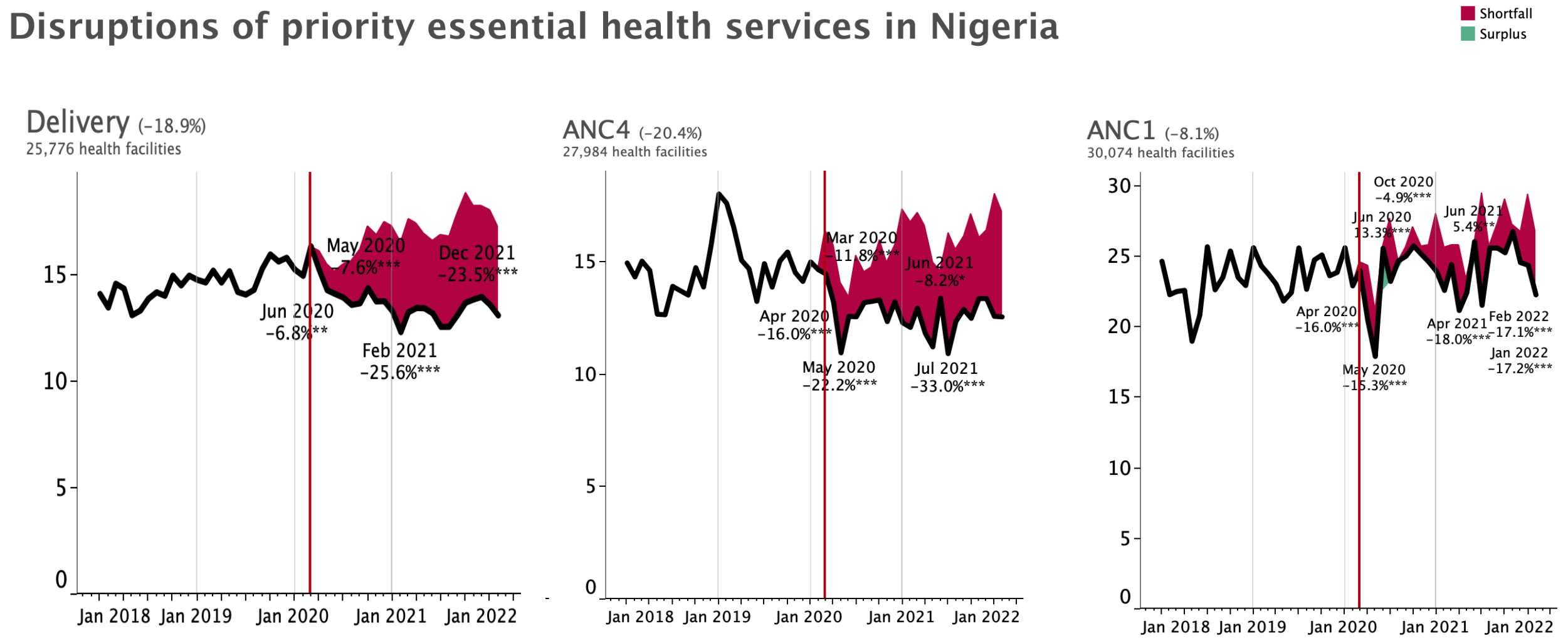
IN JANUARY 2022, NIGERIA WAS STILL EXPERIENCING DECLINES IN ESSENTIAL SERVICE USE (1/3)

Disruptions of priority essential health services in Nigeria



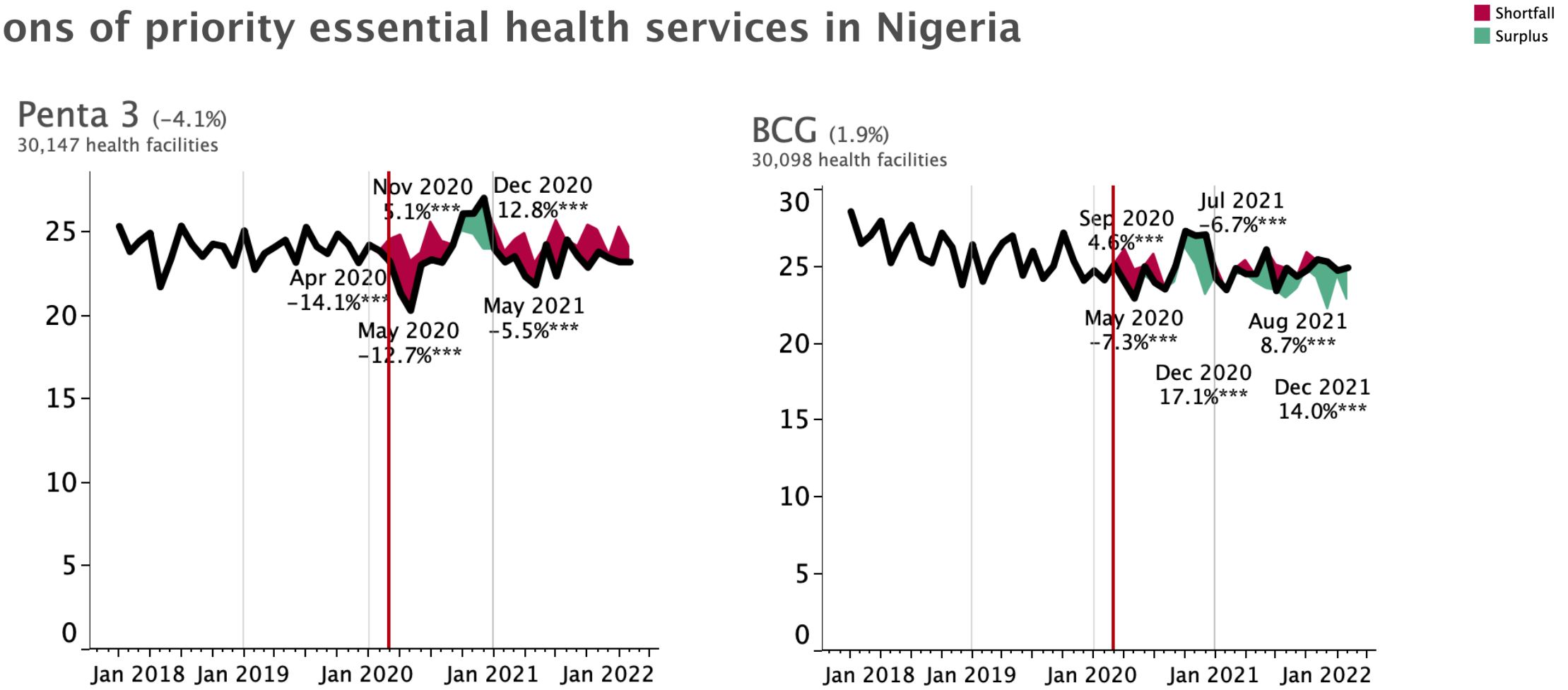
IN JANUARY 2022, NIGERIA WAS STILL EXPERIENCING DECLINES IN ESSENTIAL SERVICE USE (2/3)

Disruptions of priority essential health services in Nigeria



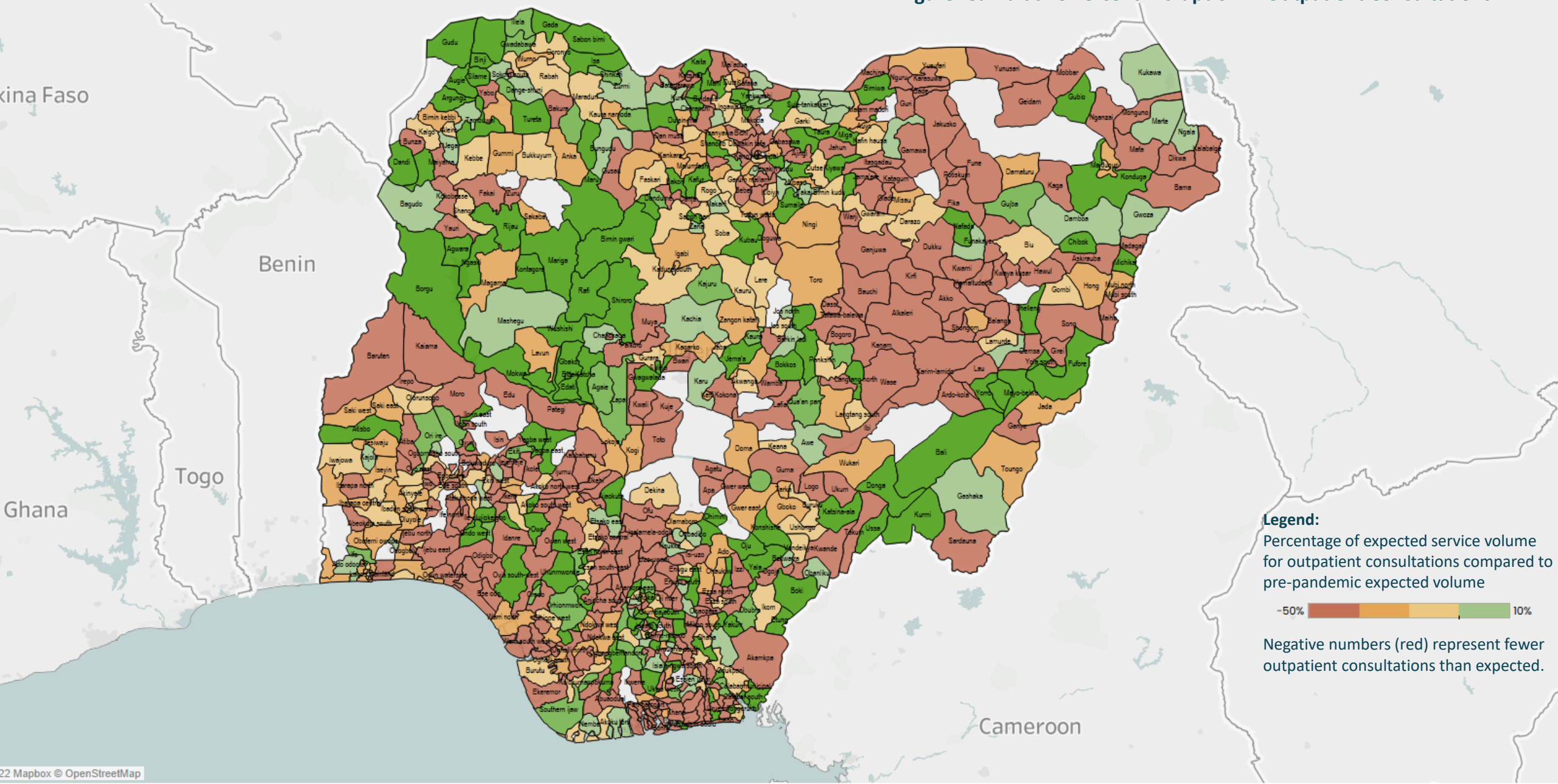
IN JANUARY 2022, NIGERIA WAS STILL EXPERIENCING DECLINES IN ESSENTIAL SERVICE USE (3/3)

Disruptions of priority essential health services in Nigeria



BUT THERE WAS SUBSTANTIVE VARIATION IN SERVICE RECOVERY – REFLECTIVE OF CONTEXTUAL CHARACTERISTICS OR SPECIFIC INTERVENTIONS?

Figure: Cumulative Percent Disruption in Outpatient Consultations



SUBNATIONAL POSITIVE DEVIANCE ANALYSIS – A MIXED METHOD STUDY

Objectives

- Identify the **key challenges** to maintaining essential health services during the pandemic from the perspective of subnational actors (state, local government, PHC, and community)
- Understand **how some Local Government Areas (LGAs) overcame these challenges** and sustained essential health services while comparable LGAs experienced ongoing disruptions
- Promote within-country learning on **lessons learned**; translate findings into policy-relevant actions

Approach

USING HMIS DATA TO IDENTIFY LGAS WITH A 'RAPID' RECOVERY OF PHC SERVICE VOLUMES

Original sample:

- HMIS data from all LGAs
- Only PHC facilities were utilized; dropped hospitals and maternity homes

Needed to pass several data quality checks:

- 70% or more of the total PHC facilities in the LGA needed to report to HMIS
- Sufficient months of pre- and post-pandemic reporting to calculate service utilization trends
- Individual months with less than 50% reporting were dropped

Remaining sample of eligible LGAs after quality checks:

- 474 LGAs remained eligible (55% of total LGAs)

[1]Ahmed, Tashrik et al. Indirect Effects on Maetrnal and Child Mortality from the COVID-19 Pandemic: Evidence from Disruptions in Healthcare Utilization in 18 Low- and Middle-Income Countries. Available at http://dx.doi.org/10.2139/ssrn.3916767

IDENTIFYING LGAS THAT EXPERIENCED A RAPID RECOVERY IN PHC SERVICE VOLUME

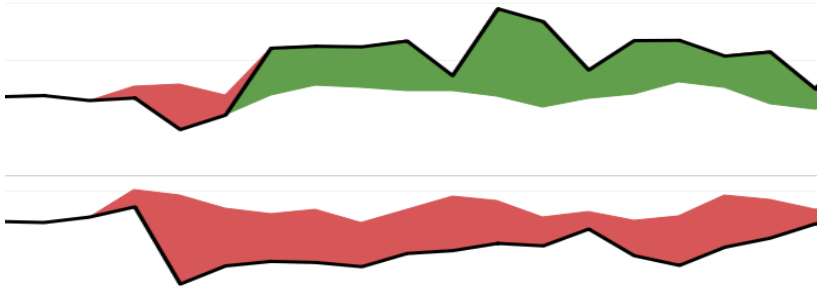
Identifying ‘rapid’ recovery among eligible LGAs:

- **High Resilience LGAs**: LGAs that experienced PHC service volume shortfalls for at least three months and then recovered to expected levels
  - Indicators: Outpatient volume and ANC1
- **Comparators LGAs**: LGAs that are the nearest geographic neighbor to High Resilience LGA with similar characteristics that did not experience the same levels / speed of recovery in service volume

Then sampled High Resilience and Comparator LGAs for interviews:

- Criteria: both rural and urban LGAs, at least one LGA per geopolitical zone, prioritized states with higher COVID-19 burden
- Validated selection with FMoH

OPD Service Volume for High performing LGA vs Comparator LGA:



Notes: 1) Each LGA recovery rate was compared to its own average service volume, not compared to others; (2) *LGAs were sampled from all geographic zones of Nigeria, prioritizing states with the highest COVID-19 burden*

Ahmed, Tashrik et al. Indirect Effects on Maternal and Child Mortality from the COVID-19 Pandemic: Evidence from Disruptions in Healthcare Utilization in 18 Low- and Middle-Income Countries. Available at http://dx.doi.org/10.2139/ssrn.3916767

FINAL SAMPLE FOR QUALITATIVE INTERVIEWS

11 ‘resilient’ LGAs

Matched with 11 comparator LGAs

State	High Resilience LGAs	Comparator LGAs
Rivers	Emohua	Ogbaegbemandoni
Edo	Ovia South-West	Ovia North-East
FCT	Abaji	Kwali
Plateau	Langtang North	Mikang
Gombe	Shongom	Billiri
Kano	Shanono & Tarauni	Tsanyawa & Dala
Abia	Ukwa East	Osisioma Ngwa
Imo	Owerri Municipal	Owerri North
Lagos	Ifakoijaye	Shomolu
Ogun	Odeda	Obafemi Owode
Oyo	Oyo East	Oyo West

QUALITATIVE RESEARCH: KEY INFORMANT INTERVIEWS

22 State Level

29 LGA Level

29 Facility Level

30 Opinion Leaders

(*including community leaders and other important LGA stakeholders*)

State	Number of Interviews
Abia	9
Edo	8
FCT	10
Gombe	9
Imo	9
Kano	19
Lagos	12
Ogun	8
Oyo	8
Plateau	8
Rivers	10
Total	**110**

KEY INSIGHTS ACROSS LEVELS OF THE HEALTH SYSTEM

Strong collaboration and coordination across all levels (federal, state, local government, PHC facilities, community structures) enabled robust COVID-19 response

Federal and state support to LGAs and PHCs on COVID-19 and IPC practices, PPE provision

High Resilience LGAs emphasized leadership, governance, local funding, & community engagement

COVID-19 testing and case referrals were well-managed at state level

Service delivery adaptations were effective and strengthened health system capacity, including new triage systems for COVID-19 screening, changes to improve patient flow

KEY CHALLENGES FACED BY LGAS

Fear of COVID-19 and lockdowns were perceived to have the biggest impact on service use, and comparators were more likely to experience service closures

Comparator LGAs were more likely to report service reductions, funding challenges, and chronic human resource shortages that pre-dated the pandemic

States and LGA participants indicated that adaptations made during COVID-19 strengthened health system capacity, but human resource gaps, especially for surge capacity remained

Some COVID-19 prevention interventions may have had negative consequences for routine service utilization

CHALLENGES DEEP DIVE

Resource allocation

"Yes, funds were provided, but these things require a lot more funding. For instance, having to pay contact tracers to go into the community is not easy."

– KII, State

"The funding has been a challenge because there are certain things the facility is supposed to have, but [things like] electricity is not guaranteed."

– KII, LGA

"We do a lot of improvising in the local government because if you wait for the [funding from the] government, you cannot do anything."

– KII, High Resilience LGA

Commodity Availability

"It was so bad that some doctors had to use their [own] money to buy sanitizers and face masks to protect themselves from getting infected."

– KII, State

"Before the pandemic, a packet of gloves was 400 naira, and during COVID-19 that packet sold for 10,000 naira so it was a challenge even for hospitals to get gloves."

– KII, State

"PPE was not sufficient – the demand was very high and… there was a serious shortfall."

– KII, LGA

HRH Shortages

"The issue of human resources for health has been a long-lasting challenge even before… then it was heightened by the pandemic."

– KII, State

"There are some health centers you go to…that only has one qualified person who is a nurse / midwife. [Sometimes you find] nobody in the health center."

– KII, State

"During the pandemic, some health care workers absconded, so most facilities were lacking staff. Even right now, some of our facilities are not fully staffed."

– KII, State

COMPARING HIGH RESILIENCE AND COMPARATOR LGAS

All LGAs reported a focus on community engagement and teamwork to improve service use. Differences were described in the strength of local support and the ability to adapt:

Characteristics of High Resilience LGAs

- New coordination structures
- Strong leadership from specific individuals, especially LGA Chairman
- Access to local funding to support the response
- Incentives to increase service use

Characteristics of Comparator LGAs

- Temporarily closed or reduced services at the PHC level
- Longstanding HRH shortages
- Funding gaps for outreach

CHARACTERISTICS OF HIGH RESILIENCE LGAS

Dynamically tailored PHC response based on HMIS / service volume monitoring:

- Home visits to pregnant women about to deliver or those who missed ANC visits
- Bringing immunization to communities instead of waiting for immunization days

Support and leadership from the LGA level:

- Strong and visible leadership from the LGA which guided response and motivated staff
- LGA-level coordination structures to channel federal & state support down to local levels
- Local funding for community outreach, IPC, temporary incentives to boost service volume

Community engagement:

- Strong pre-existing relationships with community, e.g., traditional & religious leaders, WDCs
- Expansion to continuous community engagement through existing community structures
- Strong outreach to reinforce general health education & disease-specific risk communication

DEEP DIVE ON COMMUNITY ENGAGEMENT

"Religious leaders, traditional leaders are looked upon by the populace for direction. So collaborating with them facilitated the observance of protocols…reporting of suspected cases…and vaccination programs."
-- KII, State

"They have town announcers in each ward, and they engaged all of them to [inform the community], moving from one house to another, that our health center is working and free so come if your children are sick."
-- KII, State

"The Facility Health Committee is a committee that comprises the Village Head, the Imam, the rich, the youths, midwives, politicians, etc. and they are representative of every segment in the community...to assist us to enlighten the community about what is happening."
-- KII, High Resilience LGA

"We had a combination of the risk communication team, the epidemiological team, and the laboratory team going into the community to create awareness on COVID-19."
-- KII, State

"When you met community leaders, religious leaders…market women, and they are sensitized, they will cascade everything to their locality, so people are actually aware of what was happening."
-- KII, State

DEEP DIVE ON LEADERSHIP, GOVERNANCE AND STATE COORDINATION

"During the pandemic, it was a directive from the State or governor that each and every Local Government Chairman must participate fully in the COVID-19 pandemic…[when there is a] problem from one ward, we alert the Chairman and he will call the Councilor of that ward for proper action."
-- KII, LGA

"The State government works with Ministries of Health, Local Government, and health care providers to [coordinate activities such as] transporting treatment materials and providing immunization awareness."
-- KII, State

"In Kano state, we have a structure with a state coordinator and LGA coordinators to [respond to COVID-19 cases] without needing to deploy [additional people]…and we shared our learnings and guidelines with Zamfara, Sokoto, and Kebbi states."
-- KII, State

"[Working with our] major stakeholders like SPHCDA is always good, and they have been supportive toward the success of current officers in our primary health care centers."
-- KII, LGA

"We used the political structure like the Councilors…[who] helped to conduct advocacy, especially in their various wards…to help with sensitization and to curtail the upsurge of the pandemic."
-- KII, High Resilience LGA

PANDEMIC ADAPTATIONS SUPPORTED HEALTH SYSTEMS STRENGTHENING

Participants across states, High Resilience LGAs, and comparator LGAs shared *four sustainable health systems improvements* resulting from COVID-19:

1. Improved infection prevention and control
   (Handwashing and triaging patients, but LGAs were mixed on masking)
2. Strengthened community relationships and increased intensity of engagement
   (Increasing outreach frequency was also viewed positively, but LGAs were mixed on sustainability)
3. Stronger health sector collaboration and willingness to have a team mentality
4. New or strengthened testing and surveillance capacities

HUMAN RESOURCE ADAPTATIONS WERE NOT CONSIDERED SUSTAINABLE

- **COVID-19 exacerbated existing human resource shortages:**
  - High Resiliences LGAs were more likely to describe temporary challenges such as transportation during lockdown (especially urban LGAs)
  - Comparator LGAs were more likely to describe chronic staffing shortages, with serious consequences such as reduced hours or temporary closures

- **Adaptations to manage staffing shortfalls**
  - Engaging volunteers, ad-hoc, or retired staff
  - Task-shifting
  - Redistribution of human resources

- Key takeaway was that **human resource adaptations were considered unsustainable**, increased funding is necessary to maintain adequate staff levels.

"Ad-hoc is not the same thing as permanent staff. […] If I need personnel, 40 and 30 came in as interim measures, does it solve the problem? We are talking about what is going to keep the system going. […] Are they still here? They are not."

- KII, LGA

STRENGTHS AND LIMITATIONS OF THIS STUDY

Strengths:

- Used routine data to identify high performing LGAs
- Included comparators, which resulted in improved rigor and reduced confirmation bias
- Included participants from the state, LGA, facility, and community levels

Limitations:

- Study design was associational; not evaluating interventions
- Some LGAs focused heavily on routine immunizations, but used OPD and ANC as tracer indicators
- Study did not directly capture patient experiences

RECOMMENDATIONS

Recommendations for Epidemic and Pandemic Preparedness

- Protect routine service availability through timely use of data and iterative adaptations
- Create human resource ‘surge capacities’ across roles to prevent disruptions
- Increase flexibility of budget lines to respond to local challenges, recognizing LGAs have limited autonomy over budgets
- Strengthen local coordination structures
- Develop strategies for rapid community engagement
- Conduct systems mapping to plan for unintended consequences

Recommendations for Broader Health Systems Strengthening

- Ensure adequate workforce for primary care
- Strengthen community ownership of PHC through existing structures
- Empower local leadership
- Monitor service trends to support rapid responses when usage declines

POLL EXERCISE

React to the presentation…

Please select your answer:

Were any of the findings from today's presentation surprising?

DISCUSSION QUESTIONS

1. Were any of the findings in this presentation surprising? Share why or why not.

2. Questions for the presenters?

3. How can you use the findings in your work?

FINAL REFLECTIONS?

Before we part ways…

Please share in the chat:

One thing you learned from today's session that will inform your work

ADDITIONAL RESOURCES

THIS WORK IS SITUATED IN A BROADER PORTFOLIO OF RESEARCH ON COVID-19 RESPONSE AND MAINTENANCE OF ESSENTIAL HEALTH SERVICES

The Exemplars in Global Health program aims to identify countries that have already been successful, find out why, and adapt their strategy to help guide public health decision makers around the world

Topics covered:

COVID-19 Response	Child Health	Nutrition	Primary Health Care	Women's Health	*More in pipeline…*

Exemplars in COVID-19 Response Portfolio

Exemplar Country Narratives:

- Costa Rica
- Dominican Republic
- Sri Lanka
- Thailand
- Uganda
- Ghana *(coming soon)*

Thematic Research Sprints

- Testing & Surveillance Strategy
- Maintenance of Essential Health Services
- Vaccine Readiness
- Digital Health Tools

Subnational Research

- India COVID-19 Vaccine Access Equity & Access
- **Nigeria Positive Outlier Study on EHS Maintenance**

Partner Coalition for Subnational Research in Nigeria

Nigerian Federal Ministry of Health

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Gates Ventures

IN NIGERIA, EGH IS ENGAGED IN ANALYSES ACROSS MULTIPLE TOPICS

Focus of this presentation

COVID-19 Response

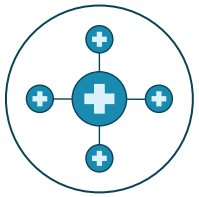
Research sprints on maintenance of essential health services and testing & surveillance strategy

Subnational positive deviance analysis on high performing LGAs for health systems resilience during the COVID-19 pandemic

Stunting Reduction

National and subnational quantitative and qualitative analyses identifying drivers of exemplary stunting reduction and remaining in-country challenges

Review of existing literature, programs, policies, and financing contributing to stunting reduction



Primary Health Care

Subnational research sprint in collaboration with NPHCDA to identify drivers of positive Primary Health Care performance among states in Nigeria related to human resources in health care

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