

**A REPORT ON ADVOCACY FOR A COSTED MSP FOR NIGER STATE PRIMARY
HEALTH CARE DEVELOPMENT AGENCY.**

BY

**NIGER STATE PRIMARY HEALTH CARE UNDER ONE ROOF STATE
ADVOCACY TEAM (PHCUOR SAT)**

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ABBREVIATION/ ACRONYMS

CSO:	Civil Service Organization
ED:	Executive Director
GPCI:	Global Promoters for Community Initiatives
HSDF:	Health Strategy and Delivery Foundation
LGA:	Local Government Area
MSP:	Minimum Service Package
NGO:	Non Governmental Organization
NHPHCDA:	Niger State Primary Health Care Development Agency
NSPHCUOR:	Niger State Primary Health Care under One Roof
NPHCDA:	National Primary Health Care Development Agency
PHC:	Primary Health Care
SAT:	State Advocacy Team

EXECUTIVE SUMMARY

The Niger State Primary Health Care Development Agency (NSPHCDA) is an agency of government saddled with the responsibility of overseeing the affairs of primary health care activities across the 25 LGAs in Niger State. The agency is the secretariat while it has a governing board; a Chairman heads the board, but currently the board is not in place. A survey was conducted on primary health care facilities in Nigeria in 2013. The survey was to determine the status of primary health care facilities across the state. The report of the survey in Niger State shows that Niger State has a lot to do to improve its services at the primary healthcare levels. There were nine pillars of Primary Health Care Under One Roof (PHCUOR). The result shows that, Niger state is lagging behind in the area of costed Minimum Service Package (MSP). There is need to advocate to the relevant stakeholders in the state to ensure that Niger State have a casted MSP in place to inform decision. The MamaYe Nigeria through a fund from PAI Advocacy USA supported the advocacy project to ensure that the there is a costed MSP for the state. The PHCUOR State Advocacy Team (SAT) was formed by a group of PHC intervention focussed on Civil Society Organizations and media practitioners in the state. The one-year project has produced a Costed MSP for the state. The PHCUOR SAT have call on relevant stakeholders to prevail on the state government to constitute a governing board for SPHCDA. The team have also commenced mobilization of resource from private individual to support the activities of PHC in their localities. Niger PHCUOR SAT is now advocating to the government to constitute a functional board for the agency to enable agency run effectively.

INTRODUCTION.

Niger State is located in the North Central Zone of Nigeria with a land mass of 76,363 square kilometres equivalent to about 9 percent of Nigeria's total land area. It is considered as the state with the largest land area in Nigeria. Niger State is bordered to the north by Zamfara State; to the northwest by Kebbi State; to the south by Kogi State; to the southwest by Kwara State; while Kaduna State and the Federal Capital Territory border the state to the northeast and southeast respectively.

Furthermore, the State shares a common international boundary with the Republic of Benin at Babanna in Borgu Local Government Area in the North West of the State. Niger State has a crude population of 5,161,653 in 2014 projected from the 2006 National Census figures and with rate increase of about 3.7% annually. The state has 25 LGAs, 274 wards and 1,066 communities with 2,742 PHCs. The current score card on PHCUOR shows that Niger State is lagging behind on Minimum Service Package at the PHC level across the state which make it difficult to ascertain the cost of minimum services that can be obtained at the PHCs to inform decision and provide affordable health services for the people at the Primary Health Care (PHC) level. This calls for urgent need to advocate to Niger State Primary Health Care Development Agency (NSPHCDA) and other relevant stakeholders to ensure that MSP is costed in the state to address hiccup at PHC level and to facilitate advocacy to well meaning citizens in the state for support for PHC services.

In the view of above, Global Promoters for Community Initiative (GPCI) received financial support from PAI Advocacy USA through MAMAYE Nigeria to implement advocacy project in Niger State with the mandate of ensuring a cost MSP, MSP full implementation across the state and as well advocate to well meaning indigenes to mobilize resources to support PHC services in the state. The project formed an advocacy team that comprised CSOs and Medial persons to drive the intervention in the state.

1.0 DESCRIPTION OF ACTIVITIES

The activities conducted in the period under review are follows:

- Mapping (identification and short listing) of Civil Society Organizations (CSOs) and Media
- Step down workshop for the selected CSOs/Media and Inauguration of State Advocacy Team on PHCUOR (SAT)
- Advocacy message developments
- Advocacy to Executive Director of Niger State Primary Health Care Development Agency (NSPHCDA).
- Consultative visit to Director Public Health, Min of Health.
- Advocacy to Honourable Commissioner for Health and Hospital Services
- Advocacy to the State Governor's Wife
- MSP costing process monitoring
- Progress visit to the ED, SPHCDA
- SAT Bimonthly meeting
- Stakeholders Meeting
- Courtesy visits to Media Houses
- Press conference
- Closeout and dissemination meeting

1.1 MAPPING (IDENTIFICATION AND SHORT LISTING) OF CSOS AND MEDIA.

The CSOs working on health related issues and platform with media was identified and invited to the meeting. The total number of 10 media agencies and 40 CSOs was present at the meeting. The followed agenda for the day, pass preliminary session with include introduction, goodwill messages from Niger State Primary Health Care Development Agency (PHCUOR), over view of PHCUOR and through to technical session.

A mapping tool (see tool as Annex) was developed for this activity to ensure that credible members were selected for the next phase. The tool contained all elements and key indicators to identify the core areas of intervention and capacities of CSOs needed that were shortlisted. The tool was used to assess the CSOs, the assessment tool was analysed to determine which CSO is qualified for the selection. The total number of 15 CSOs and 5 media agents was finally selected as PHCUOR Advocacy Working Group. These 20 members were invited for the next phase of the step down training.

1.2 TWO DAY TRAINING OF 20 CSOS/MEDIA ON PHCUOR ADVOCACY AND ADVOCACY MESSAGE DEVELOPMENT

The training of 20 CSOs/Media on PHCUOR Advocacy was conducted on 2nd and 3rd November 2016. The methodology for the training includes presentations, group work and discussions. The 2days training was attended by 20 participants who cut across CSOs and Media.

Day1: On day 1 of the training, after the pre-training process, the participants took pre-test (see sample of pre-test as annex) to pre-evaluate their knowledge and have a baseline of the level of what they know. The result of the pre-test shows that the participants higher number of the participants had basic knowledge of advocacy and its values in making change but have low knowledge on how the media could help achieve target in advocacy programming process, how to monitor and evaluate advocacy process and other key areas of advocacy on PHCUOR. The day also witness 3 presentations from 2 facilitators, the presentation include; Over View of PHCUOR, Precepts, Pillars and Paths and Niger State PHCUOR Score Card. Participants was taken through the three presentations with a discussions interlude which gave room for participants to brainstorm at every point raised during the session. The day 1 also witness a group session on MSP elements where participants was broke into groups of 3 with 6 members in each group to brainstorm on the elements of MSP. The three groups made presentation on their group work. They were able to come up with location of facility, office spaces for staff, provision of furniture equipments, types of diseases that can be attended to at PHC level, consumables and commodities needed to provide services and other hospital materials and equipments needed to provide such service which also includes manpower. The daily evaluation was conducted with tagging and funding basket of knowledge while the participants were asked to write at least two things they learn on a piece of paper and tagged it on a basket like card board on the wall at the venue. Participants were able tag the wall with 2 key points each.

Day 2: The day two started with pre-training process followed by recap from the previous day by participants who brief the house on the events that took place on the previous day. The participants also recounts on their experience on day one of the training. The first presentation of the day was Communication Strategy, the presentation opened the eyes of the participants to the various was where communication can effectively enhance advocacy programming result. The participants understand how better are the roles of media and its cost effectiveness in achieving result. The second presentation of the day was on Strategy

development for PHC Advocacy, during this above session, the participants was made to know the strategies that needs to be put in place to develop the advocacy programming on PHCUOR. Participants discussed extensively on the strategies and share other opinions on how the team could achieve faster. While the final presentations was development of advocacy message. The session was more or less purely group work; the participant maintained their previous day groups. The participants work in their various groups to develop an advocacy message for each target (public and private sectors). The groups made presentations on their developed messages. The messages were thereby harmonized to form a draft advocacy message for the Niger State PHCUOR Advocacy Working Group. The messages includes

- Niger State Commissioner for Health constitutes a governing board for NSPHCDA to aid the agency's functionality.
- Niger State Commissioner for Health to provide needed consumables for all facilities in the state.
- The Executive Secretary of NSPHCDA to facilitate costing of MSP in Niger State
- The Executive Secretary of NSPHCDA to facilitate full implementation of MSP at all the functional PHCs of the 25 LGAs in Niger State.
- The Executive Secretary of NSPHCDA to constitute a task team to map out all facilities being serviced by IPs providing commodities to PHCs across the state.
- Well to do individuals in the state to support service provision at various PHCs across the state.
- Advocacy message for private individuals to be developed by State Advocacy Team (SAT) at SAT meeting during harmonization.

The State Advocacy Team was inaugurated at the end of the training. The team comprises of 10 members who includes 3 media persons, 5 CSOs and 2 members of state project team (Project Coordinator and M&E officer). See table B below

A work plan for the next level of implementation was developed by SAT. The post-test shows that the expectations of the participants was met and the aim of the training was achieved these was also visible in their comments in the basket of knowledge. The two days training was concluded with result, 20 members of the Advocacy working group was trained, a draft of advocacy message developed, SAT inaugurated and a draft of work plan for SAT developed.

1.3 ADVOCACY VISIT TO EXECUTIVE SECRETARY NIGER STATE PRIMARY HEALTHCARE DEVELOPMENT AGENCY AND CONSULTATIVE VISIT TO DIRECTOR PUBLIC HEALTH/DISEASE CONTROL MIN OF HEALTH

The advocacy visit to the ED NSPHCDA which had Dr. Fola Richie in attendance during her supervisory visit to Niger was alongside with 5 SAT members (see table below). In attendance with the Executive Director (NSPHCDA) Dr. Nauzo received the Team on supervisory visit to Niger State and applauded the effort SAT for making the visit to his office possible. The Team led by Dr. Fola Richie presented their message and while the PHCUOR State Coordinator added his words on the need to ensure costing of MSP and its full implementation in Niger State. In his response, the ED said that he is pleased to receive the Team and promised to work with Niger State PHCUOR SAT. He further said that, the state is looking at taking the services to the people even at farm land because it was observed over the years that community people less patronised government public health centres compared to their patronage to private health centers. The government is ready to restore the dignity of government facility in the state. So, in his own opinion MSP costing might not give the deliverable the state is expected to see but Dr. Fola Richie made it clear that the community health outreach as prescribed cannot be at the community 24/7 but the PHC will still remain in the community to serve the people. On the final note, the ED accepted the fact that there is need to take costing of MSP as a task and he assured the team that Niger PHCUOR SAT/MAMAYE Nigeria will receive good news soon.

The Director Public Health, Dr. Usman welcome the Team to his office and assured the team of all necessary support needed for the success of the project in the state. He said that the time is ripe for CSOs to for a supportive machinery to ensure that the efforts of government yield fruits for most especially people at the community. He said the state will look at fastest possible ways the collaboration of Niger PHCUOR SAT will yield a sustainable result. Because the government cannot do it alone without the supportive efforts of people like Niger PHCUOR SAT, when resourceful collaborative efforts are put together for a common cause we achieve more and serve the people better.

ADVOCACY MESSAGE TO ED NIGER STATE PHCDA

- The Executive Director to ensure that MSP is casted for the state and the document is operationalized made available for public use.
- The Executive Director to ensure full implementation of MSP across board.

1.4 DAY ADVOCACY VISIT TO HONOURABLE COMMISSIONER FOR HEALTH AND HOSPITAL SERVICES

The advocacy visit to the commissioner for Health was with 5 SAT members (see table below). In attendance with the Hon. Commissioner Ministry of Health (MoH) was Executive Director, Niger State Primary Health Care Development Agency (NSPHCDA) Dr. Nauzo Y., Permanent Secretary MoH Tiffin, Dr Usman A.M; Dir. Disease Control, Dr. Junaid Inuwa; Assist Dir. Planning and State IP Coordinator and other key officials of the ministry. The Team led by the SAT Chairman presented the advocacy message and while the PHCUOR State Coordinator added his words on the need to ensure costing of MSP and its full implementation in Niger State. In his response, the commissioner said that he is pleased to receive the Team and promised to work with Niger State PHCUOR SAT. He also said that the state have received the support from HSDF to facilitate the costing of MSP for Niger State. He thereby directed the office of Director Disease Control and ED, NSPHCDA to ensure that Niger PHCUOR SAT work closely with HSDF and as well represented in the MSP costing committee that will be inaugurated to provide technical support in the process. He said further that he will looking forward to work with Niger PHCUOR SAT and whichever way the team need any support we should not hesitate to approach his office.

ADVOCACY MESSAGE TO HON. COMMISSIONER NIGER STATE MINISTRY OF HEALTH

- The Hon. Commissioner for Health to mandate NSPHCDA to expedite action on costing of MSP for PHCUOR.
- The Hon. Commissioner to provide necessary support for NSPHCDA in ensuring full implementation of MSP to improve its service indicator.

1.5 ADVOCACY VISIT TO NIGER STATE GOVERNOR'S WIFE

The Niger State PHCUOR SAT paid an advocacy visit to the Wife of the Governor of Niger State Hajia (Dr.) Amina Abubakar Sani Bello. The advocacy team were 6 members of the PHCUOR SAT members delivered the advocacy message that was developed for the purpose of the visit. In his words, the Chairman of the Team Dr. Adeoye called on te Governor's Wife to add her voice to the call on the Governor to constitute a governing Board for the SPHCDA to enhance its functionalities and ensure funding and full implementation of the costed MSP. The Governor's Wife made it cleared that she would personally look into the case and find out what caused the delay in the process of constituting a governing board for the agency and

ensure that all obstacles are removed to ensure that the board is constituted and MSP is funded with full implementation.

1.6 MSP COSTING PROCESS AND PROCESS MONITORING

The Niger State Government through the office of the Honourable Commissioner for Health and Health Services constituted MSP Costing Core Team to oversee the process of MSP costing for the state. The membership was drawn from various departments of the ministry and her agencies, including a representative of PHCUOR SAT as member. In the recent past, this is the first time the Government and CSO will have a robust working relationship developing a government policy document. The government do view the CSOs on the wrong side and see the CSOs as antagonist of their policies. However, reverse was the case during the process of developing the MSP and State Health Delivery Plan. Health Strategy and Delivery Foundation (HSDF) financially supported the entire process with technical support by various members of Niger PHCUOR SAT.

The MSP Costing Core Team had several sittings (technical and plenary) that lasted for a period of 12 weeks. The Team and came up with a draft of the MSP and State Health System Delivery Plan. The plan was officially presented to the state government through the office of the Honourable Commissioner for Health. The commissioner has received the copy of the plan and has recommended it to the Niger State Primary Health Care Development Agency Board for endorsement before it will be presented to the State Executive Council for final approval. Hence, the State Executive Council will make the document available for public use after it received Governor's assent.

The MSP costing process was sufficiently monitored by Niger State PHCUOR SAT M&E Team. This was to ensure that the relevant strategic components was not left out in the costing process. In his words, the commissioner said that, this document is potent enough to deliver an improved, qualitative and sustainable healthcare service to the people of Niger State for a long period.

1.7 PROGRESS MONITORING VISIT TO EXECUTIVE DIRECTOR NSPHCDA

As the document awaits the approval of the NSPHCDA Board and State Executive Council, Niger PHCUOR M&E and SAT Team paid a progress-monitoring visit to the office of the Executive Director NSPHCDA, Dr. Nauzo. During the visit the team applauded the ED on

his efforts so far and urged him not to relent in ensuring that the costed MSP become a household working document in the state. The ED made it clear that it is difficult for the agency to run its activities successfully without a board. Hence, there is need for a functional board for the agency else, the agency might find it difficult to stand on its feet to serve the people better. In addition, he pointed that, Niger PHCUOR SAT have to do more advocating to other relevant policy makers to ensure that the agency board is inaugurated and functional.

1.8 NIGER PHCUOR STATE ADVOCACY TEAM (SAT) MEETING

The Niger State PHCUOR SAT met in the month of August 2017. The meeting had seven (7) members in attendance. The agenda of the meeting deliberated on the adjustment on the workplan that guided next line of activities to achieve the second objective of the PHCUOR Mamaye Project in Niger State. It was observed at the meeting that the agency has no statutory governing board in place. Hence, Niger State Primary Health Care Development Agency (NSPHCDA) will find it difficult to function efficiently unless a governing board is constituted to pilot the affairs of the agency. At the end of the meeting three (3) advocacy visits activities was earmark to be carried-out. The planned advocacies visits are as follows, one visit to the Honourable Commissioner for Health, the other to the Wife of The State Governor while the last visit is to the office of the State Governor. The visits was planned to advocate for a functional governing board for Niger State Primary Health Care Development Agency and aid them function efficiently.

1.9 ONE-DAY STAKEHOLDERS MEETING ON PHCUOR INTERVENTION IN NIGER STATE.

The Niger State PHCUOR Intervention State Advocacy Team (SAT) held a stakeholders meeting in the month of September 2017 to re-strategize on how to add more voice on the call on the government of Niger State to constitute and inaugurate the governing Board for Niger State Primary Health Care Development Agency. The meeting had in attendance relevant stakeholders (Private and Public) in health sector in the state (see attached attendance for details). Mr. Kalejaiye Olasunkanmi in his opening address welcome the participants and informed the house on the reason the meeting was called which it was on the call on the state government to constitute and inaugurate a Governing Board for the State Primary Health Care Development Agency.

In his address, Dr. Nauzo Yahaya (E D, NSPHCDA) appreciated Niger State PHCUOR Intervention SAT for investing their efforts to ensure that the agency have a functional

governing board. He said further that, the team should not relent in their efforts, he is optimistic that success will be achieved just as it was on the development of costed MSP with all credits to the Niger State PHCUOR Intervention SAT. The State Team Leader of Health Strategy and Delivery Foundation (HSDF) Mr. Umoru Negedu applaud PHCUOR Intervention SAT for the achievement recorded on the development of a Costed MSP and health delivery plan for the state. He said that if the Governing Board is not constituted and inaugurated for the NSPHCDA those documents might not function as it supposed function efficiently. He concluded that the PHCUOR Intervention SAT should ensure that noise is made to all relevant quarters to ensure the government give a listening ear and yield to the call for the functional Board for the agency. Other stakeholders present opined that the media team members of PHCUOR Intervention SAT should keep the ball rolling on their publications for same purpose mentioned above.

At the end of the one-day meeting, it was resolved that the SAT should write to the Office of The State Governor for a curtsy call to the Governor. It was also resolved that a follow-up visit should also be carried out to the Office of The Governor's Wife as regards her commitment made on the earlier visit. In addition, the Team should also visit the Honourable Commissioner for Health and Health Services on the urgent need to constitute and inaugurate the Governing Board for NSPHCDA for effective delivery of healthcare services at PHC across the state.

1.10 CURTSY CALL TO THE OFFICE OF THE GENERAL MANAGER PRESTIGE FM (90.1FM) AND RADIO NIGER (91.2FM) MINNA NIGER STATE

The train of the curtsy call reached the officer of the General Manager of Prestige FM on the month of September 2017. The team appreciated the FM station for receiving them, the Niger State PHCUOR Intervention SAT coordinator who led the team told the GM that the visit is very necessary considering influence the media house has in reaching the populace. The FM station as the only private electronic media in the state has a lot to offer in terms information dissemination to Niger State citizens. He thereby call on the GM to ensure that the station add her voice to the call on the state government of Niger State to constitute and inaugurate a functional board for state primary health care development agency to boost the effectiveness of the agency in meeting the health needs of the larger society most especially at rural areas. The General Manager of Prestige FM thanked the team for identifying the FM station as key partner in health sector considering the team's strategy of multi-sectorial approach in

reaching people and the policy makers. He promised that, the station would do its best to ensure that news and adequate information reached the respective quarters to influence the change that are expected at the State Primary Health Care Development Agency and the call on the government to constitute and inaugurate a Governing Board for the Agency. In the conclusion of his remarks, the general manager said the station is open for partnership and collaboration at all times, so, the team should not hesitate to call on the station should there be any need for more of the stations support in reaching the people especially on issues provision of quality, affordable and accessible health care services.

The train of the curtsy call reached the officer of the General Manager of Radio Niger in the month of September 2017. The team appreciated the FM station for receiving them, the Niger State PHCUOR Intervention SAT coordinator who was represented by a member of the Chairman Sate Advocacy Team, Dr. Stephen Adeoye told the GM that the visit is very necessary considering wider coverage of the FM station, its influence and as a tool to reach the policy makers and public. The FM station as a government owned radio station serves as the electronic media mouthpiece for the government and it is necessary to request the support of the radio station in calling the government of the state to respond to the urgent need for a substantial governing board for the State Primary Health care Development Agency (SPHCDA). Secondly, to request for airtime from the station to enable the policy makers and NGOs to discuss issues of the status of health and healthcare services in the state. He thereby call on the GM to ensure that the station add her voice to the call on the state government of Niger State to constitute and inaugurate a functional board for state primary health care development agency to boost the effectiveness of the agency to meet the primary healthcare needs of the larger society most especially at rural areas. He further said that, considering the state of emergency declared by the State Governor on health sector earlier in the year, the primary contact of health care to the people is the Primary Health Center (PHC). The state government must do everything possible to ensure that the PHCs functions maximally to be able to meet the teeming health needs of the people. However, that aim may be difficult to be achieved unless the state agency saddled for the responsibility of the general coordination, administration and supervision of the PHCs (i.e Primary Health care Development Agency) must stand on its feet with its governing Board in place.

The General Manager of Radio Niger with his management team showed gratitude to the team for identifying the FM station as key partner in health sector considering the team's

strategy of multi-sectorial approach in reaching people and the policy makers. He said that, health of the people must be taken seriously and handled with sincerity especially when it has to do with the PHCs. He assured the team that, the station would do everything possible to support the State Advocacy Team on PHCUOR Intervention ensure that news and adequate information reached the respective quarters to influence the change that are expected at the State Primary Health Care Development Agency. The General Manager said, the station is open for partnership and collaboration at all times. He directed the station Director News and Current Affairs to allocate at least 30 minutes airtime for the State Advocacy Team on PHCUOR Intervention to come, educate the people of the state on their right to health, and use the medium to promote their course on the call for the governing Board for SPHCDA. In the conclusion of his remarks, the team should not hesitate to call on the station should there be any need for more of the radio stations support in reaching the people especially on issues of provision of quality, affordable and accessible health care services.

1.11 PRESS CONFERENCE

A press conference was held to brief the press and the public on the achievements of the project and to make CSOs points known on why the MSP should be given a speedy implementation and reason SPHCDA Board must be constituted immediately. The conference was attended by 11 media houses (print and electronic). See attached press release below.

1.12 CLOSEOUT AND DISSEMINATION MEETING

The closeout dissemination meeting was attended by all the key stakeholders in the state. The achievements made so far was shared and the representatives of partners present made goodwill messages and applauded the funder (PAI, USA) and MamaYe Nigeria for their in ensuring that our communities have a sustainable PHC centres with quality and efficient primary health care services.

2. MAJOR ACCOMPLISHMENT

The major achievements of this project are visible and laudable while the few are mentioned below.

- The project met its target and has produced a *draft of* casted MSP.
- A State Healthcare Delivery Plan was developed for the state.

- The State Coordinator was appointed as a member of the costing committee of the plans.
- All planned activities conducted with results and some activity that was not contained in the workplan was also conducted within the limited resources
- Niger State government through the office of Hon. Commissioner for Health have recognised the efforts of MamaYe Nigeria through Niger PHCUOR SAT and Global promoters for Community Initiative (GPCI) on the need to partner with local CSOs for effective implementation of government policy and programmes.

2.1 ANALYSIS OF ACCOMPLISHMENT COMPARED TO INITIAL SITUATION

The primary Niger SPHCDA has scored 11% in MSP which is one among the 9 pillars of PHCUOR when a survey on PHCUOR was conducted in 2015. It was a result of non-availability of costed MSP in the state. The MamaYe supported PHCUOR advocacy intervention project in Niger State have broke the jinx and produced a costed MSP for the state in a very short period. A health delivery plan was also developed to support a qualitative roadmap for healthcare delivery in the state. The team have also commenced advocating for inauguration of a governing board for the SPHCDA to ensure the board's full functionality for enhanced healthcare delivery most especially at the grassroots.

4.0 OBSERVATION

The advocacy coalition has proved to be very useful ensuring that government live up to its responsibilities when lacking. The stakeholders in the state have come to realized that CSOs are partners in progress and agent of change. In addition, to ensure that the project is sustained, the coalition has determined to meet at least once in every quarter to review progress of the implementation of the costed MSP. It was observed that, the mutual engagement with the media personnel from the onset of the project yielded a lot of result.

5.0 MAJOR CONSTRAINTS

The key challenge experienced during the project was the bureaucratic bottlenecks in accessing government functionaries and information. The team was able to ensure that continuous visit and being patient with the authority pays at the end.

5.0 RECOMMENDATION

The implementation team observed and encountered some hitches along the line and foresee some challenges that might hinder the sustainability of the gains of this project then hereby recommend as follows;

1. The funder of the project should made fund available for at least 3 months sustainability plan at the expiration of the project in the future.
2. There should be room to have monthly meetings for this project in the future.
3. It is recommended that this advocacy coalition should be supported to have a sustainable and formidable voice to advocate for other areas of health concern.

4. ANNEXES

Annex A: Mapping Tool.

PAI Advocacy USA.

Supported by:

Mamaye Nigeria

Implemented by;

Global Promoters for Community Initiative (GPCI)

Minna, Niger State Nigeria.

October 2016.

1.0 Background Information

- | | | |
|-----|--------------------------|-------|
| 1.1 | Name of the organization | _____ |
| 1.2 | Acronym | _____ |
| 1.3 | Office address | _____ |
| 1.4 | Postal address | _____ |
| 1.5 | Telephone | _____ |
| 1.6 | Email address | _____ |
| 1.7 | Website (if available) | _____ |
| 1.8 | Contact person | _____ |

2.0 Type of Organization

2.1 What type of organization is your organization (please check as appropriate)

- | | | |
|-------|-------------------------------|--------------------------|
| 2.1.1 | Non-governmental organization | <input type="checkbox"/> |
| 2.1.2 | Trade union | <input type="checkbox"/> |
| 2.1.3 | Professional association | <input type="checkbox"/> |
| 2.1.4 | Company limited by guarantee | <input type="checkbox"/> |
| 2.1.5 | Community based association | <input type="checkbox"/> |
| 2.1.6 | Umbrella organization | <input type="checkbox"/> |
| 2.1.7 | Faith based organization | <input type="checkbox"/> |

- 2.1.8 International NGO
- 2.1.9 Others (please specify) _____

2.2a When was your organization established? _____

2.2b Is your organization registered? Yes No

2.2c If yes, with whom is it registered? _____

2.2d What is the registration number? _____

2.3 What are the main activities of the organization? (please check where appropriate)

- | | | | |
|--|--------------------------|-----------------------------------|--------------------------|
| 1. Advocacy/policy influencing | <input type="checkbox"/> | 2. Service provision | <input type="checkbox"/> |
| 3. Community health devl. | <input type="checkbox"/> | 4. Enterprise development | <input type="checkbox"/> |
| 5. Women and youth devl. | <input type="checkbox"/> | 6. Education/awareness creation | <input type="checkbox"/> |
| 7. Training/capacity building programs | <input type="checkbox"/> | 8. Community mobilization/devl. | <input type="checkbox"/> |
| 9. Socio-cultural | <input type="checkbox"/> | 10. Networking | <input type="checkbox"/> |
| 11. Women development | <input type="checkbox"/> | 12. Others (please specify) _____ | |

2.4 What is the vision and mission of the organization?

Write vision statement inside

Write mission statement inside

2.5 What are the main aims and objectives of the organization?

2.6 What is PHCUOR? _____

2.7 Is your organization a member of any advocacy working group/ Team in the state? Yes No

If yes, list

1. _____
2. _____
3. _____

2.8 What are the specific organizational objectives related to the priorities of the PHCUOR?

--

2.9 Mention past activities your organization have carried out that improved PHC or targeted at improving PHC services?

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2.10 Where are your coverage areas in the state?

For organizations operating across more than ONE senatorial zone (check where operational and give list of LGAs as appropriate)

	Geographic Area	List of LGAs where operational
	All Senatorial Zones	
	Senatorial Zone A	
	Senatorial Zone B	
	Senatorial Zone C	

3.0 Principal Areas of Focus and Specific Population

	Main Area of focus	Tick
4.1	Advocacy/Policy formulation and influencing	
4.2	Community based care and support	
4.3	Prevention intervention services	
4.4	Awareness creation and sensitization	
4.5	Health related service provision	
4.6	Community mobilization	
4.7	Research/Training	
4.8	Surveillance, reporting, monitoring and evaluation	

	Specific Population	Tick
4.1	Women and Children	
4.2	Community development services	
4.3	Pregnant women and women of reproductive age	
4.4	Orphans and vulnerable children	
4.5	Men of reproductive age	
4.6	General population & MARPs	
4.7	Uniform service men&women	
4.8	Youth (in and out of school)	

4.0 Past Projects with relatives to PHCUOR

Outline the activities / major projects executed in the past 3 years						
Project (Title)	Amount	Date of implementation (and duration)	Activities implemented	Target population	Name of Funder	Status (completed, ongoing, or aborted)

Annex B: Training Pretest/Post Test

GLOBAL PROMOTERS FOR COMMUNITY INITIATIVE (GPCI)
 WITH SUPPORT FROM
 IMPASSIONED ADVOCATES FOR GIRLS AND WOMEN (PAI) AND MAMAYE NIGERIA
 ON
 AGENDA FOR PHC ADVOCACY TRAINING FOR CSOs AND MEDIA.

Pre & Post Test.

20minutes

1. What is PHC and PHCUOR?.....
2. What is advocacy?
3. Is there any difference between advocacy group and individual organization advocacy activities? If yes, mention.
4. Mention any 3 whys advocacy can contribute to democracy.
5. What is MSP?
6. What are the elements of MSP?
7. Who are your target audience on PHCUOR Advocacy?

8. What are the actions required at state and local govt level to achieve PHCUOR targets?
9. What is advocacy message?
10. Advocacy messages should be developed for various target audience even on same issue. (a)
True or (b) False (support your answer with comments)
11. What is communication?
12. What are the channels for reaching targets?
13. Why do we engage media in advocacy working groups
14. What is Advocacy action plan? Mention the elements
15. Why do need to monitor and evaluate Advocacy activities

Annex B: Tables

Table A: List of State Advocacy Team Member (SAT).

s/no	Name	Category	Designation/Status
1	Dr. Adoye Stephen	CSO	Chairman
2	Liatu Danladi	CSO	Co-Chair
3	Chiwendu Nndozie	Media/Daily Independent	Media Lead
4	Shehu Ahmed Baba	CSO	Member
5	Igba Felix T.	CSO	Member
6	Enyioha Opara	Media / Punch	Member
7	Muslimat Adedira	CSO	Member
8	Mary Jalingo	Media / Newline (State own dailies)	Member
9	Oladele Mathew	CSO/ Project M&E Officer	Secretary
10	Kalejaiye Olasunkanmi	CSO/State Project Coordinator	Member

Table B: Attendance of Team members for the advocacy to Honourable commissioner and Dir. PH/DC

s/no	Name	Category	Status	Remarks
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1	Dr. Fola Richie	MAMAYE Nigeria	National	present
2	Dr. Adoye Stephen	CSO	Chairman	Present
3	Chiwendu Nndozie	Media/Daily Independent	Member	Present
4	Muslimat Adedira	CSO	Member	Present
5	Oladele Mathew	CSO/State Project M&E Officer	Secretary	Present
6	Kalejaiye Olasunkanmi	CSO/State Project Coordinator	Member	Present
7	Mary Jalingo	Media/Newslines	Member	Present
8	Felix Igba	CSO	SAT Secretary	Present
9	Shehu Baba	CSO	Member	Present

Table C: Attendance of Team members for the advocacy to Honourable commissioner

s/no	Name	Category	Status	Remarks
1	Dr. Adoye Stephen	CSO	Chairman	Present
2	Chiwendu Nndozie	Media/Daily Independent	Member	Present
3	Muslimat Adedira	CSO	Member	Present
4	Oladele Mathew	CSO/State Project M&E Officer	Secretary	Present
5	Kalejaiye Olasunkanmi	CSO/State Project Coordinator	Member	Present

Annex C: Agenda

Annex D: photographs (If available)