

State2State Activity Final Report

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Grant Title: Strengthening Provider Accountability and Patients' Rights to enhance transparency and effectiveness in Primary Health Care in Adamawa State.

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2. ACRONYMS

ABC	Adamawa Broadcasting Cooperation.
AIT	Africa Independent Television.
ASPHCDA	Adamawa State Primary Health Care Development Authority.
ATV	Adamawa Television
CBOs	Community Based Organizations.
COPE	Client-Oriented Provider Efficient.
CSOs	Civil Society Organizations
CSC	Community Score Card.
DO	Desk Officer
EC	Executive Chairman
ES	Executive Secretary
FM	Facility Manager
FOMWAN	Federation of Muslim Women Association of Nigeria
GRM	Grievance Resolution Mechanism
GSR	General Service Readiness
HCF	Health Consumers Forum.
HIV	Human Immune Virus
IEC	Information, Education and Communication.
IHAT	Initiative for Health Accountability and Transparency.
ISMPH	International Society of Media in Public Health
KII	Key Informant Interview
LGA	Local Government Area.
MDAs	Ministries Department and Agencies.
M&E	Monitorng and Evaluation.
NAWOJ	Nigeria Association of Women Journalists
NUJ	Nigeria Union of Journalist.
OiC	Officer in Charge.
PBoR	Patient's Bill of Rights.
PHC	Primary Health Care
PHCDA	Primary Health Care Development Authority.
PIG	Project Implementation Guideline.
SARA	Service Availability and Readiness Assessment
S2S	State Accountability, Transparency and Effectiveness Activity.
SHoA	State House of Assembly.
SMoH	State Ministry of Health
SPHCDA	State Primar Health Care Development Authority.
USAID	United State Agency for International Development.
WDC	Ward Development Committee.

PROGRAM OVERVIEW/SUMMARY

Name of organization:	International Society of Media in Public Health (ISMPH) / Initiative for Health Accountability and Transparency (IHAT)
Activity Start Date/End Date:	December 1, 2021, to November 21, 2022
Name of Project Lead	Dr. Abdullahi Jibril Mohammed
Geographic Coverage (Local Government and States)	Yola North LGA, Adamawa State.
Reporting Period	December 1, 2021, to November 21, 2022.

DISCLAIMER

The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

3. PROGRAM DESCRIPTION/INTRODUCTION & OBJECTIVE

International Society of Media in Public Health (ISMPH)/ Initiative for Health Accountability and Transparency (IHAT) Consortium is a subgrantee of the Nigeria State Accountability, Transparency, and Effectiveness (State2State) Activity, implementing in Yola North Local Government Area (LGA) with a project title Strengthening Provider Accountability and Patients' Rights to enhance transparency and effectiveness in Primary Health Care in Adamawa State.

Project goal and objectives

The goal of this project is to enhance responsive, accountable, effective and efficient Primary Health Care (PHC) in Yola North local government area in Adamawa state. This goal will be achieved through the following objectives.

- i. To achieve a 20% increase in citizens' understanding and awareness of patients' rights and the roles and responsibilities of the patients and providers by the end of 2022.
- ii. To achieve a 20% increase in compliance with the Patients' Bill of Rights by providers by the end of 2022.
- iii. To ensure that 20% of citizens/patients are aware and understand the Grievances Resolution Mechanism by the end of 2022.
- iv. To ensure that 20% of citizens/patients are satisfied with existing Grievances Resolution Mechanisms and achieve at least 50% resolution of complaints and grievances within 72 hours by the end of 2022.
- v. To achieve a 20% improvement in patients' satisfaction with healthcare by the end of 2022.
- vi. To strengthen the power of health consumers' and citizens' voices through engagement and participation in the demand for patient rights and provider accountability.

4. ACTIVITYIMPLEMENTATION

4.1 Detailed description of all interventions performed (December 1, 2021, to November 21, 2022)

(Background, justification, date(s), location, participants (Number, segregated into males & females), objective, outcome, etc.)

4.1.1 Submission Workplan: Activity held under milestone one (1) was the the submission of the project workplan. With this activity, the team developed an implementation workplan to the donor for approval. Once the submitted and accepted, the team agreed on implementation strategies and thus commenced implementation. The activity was held in December 15th, 2021.

4.1.2 7-Day Assessment of Operationality of Provider Accountability and Patients' Rights: Mechanisms and Challenges in the PHC in Adamawa State (Key Informant Interview and Exit Interview:

Assessment of Operationality of Provider Accountability and Patients' Rights through Facility Survey Exit and Key Informant Interview to understand the key issues in provider accountability and Patients' Rights in PHC service delivery. The baseline assessment commenced on February 2022 in the 20 purposively selected Primary Health Care (PHC) facilities in Yola North Local Government Area. This activity expanded the understanding of providers' accountability and patients' right in the project's operational areas and generated information against which to monitor progress and achievements in the implementation of the project. A consultant alongside 2 data collectors was engaged in the field to administer the research instrument.

A mixed qualitative and quantitative method was employed to conduct the assessment across Primary Heare Care facilities in the Yola North LGA of Adamawa State. Nigeria. The process involved a desk review of available literature, Key Informants' Interviews (KII) of selected respondents to reflect the different actors in health system governance, Service Availability and Readiness Assessment (SARA), and Consumer Assessment of Healthcare Provider and Systems Survey (Exit Interview).

Key Findings from the Study Include:

I. General Service Availability and Readiness

The assessment ascertained that nearly all the 20 selected PHC Facilities scored above average on basic amenities, basic equipment, Standard Precaution for Infection Prevention, Diagnostic Equipment/Capacity, Basic Medicines and Vaccines, and HMIS making them a conducive environment for effective delivery of quality and safe PHC services.

The overall General Service Readiness (GSR) index is a composite measure that combines the scores of the seven domains. The overall GSR Index was 75.71%. The score was highest for Power (National Grid



or functional Generator), Room with Privacy, and Adequate Sanitation (100% each) while the lowest is Emergency Transportation (45%).

2. Specific PHC Services Readiness

Family Planning, Antenatal Care, Child Health Preventative and Curative Care, Health Education, Malaria Diagnosis or Treatment are provided in all the 20 PHC facilities, each scoring 100%. However, other services had varying scores as follows: Adolescent Health Services 70%, Prevention of Mother-Child Transmission of HIV 60%, Nutrition Services (food demonstration and management of acute malnutrition 45% and Tuberculosis Diagnosis Services 40%.

The overall GSR Index was 83.33%. The score was highest for Family Planning, Antenatal Care, Child Health Preventative and Curative Care, Health Education, and Malaria Diagnosis or Treatment while the lowest was for Nutrition Services (food demonstration and management of acute malnutrition) 45% and Tuberculosis Diagnosis Services 40%.

3. Weak Provider Accountability System

Although there are many provider accountability actors such as the government MDAs, citizens, the public and the partners, available processes and mechanisms are weak, ineffective, and inefficient.

4. Provider Accountability Structures, Processes, and Procedures

There is no visible presence of Information, Education, and Communication (IEC) materials in many of the facilities dedicated to enlighten the public on the promotion of patients' rights and grievances system. Similarly, there is no State Policy or Legislation on Patients' Rights and Grievances Management in Healthcare nor are there verifiable Structures, Processes, and Procedures for documentation of Rights abuses and mechanisms in place to address grievances at the facility level, LGA PHC Authority and the State PHCDA.

5. Awareness and Perception on Patients' Rights, Grievances, and Public Oversight

There is overall lack of sufficient knowledge and understanding of provider accountability as a subject matter and inadequate information on patients' rights and grievances redressal system.

6. Capacity of Health Care Providers on Customer Service in Healthcare

Health Care Professionals lack sufficient capacity for customer Service and Client Oriented Provider Efficient (COPE) approaches to healthcare.

7. Rating of Health Providers Performance

Health Consumers Assessment of Healthcare providers and Systems indicate that healthcare providers are poorly rated on waiting time, attitude of healthcare providers, and experience with medical billing. Surprisingly, many patients are satisfied with services received. This may probably be attributed to poor knowledge and understanding of patient's rights.

Key outputs from the assessment was used to form the basis for developing the Project Implementation Guidelines (PIG) that will provide the implementers a clear understanding and orientation to improving provider accountability, establishing patients' rights and complaints/grievances resolution processes to deliver the expected results.

4.1.3 High Level Advocacy and Dialogue with Legislators, State Government, SMOH, SPHCDA and Media on Providers' Accountability and Health Consumers' Rights:

The Advocacy visits was used as a leverage to secure buy-in of key stakeholders, the Legislators (House Committee on Health), State Ministry of Health (SMOH), the State Primary Health Care Development Agency (SPHCDA), the government and the Media and other relevant stakeholders.

The visits took place at different times and venues on February 22, 2022 starting with an advocacy visit to the State House of Assembly Committee on Health and closed the day with a standalone visit to the Honorable Commissioner for Health on February 25, 2022. This was to solicit support and establish a working partnership while exploring collaboration for shared impact in the project implementation and in improving provider accountability and patients rights in the State. A total of 34 key stakeholders (30 males and 4 females) were visited.

The technical lead presented the project overview during the visits. In a deep dive into the project details, He stated that the project is concerned majorly with four thematic areas;

- **Facilities:** The project has targeted twenty (20) Primary Health Care facilities in Yola North Local Government Area (LGA) of Adamawa state as pilot facilities for the implementation of the project. Success stories from these facilities would constitute a framework for upscaling into other facilities in other parts of the state.
- **Patients' Rights:** On the Patients' Bill of Rights (PBoR), he lamented the lack of awareness of the existence of such a document even after its launch in 2018 by the Vice President, Prof. Yemi Osinbajo and the formal Minister of Health, stating that the project would facilitate citizens' sensitization on the PBoR as well as educate patients on what constitutes a right as regards service delivery from PHCs.
- **Grievance Resolution:** He stated that the team would work with the State House of Assembly and other relevant stakeholders in the state to create a platform where citizens can file a complaint and get feedback within 24-48 hours. He added that the platform would tackle bad experiences patients encounter in healthcare facilities such as lateness or absenteeism of service providers, ill-treatment of patients, and delays in attending to patient's medical needs by providers.
- **Public Oversight:** He explained that without provider accountability, healthcare service delivery risks inefficiency. Therefore, creating awareness of what is expected of healthcare service providers empowers the patients to provide oversight on the services of providers.

In summary, he emphasized the lack of sensitization around the Patients' Bill of Rights (PBoR) and identified gaps in the Grievance Resolution Mechanisms (GRM) that exists in PHCs facilities, stating that the aim of the project is to narrow that gap as best as possible within the duration of the project and that this can be achieved through a thriving collaboration with the key stakeholders.

The activity was a resounding success as all the stakeholders were receptive to the project while pledging their full support and commitment to a successful implementation of the project.

4.1.4 Meeting with SPHC Development Agency and Consensus Building on the Guidelines.

International Society of Media in Public Health (ISMPH) and Initiative for Health Accountability and Transparency (IHAT) with support from USAID/Nigeria State2State developed a guideline that will provide health care providers/implementers a clear understanding and orientation to establishing patients' rights and complaints/grievances resolution processes which is accountability and effective in delivering expected results. The Implementation Guideline is an instrument used to enhance Patients' experience and satisfaction, and improve confidence in healthcare delivery and overall service utilization. The team had visited the state primary health care development agency for consensus building on the guideline.

The meeting took place at Adamawa State Primary Health Care Development Agency in Yola North, on February 28, 2022, with 4 (males) including the Executive Chairman of Adamawa State Primary Health Care Development Agency (ASPHCDA). Copies of the Baseline Survey Report and the draft Implementation Guideline were submitted to the Executive Chairman – Dr. Sulaiman Bashir. To underscore the importance of the issues discussed, He committed to set up a review committee ahead of the next meeting with the Agency.

Also, an immediate observation was the absence of the Agency's name and logo on the document in line with USAID and State2State branding and marking policy. The Executive Chairman advised that for any document of such magnitude which is intended to be adopted as a working document for the agency, the logo must be represented in those documents to underscore their partnership in the implementation of the project. As such advised that incorporating the partner logo especially if it is a government agency is not only important but necessary for ownership. This was instantly communicated to State2State and it was approved.

4.1.5 Launching of "Campaign for Provider Accountability and Patients Right in PHC", Stakeholders' Participatory & Co-Creation Workshop for Activity Design and Implementation, Inauguration of a "Coalition for Health Advocacy" of CSOs/CBOs and the Media, and Dissemination of Patients' Bill of Rights:

On April 19, 2022. The International Society of Media in Public Health (ISMPH) / Initiative for Health Accountability and Transparency supported the Adamawa State Primary Health Care Development Agency (ASPHCDA) to launch the campaign for provider Accountability and Patients 'Rights in Yola North. The launching took place at Hometel Derivatives and Suites, Yola Adamawa State. The purpose of the launch was to increase citizens' awareness and understanding of the Patients' Bill of Rights, establish a coalition for health advocacy and ensure project sustainability through strong partnership, involvement, and participation of the CSO\CBOs and the media to enhance Provider accountability and Consumers' Rights in Yola North. A total of 72 stakeholders attended the program. (48 male and 24 female).

Key discussions at the launch centered on strengthening provider accountability and the promotion and protection of the rights of patients. The key stakeholders in their remarks, assured the team of their continued involvement and support to ensure that service providers would be held accountable for the

services they provide, create more awareness of the rights and responsibilities of patients as well as facilitate the promotion and protection of those rights.

Stakeholders were taken through a 20 minutes video clip which spoke to the negative experiences of patients with the health care service providers at PHC facilities and the need to promote the rights of patients and ensure that providers are held accountable for the services they provide. The experiences x-rayed the key challenge of uneasiness and apprehension in provider and patient relationships because of the lack of responsiveness on the part of the providers.

Speaking on the responsiveness of the health system, it was identified that the health system has three functions which are;

1. To reduce morbidity and mortality
2. To be responsive to the needs and demands of the citizens and
3. Financial protection.

The Executive Governor represented by the Head of Service Dr. Amos Edgar Sunday chaired the unveiling of the project signage and inaugurated the coalition of CBOs and CSO to facilitate a wider reach with the beneficiaries of the project, and encourage significant improvement in provider accountability and patients' rights. The coalition was also to boost stakeholders' understanding and awareness of the Patient Bill of Rights as well as increase compliance by providers. The Coalition consists of 6 members including the chairman of the Nigeria Union of Journalists (NUJ), the President of the Nigerian Association of Women Journalists (NAWOJ), the Amira of Federation of Muslim Women Association of Nigeria (FOMWAN), the district head, and the representative of other Civil Society Organisations (CSOs).

Members of the coalition were advised to work closely with the Local Government and the PHCs to monitor the implementation of the project for the advancement of health care delivery in Adamawa state.

In order to further fine-tune and ensure effective implementation of activities, a co-creation/design session was incorporated into the agenda. In a well-tailored discussion, participants-built consensus on the following issues:

1. IEC materials and discussions on Patients Rights and Complaints Management Processes should also be in local languages.
2. Functional and effective structures for reporting and filing complaints and grievances should be put in place at all levels.
3. Effective lines of communication on reporting and filing complaints and grievances between the healthcare providers and the communities should be established.
4. Complaints and grievances should be resolved in a timely manner to avoid undue delay in the resolution of cases filed and enhance confidence building.
5. That both the service providers and the consumers should frequently be brought together in a forum to discuss matters of patient's Rights for mutual understanding by both sides.
6. There is a need for wide dissemination of the roles of WDCs to all the stakeholders at LGA, and the health facility levels to enhance understanding.
7. There should be continuous efforts to train and sensitizes health care providers on upholding patients' rights.

8. Need for the health facilities, LGA and the ASPHCDA to have focal persons or advocates for patients' rights.

The printed copies of PBoR were disseminated to all stakeholders present.

4.1.6 Exploratory Meeting with the SMoH and the State House of Assembly on Policy and Legislative Support for Provider Accountability and Patients' Rights:

On April 20, 2022, ISMPH / IHAT facilitated an exploratory meeting with the Adamawa State Primary Health Care Development Agency (ASPHCDA) and the State House of Assembly. The purpose of the meeting was to secure policy and legislative commitment toward developing the relevant legal framework for improving Provider Accountability and Patients' Rights. The meeting took place in the boardroom of the Adamawa State Primary Health Care Development Agency in Yola North. A total of 23 stakeholders attended the meeting (15 male and 8 female).

Key discussions centered on the need for a citizen-driven demand system for quality healthcare service, the protection and promotion of patient's rights, and ensuring that the draft policy declaration on the promotion and protection of Patients' Rights in Primary Health Care in Adamawa is passed into law by the State House of Assembly.

It was identified that too often the interface between the care provider and the recipient of the care leaves a lot to be desired. Adding that a lot is yet to be done to promote and protect the rights of patients and resolve grievances arising from health service delivery, a major consequence of this negligence is that many healthcare professionals discharge their duties with levity.

He further emphasized the 3 dimensions of the project, which are ;

- Patient awareness of rights.
- Provision of grievance mechanisms.
- Provision of legal empowerment/ support.

And it was understood that the sustainability of the objectives of the project can only be achieved through policy instruments and legislation of which the overarching benefit will include:

- Positive impact on the health care delivery system and enhance compliance to patients' rights.
- Ensure an effective mechanism for grievance resolution which will undoubtedly improve provider and patients' satisfaction.
- Ensure service providers live up to their responsibilities.
- Improve the quality of healthcare and
- Guarantee institutionalization and sustainability of the initiative beyond the life span of the project.

The presentations were concluded with an ardent request for the support of all stakeholders to ensure that the policy is passed into law by the State of Assembly. Stakeholders present were assured of the commitment of the Project Team to avail themselves of presentations before the house and undertake further action when called upon.

The stakeholders restated their commitment to providing the necessary support to the team as requested. And the major outcome of the activity was the dissemination of the draft Policy Declaration on the Promotion and Protection of Patients' Rights.

4.1.7 Sensitization Meeting of the Forum of PHC Development Committees on their Roles and Responsibilities to Promote Provider Accountability and Patients' Rights:

The meeting took place at the Seric hall, Adamawa State Primary Health Care Development Agency in Yola North on April 21, 2022. The purpose was to improve the understanding of the Ward Development Committees (WDCs) members on Patients' Rights and Grievances Reporting and Resolution. A total of 30 stakeholders attended the meeting (27 male and 3 female).

Key discussions centered on the roles and responsibilities of the WDCs which is to ensure that Provider Accountability and the Rights of Patients are promoted and protected. Because the lack of sufficient information and awareness on the Patients Bill of Rights accounts for the difficulties faced by citizens in demanding their rights in healthcare, the meeting ensured that the stakeholders received the essential training and familiarization with the Patients' Bill of Rights to facilitate the demand for quality healthcare services.

The methodology adopted throughout the meeting was a participatory and interactive discussion using the power points already developed. The Hausa language was used as a dominant method of communication, this was adopted to allow for ease of comprehension, expression, and participation of stakeholders.

A presentation on Strengthening Provider Accountability and Patients' Rights was rendered and it stressed that provider accountability is basically about a health provider which can either be the professionals or the health care organization doing what is professionally appropriate and being answerable for their decisions and actions.

Speaking on Provider-Patient Relationship, the presentation maintained that a positive provider-patient relationship is essential for the improvement in quality of care, patients' experience, satisfaction, and clinical outcome and can promote service delivery according to legal, ethical, and professional standards. The activity featured another presentation that highlighted the specific and general roles and responsibilities of the Ward Development Committees to ensure that Provider Accountability and Patients' Rights are promoted.

Details of the roles were contained in the leaflets that were disseminated to the WDCs.

The session on Community Dialogue was guided by the open-ended questions developed to prompt a community dialogue approach for group work. It was intended to evolve a community-led agenda for Promoting Patients' Rights and Effective Grievances Resolution.

The stakeholders were divided into 4 groups consisting of 5 members to deliberate and develop a common understanding of various issues through the exchange of ideas and perspectives to proffer solutions to the

issues. This lasted for 60 minutes, every group was allotted 20 minutes to present the finding from their groups.

The spotlight of the discussions was on:

- Understanding of patient's rights and grievances resolution process by the participants judging by the Patients' Bill of Rights.
- Health worker's attitudes and practices to uphold patients' rights
- Community understanding of patients' rights and commonly violated Patients' Rights in PHC facilities.
- Participants' understanding of complaints and grievances in healthcare and common complaints and grievances reported in PHC facilities.
- The effectiveness of channels available for reporting and resolving complaints and grievances in PHCs and the duration of time for resolution of complaints and grievances.

The forum assured the project team of their continued commitment to support the project implementation and sustainability, bridge the information gap by cascading the training to the members of their constituencies, work with the facilities under their wards to enforce compliance with the Patients Bill of Rights by providers and ensure that complaints and grievances of health consumers get the desired attention.

4.1.8 Launching of Health Consumers Forum in Yola North, Adamawa State.

The launching took place at Homtel Derivatives and Suites, Yola North, Adamawa State On June 23, 2022. The purpose of the launching was to create a health consumer-driven participatory platform for promoting patients' rights and protecting provider accountability through a collective approach to ensure citizens are aware of their rights in healthcare and can make demands when their rights are neglected, and also file complaints when unsatisfied with health care services received. A total of 33 stakeholders attended the program. (20 males and 13 females).

Crucial discussions at the launch centered on the promotion and protection of the rights of patients and educating participants on the appropriate procedures and channels to register their complaints/grievances and have them attended to and resolved within a stipulated period.

In their various Speeches, the stakeholders assured the project team and the ADSPHCDA of their continued involvement and support to ensure that service providers would be held accountable for the services they provide, and also create more awareness of the rights and responsibilities of patients as well as facilitate the promotion and protection of those rights.

The presentation on Healthcare's Compassion Crisis focused on responsiveness to the needs and demands of the citizens, and the need for a participatory platform that can aggregate, promote and protect patients' rights and ensure provider accountability such as the Health Consumers Forum. Health Consumers' Forum is a "health consumer-driven participatory platform for promoting and protecting

patients' rights and ensuring accountability of the providers through a collective approach to achieve responsive, accountable, effective and efficient healthcare.”

It further highlighted the expectations of health consumers which he identified as the desire of health consumers for Quality Care, Health Improvement, and Quality of life when they come into contact with the provider and want to be well and survive an illness. He stressed that health consumers expect compassion, effectiveness, efficiency, and equity in services received from providers.

The session on Patients' Rights and Grievances Resolution Mechanisms in Primary Health Care focused on Improving responsiveness and promotion of healthcare services' consumer rights and satisfaction with health services. Using a participatory approach, the presentation outlined the various rights that patients have.

Grievance Resolution (Redressal) Mechanisms (GRM) were intensively discussed with much emphasis on Structures for grievance management in Primary Health Care, notification of rights to complain, channels to report Complaints, processes for implementing grievance resolution, communication in grievance resolution, and reporting and monitoring of grievances, etc.

The Roles and Responsibilities of the Health Consumers Forum were highlighted. Health consumers and citizens can demand accountability from health providers while ensuring that patient rights are upheld to achieve responsive, accountable, effective, and efficient Primary Health Care. This can be done through:

- Educating health consumers on their rights and responsibilities.
- Demanding health consumers' rights (i.e. health consumers having adequate knowledge about their health rights and filing complaints when their rights are violated.
- Follow through in the resolution process of complaints and grievances.

A management structure with interim officials and contacts channels was inaugurated to anchor Adamawa State PHC Consumers Forum and to facilitate significant improvement in provider accountability and patients' rights. A resolution was made on an eight-member management structure with members drawn from the ASPHCDA, LGA PHCA, Health Facilities, IHAT, and the WDCs.

The list of the newly inaugurated members was tendered to the representative of the Executive Chairman ASPHCDA to convene a meeting immediately to solidify the structure for immediate functioning.

The health consumers dialogue session was a participatory session where stakeholders were engaged to deliberate on issues regarding poor service delivery in the health sector and best practices that can be cultivated by providers and patients to enhance the promotion and protection of patients' rights. During this session, participants had opportunities to contribute and ask questions about provider accountability and possible ways to mitigate poor services in health facilities.

The activity also saw the dissemination of the Patient Bill of Rights (PBoR) to relevant stakeholders. There was media coverage to create visibility around the program.

4.1.9 Guidelines and Procedures (Protocols) for Managing Patients' Rights and Grievances Resolution Process in Primary Health Care.

ISMPH/IHAT with support from USAID/Nigeria State2State developed a Guidelines and Procedures for Managing Patients' Rights and Grievances Resolution Process that will provide health care, providers/implementers, a clear understanding and orientation to establishing patients' rights and complaints/grievances resolution processes which is accountability and effective in delivering expected results.

Goal: The Goal of the Guidelines and Procedures for Managing Patients' Rights and Grievances Resolution Process is to provide an instrument that will be used to enhance:

1. Provider satisfaction as employees (health professionals) and the employer (healthcare organization) become more responsible for the quality of their own work.
2. Patients' experience and satisfaction improve confidence in healthcare delivery and overall service utilization.
3. Increase in satisfaction of both the providers and patients will lead to better healthcare (quality improvement), enhance the value of services, and motivate health providers to give better care.

Based on the outcomes of the Baseline Assessment, the Guidelines and Procedures for Managing Patients' Rights and Grievances Resolution Process were developed to address:

- i. Principles Guiding Patients' Rights
- ii. Processes for Implementing Patients' Rights
- iii. Purpose and Objectives of Grievance Resolution Mechanism
- iv. Structures for Grievance Management
- v. Notification of Rights to Complain,
- vi. Channels to Report Complaints
- vii. Processes for Implementing Grievance Resolution
- viii. Principal steps in Grievances Investigation,
- ix. Reporting and Monitoring of Grievances
- x. Promoting Policy and Legislative Intervention
- xi. Strengthening Social Accountability: Nurturing Citizens' Participation and Voice

The development of the Guidelines and Procedures Manual was concluded and submitted to the Executive Chairman ADSPHCDA and Management for validation.

The presentation business meeting was attended by a project team member with printed copies of the Baseline Survey Report and the draft Implementation Guideline. The Executive Chairman – Dr. Sulaiman Bashir received the document and promised to set up a review committee to study the document, finalize and later subject it to a consensus-building and validation meeting of PHC Stakeholders.

4.1.10 Strengthening Management and Administrative Structures and Mechanisms for Complaints and Grievances Resolution: Helpdesks/Units and Walk-in rooms:

The activity on Strengthening Management and Administrative Structures and Mechanisms for Complaints and Grievances Resolution: Helpdesks/Units and Walk-in rooms were designed to give a boost to the role of the complaints system in the PHC System. This happened between June 1-24, 2022.

The complaints system allows patients to report complaints or grievances related to violations of rights, quality, and safety to a participating primary healthcare centre, and upon review and confirmation, the appropriate/designated agency is contacted to address the issues and may impose sanctions defaulting on practitioners or facilities. Patients' rights can't be achieved in the absence of an efficient, accessible, and user-friendly means of redress, should the patient consider his or her rights violated

It is therefore important to have complaints/ grievances mechanisms such as helpdesks, complaint units, and other channels that can receive citizens' complaints against grievances and problems, forward complaints to the appropriate authorities, and ultimately provide feedback to the complainant units. The mechanism will properly be aggregated and analyzed the data from reported cases and use the same to inform quality assessment or performance improvement programs.

The approaches task employed to strengthen the management and administrative structures at the agency, LGA, and PHC levels were.

- 1. Administrative and Reporting Structures:** with the support of ASPHCDA Complaints Helpdesk was established in each of the select PHC facilities, a compliant office in Yola North LGA PHC Authority, and at the State PHC Development Agency.
- 2. Staffing and Equipping of Reporting Structures:** Some personnel were designated as complaint desk officers at the PHC, the LGA, and the Agency with dedicated phone lines and reporting channels such as the compliant boxes, email addresses, IEC/Visibility materials, and monitoring tools for filling complaints.
- 3. Production of Monitoring Tools:** To ensure effective monitoring of the complaints system, the following tools were produced:
 - 23 Grievances Registers (1 per facility)
 - 46 Complaints Filling (Lodging) Forms (2 per facility)
 - 23 Monthly Complaints Summary Forms (1 per facility).
- 4. Training on the Use of the Monitoring Tools:** 52 participants (21 males and 31 females) partook in the practical training on the use of monitoring tools.

5. Distribution of the Monitoring Tools: The Monitoring Tools were distributed to 20 PHC Facilities in Yola North and the LGA and ASPHCDA Complaints Offices.

This important intervention considerably improved the quality of service delivery provided in Primary Health Care Centres and while enhancing patients' satisfaction and confidence in the system.

4.1.11 Training of Relevant Facility Desk officers on Complaints and Grievances Management in Yola North, Adamawa State.

ISMPH) / IHAT Consortium on June 24th, 2022 trained facility managers and desk officers in Primary Health Care Facilities on Complaints and Grievances Management. The program took place at the Seric hall, ASPHCDA, Yola North, Adamawa State. The training was conducted to improve the responsiveness of the Agency to manage complaints and grievances reported at selected Primary health care centres across Yola North Local Government Area.

A total of 52 (21 males and 31 females) participated in the training which was focused on the protection and promotion of the rights of patients by ensuring strict compliance with the Patients' Bill of Rights PBoR by health providers.

The training combined both presentations and interactive sessions in the delivery of the training as it was designed to enhance the knowledge and skill of participants around issues on grievance resolution (Redressal) Mechanisms (GRM), Communication in Grievance Resolution, Grievances Investigation, and Reporting and Monitoring of Grievances.

Participants also had time to test and interact with the tool that will be deployed to the field for the management of patient rights and grievances. The complaint system guaranteed effective monitoring and timely redressal of patient complaints. This institutionalized mechanism will yield a fair and impartial outcome, assuring patients of prompt and effective resolution of complaints.

The presentation on the complaint system highlighted the structures/mechanisms that will ensure that complainants have access to the appropriate channels for filing complaints and grievances as well as ensuring that they are undertaken on time and of good quality.

The trainees were instructed to ensure that complaints and grievances are lodged in a designated grievances register while ensuring feedback to the complainant and that the channels to report complaints are made known to health consumers on arrival at the health centers and at all service delivery points.

Trainees were taken through the 6 Steps involved in lodging and investigating grievances, these are;

1. Grievance reception/acceptance: Grievance can be directly forwarded to the facility management or through a suggestion box etc.
2. Acknowledgement: The aggrieved party receives confirmation that the grievance has been received.

3. Investigation: the investigation may necessitate follow-up meetings, interviews, and using relevant documents to resolve the issues.
4. Resolution: Depending on the findings and their severity, a resolution is often decided immediately.
5. Complaint Satisfaction: this can be done in two ways. If YES (i.e the patient was satisfied) the process concludes with a written agreement signed by the aggrieved party and management. If NO (i.e the patient isn't satisfied) If unresolved, it is taken up to the next higher level.
6. Documentation Management: Throughout the procedure, it is of the highest importance that documentation is kept in the health facility database.

There was a practical demonstration of the process of registering and filling complaints and grievances using the monitoring tools (grievance register, complaints lodging forms, and the monthly summary forms).

The training was conducted with media coverage to create visibility around the project and extract trackable commitments from the stakeholders.

4.1.12 2 Days Training of PHC Leaders, Managers, and Providers on Provider Accountability, Patients' Rights, and Professional Standards and Ethics for Optimal Performance in PHC Service Delivery.

The two-day training took place from August 24-25 2022, at SERIC Hall ASPHCDA, Yola Adamawa state. The training Strengthened Leadership and Management Capacity of Primary Health Care managers and other providers. It also improved my knowledge and understanding of Provider Accountability Mechanisms, Patients' Rights, Professional Standards, and Ethics for Optimal Performance in Service Delivery in Yola North, Adamawa State. A total of 31 participants (19 male and 12 female) attended the training.

A total of 31 (19 males and 12 females) participated in the training which centered on improving the quality and standard of health services and ensuring that primary healthcare leaders and other health providers have requisite skills and competencies in leadership, management, governance, and are conversant with management processes and practices, professional standards, and ethics for attaining and addressing the health needs of patients and health consumers.

The methodology adopted for the training was highly interactive, it integrated presentation on accountability in the health system, health care compassion crisis, grievance management, and health quality improvement. This institutionalized mechanism would build the PHC provider's, leaders, and managers' capacity for optimal performance in PHC service delivery.

The activity featured a group work session where participants were split into two groups of ten members to identify challenges and strategies for improving the performance of PHC. The task was conducted in fifty minutes and subsequently presented by the two groups. The groups were to deliberate of various issues through the exchange of ideas and perspectives to proffer solutions. Group A deliberated on current situations and persistent challenges in PHC while Group B worked on Policy and strategic options for improving PHC Performance.

Presentations were made on the following topics

- Dimensions of Accountability in the Health System
- Professional Accountability, Patient's Rights, Grievance Management, and The Implementation Guideline.
- Healthcare Quality Improvement.
- Healthcare's Compassion Crisis

At the end of the training, all the participants were subjected to post evaluation test to measure subject understanding and improvement.

The training was conducted with media coverage to create visibility around the project and extract trackable commitments from the stakeholders.

4.1.13 Public Enlightenment on Provider Accountability and Patients' Rights and Grievances Resolution - "Campaign for Provider Accountability and Patients' Rights in Healthcare" and Production and Dissemination of Patient's Bill of Rights.

Public Enlightenment on Provider Accountability and Patients' Rights and Grievances Resolution - "Campaign for Provider Accountability and Patients' Rights in Healthcare" and Production and Dissemination of Patient's Bill of Rights.

ISMPH/IHAT with the support of S2S embarked on public enlightenment programme in Yola North, from April 1 to September 30, 2022, with the purpose of increasing citizens' awareness and understanding of the Patients' Bill of rights, and the GRM and enhancing the visibility of Provider Accountability and Patient Rights in Adamawa State.

The awareness campaign involved the use of sensitization workshops, social media, signages, posters, T-shirts, face caps, handbills, jingles, and Tv and radio programs. Coordination and implementation of the enlightenment programme were conflict-sensitive and encouraged harmonious understanding of the project. It drummed up massive support, engagement, and participation of stakeholders and prompted a positive behavioral change in the provider-patient relationship.

In this project, Information, Education, and Communication (IEC) materials were utilized to create adequate visibility around the project. in Adamawa State. The team ensured that messages on the material were designed to provide information on Provider Accountability and Patient Rights while taking cultural particularities into account. The designs for the material were produced in total compliance with the S2S branding and marking policy before production and dissemination.

The visibility materials produced for the projects included; T-shirts (120 pieces), Face caps (120), Roll banners (1), Flex banners (3), Signage (23), Poster (500), and fliers (3,000) Some of the visibility materials for the project were produced in milestone 3, 4 and 5.

T-shirts and Face: 120 T-shirts and face caps each were produced for the project. These were distributed to stakeholders during the launching of the campaign on provider accountability in milestone

3. The T-Shirts were of two designs, one was a round neck while the was a collar neck. Information contained on the shirts were, the S2S logo and the project title while the face caps had just the S2S logo.

Roll-Up Banner: The information on the roll up- banner is generic, this was to allow for multiple usages throughout the duration of the project. it contained the S2S logo, the title of the project, and the goal. The banner was used in all the activities.

Flex Banner: Three flex banners size 8/7 feet were produced for the project. The information contained on the banners are; the activity title, date, time, and venue of the activity. The banners were used at the “launching of the campaign on provider accountability and patients’ rights”, “launching of health consumers forum” and “2 days Training of Primary Health Care Leaders, Managers, and Providers on Provider Accountability, Patients’ Rights, and Professional Standards and Ethics”.

Signage: The information on the signage was concise and translated into the Hausa language to allow easy readability and comprehension by all. It read “Patient Rights are quality care is Guaranteed in this facility” the Signage was distributed to the facility managers and was mounted in the visible area at the reception area of the facility. This was purposeful to capture the attention of incoming and notify them that the facility is patient rights compliant.

Fliers and Poster: The project produced 500 posters and 3,000 copies of the fliers. The content of the poster and the fliers are the same, the difference was in the sizes, the poster was size A2 while the flier was size A5. They contained information in English and Hausa language on Patients’ rights, the appropriate channel to make file complaints and grievances at the health facility, and numbers to call for further information. The Poster was placed in a highly visible area at the facilities to help keep patients constantly informed of their rights while the fliers were distributed to patients upon their entrance and exit from the facility.

4.1.14 Radio and Television Programme on Provider Accountability, Patients’ Rights, and Grievances Resolution.

Radio Programme

The consortium also used the radio platform to accelerate the adoption of intervention. The radio programme was aired from July to September 2022 on ABC 95.7FM Yola. The purpose was to create adequate visibility of the State2state-supported interventions in the area of Strengthening Provider Accountability and patient rights to enhance transparency and efficiency in primary care health in Yola North.

A total of 6 guests (all males) participated in the radio talk show. The engagements involved the airing of radio jingles and interactive talk shows with the project team and other key stakeholders who extensively discussed issues that bother around patients’ rights, health compassion, accountability in the health system, and complaint and grievance resolution structures in the PHC. Information about the hotline to reach for further inquiries and logging of complaints were also provided during the talk show.

ABC 95.7FM Yola broadcast from Yola Adamawa state reaching the entire northeast region (Gombe, Yobe, Bornu, Bauchi, Taraba) and some parts of Cameroon.

The radio talk shows were aired twice, once in July and August and the jingles were aired six times, twice in July, August, and September respectively.

The programme increased citizens' awareness of the Patient Bill of Rights and encourage the collaborative participation of citizens to ensure compliance with provider accountability while upholding patients' rights in the state. The methodology adopted for the talk show was participatory and interactive. Detailed reports on the radio activities and other deliverables have been submitted to State2state.

TV Programme

The consortium engaged in a Television programme from July to October 2022 in Yola North, Adamawa State. The purpose was to create adequate visibility around Provider Accountability and Patient's Rights in Adamawa State. A total of 8 guests (7 males and 1 female) participated in the television talk show.

The activity incorporated the airing of TV jingles and talk shows with guests from ASPHCDA, PHCDA Yola North, a patient, and WDCs. The panelists were engaged to deliberate on provider accountability, Patients' Rights, Grievances Resolution mechanisms, and improving health service delivery in PHC.

Adamawa Broadcasting Cooperation (ATV) and Africa Independent Television (AIT) were used for the TV engagement.

Adamawa Broadcasting Cooperation (ATV) Yola, covers the entire state, and parts of the neighboring states of Borno, Taraba, Gombe, and Cameroun republic. The station gives adequate coverage to urban and rural areas via news and programs to educate, sensitize and mobilize people toward a better society. ATV Yola is available on StarTimes channel 113.

Africa Independent Television (AIT) is a privately owned television broadcasting station in Nigeria. It operates free to air in Nigeria as the largest privately operated terrestrial television network with stations in twenty-four out of thirty-six states. AIT is also broadcast via satellite television.

The TV talk shows were aired thrice, once in August, September, and October while the jingles were aired five times, once in July, and twice in August and September respectively.

The jingles and interactive TV talk show reached millions of listeners and resulted in a measurable change in behavior and demand for efficient and quality health services in PHC in Yola North Adamawa State.

4.1.15 Community Scorecard Process with Multiple Stakeholders: Government Officials, Healthcare Providers, Health Consumers, WDCs, and Citizens.

On October 26, 2022, the International Society of Media in Public Health (ISMPH) / Initiative for Health Accountability and Transparency (IHAT) conducted a Community Scorecard Process with Multiple Stakeholders including Government Officials, Healthcare Providers, Health Consumers, WDCs, and Citizens. The activity took place at Luggere Primary Health Care, Yola North, Adamawa State.

The purpose of the Community Score Card was to evaluate service performance in the 20-target primary healthcare facilities in Yola North from the citizens' perspective and identify gaps and areas of improvement. A total of 34 (12 males and 22 females) participated in the scorecard process.

The process brought together the demand side ("service user"), the supply side ("service provider") of PHC service, and government representatives and other citizens who jointly analyzed issues underlying service delivery and quality of care, and find a common and shared way of addressing the issues.

The procedure adopted was a participatory and interactive dialogue to evaluate health service performance in Yola north, through focus group interactions. The Hausa language was used as a dominant method of communication, this was adopted to allow for ease of comprehension, expression, and participation of stakeholders however provision was made for a Hausa - English Language interpreter.

The majority of the participants were patients who were randomly and purposively selected from the 20 intervention PHC facilities in Yola North. The activity featured a group work session where participants were divided into two groups of 15- 16 persons and guided by 4 facilitators to discuss indicators, ascribe scores and the reasons for their choices, and suggest strategies that would improve service delivery in the identified area and thereafter, presented their consolidated scores.

The scorecard contained matrix and indicator questions that were scored on a scale of 1-5, where 1 is very poor, 2 is poor, 3 is, 4 is very good and 5 is excellent.

There was also a session for validation exercise where participants convened to deliberate on the matrices, their scores, and the reasons for the scores and also discuss the suggested and action plans for improvement strategy.

The following areas were assessed to ascertain the progress in the level of implementation and compliance of providers with Patient rights and Grievances Resolution Mechanisms in the targeted health facilities:

- Level of implementation of patient's rights in targeted health facilities.
- The usage of the grievance resolution mechanism.
- The effectiveness of channels complaint/grievance mechanisms that exist.
- Process of implementing grievance resolution mechanism.
- Patient satisfaction with services in primary healthcare facilities.
- Citizen participation in the demand for improved health services.

The community scorecard process was implemented in two groups of 15-16 persons with each group guided by 2 facilitators. The groups were composed of Providers (Facility Managers and Desk Officers), Government Officials from the ASPHCDA and PHCDA Yola North, Ward Development Committee Chairmen, and patients (Pregnant and nursing mothers inclusive) drawn from the 20 targeted facilities in Yola north. The patients were purposively and randomly selected. Some were from patients who have registered their complaints/ grievances using the monitoring tools in the health centers others who receive



health services from the target facilities were randomly hand-picked and invite patients to participate in the exercise.

The scorecard contains matrix and indicator questions that were scored on a scale. (i.e., score 1-5, where 1 is very bad and 5 is excellent). Indicators are used to show changes and progress; they are signposts of change along the path of improvement desired.

The group work was followed by a group presentation session and plenary where the groups reconvened to respectively present their consolidated scores and recommendations for improvement.

Using the priority indicators, participants developed an action plan for improvement which also consisted of the lead implementer, the resources needed, and completion dates for each activity, this was to ensure community ownership and project sustainability. The activities are to be implemented at the facility, LGA, and the state level.

4.1.16 Quarterly M & E Visits (Facility Tours and Surveillance, Quality of Care, Patients' Satisfaction) in target PHC in Yola North, Adamawa State.

The International Society of Media in Public Health (ISMPH) / Initiative for Health Accountability and Transparency in collaboration with the Adamawa State Primary Health Care Development Agency (ASPHCDA) and Yola North Primary Healthcare Authority (PHCA) to conduct quarterly M & E Visits (Facility Tours and Surveillance) to the targeted Primary Health Care facilities in Yola North. The visit took place in the third and fourth quarters. The purpose of the monitoring was to assess the quality of health care services provided evaluate the use and effectiveness of the complaint/grievance resolution structure established and the ascertained level of compliance of health service providers on the patient's rights, complaints, and grievance redress in the 20 select Primary health care facilities in Yola North.

The monitoring visits ensued after the activities on Strengthening Management and Administrative Structures and Mechanisms for Complaints and Grievances Resolution and the training of relevant facility managers and desk officers on complaint and grievance resolution management. These activities were conducted to improve the responsiveness of the Agency, LGA, and the health facilities to manage complaints and grievances reported at selected Primary health care centers across Yola North Local Government Area.

The key indicators used for monitoring and tracking the efficiency of the GRM system include the following:

- Number of grievances resolved through direct channels.
- Number of grievances escalated to the next level.
- Number of grievances resolved within the established timeline (minor 24 hours).
- Number of grievances resolved within the established timeline (major 72 hours)
- Number of beneficiary grievances related to the quality of service
- Number of beneficiary grievances related to billing and hospital fees.
- Number of beneficiary grievances related to denial of services.
- Number of beneficiary grievances related to delay in receiving service.
- Number of grievances for which patients received feedback.
- Number of grievances for which patients didn't receive feedback.

Findings from the monitoring.

- All the PHC facilities claimed that the training they received on complaint and grievance management was cascaded to other staff in their facilities, however, on the point of an interview with the staff, it was discovered that besides the facility managers and desk officers, most of the other providers in some facilities are ignorant of PBoR and the Grievance resolution process.
- Posters in some facilities were not strategically placed in highly visible areas where patients on entry and exit can access them to read.
- Greater percentage of patients interviewed during the visit claimed they are ignorant of patients' rights.
- Patients are not sensitized about the complaint process and the complaint desk existing in the facilities.
- In some cases, complaints are received and resolved verbally without proper documentation.
- Some health workers are deliberately refusing to document patients' complaints and do well at concealing the act from their facility managers. this is because they feel that it would mean inditing or exposing them.
- Providers filter complaints to make them appear light and acceptable.
- Patients are not utilizing the complaint box.
- Patients are not willing to register or escalate their complaints because they are scared that the officer in charge would be relieved of his/her duties.
- The registers are available but not in use in some facilities.
- The monitoring tools are not properly filled in some facilities.
- Health providers go about their duties without their uniforms, this makes it difficult for patients to properly identify them.

Describe your intervention's accomplishments/outcomes. This should correspond to your indicators.

The activities for the twelve months intervention were categorized into seven milestones with indicators to track and monitor changes, performance and impacts.

Milestone 1:

The Achievement made on this milestone was the approval of the workplan for the intervention.

Milestone 2

- Facilitated baseline study to access, monitor, and evaluate the status of provider Accountability and Patients' Rights in Primary Health Care Centres in Yola North LGA to support accurate benchmarking of S2S-supported intervention in that direction.
- Produced and submitted a Policy declaration to the State House of Assembly Committee on Health. The Policy declaration is to strengthen health provider Accountability and patients Rights and will serve as a reference document for the development of a state Policy and a Law on Health Provider Accountability and Patients Rights.

Milestone 3:

- The intervention was officially launched. At the event, top government officials were in attendance including the Governor of Adamawa State who was represented by the Head of Service and Members of the SHoA Committee on Health etc. The team secured buy-in to support the intervention in Yola North LGA and if possible replicate it across the 21 LGAs.
- Introduced provider accountability and patients' rights to Ward Development Committees (WDCs) for the first time and trained them on their roles and responsibilities toward improved service delivery.
- Also the setting up of WDC of Subcommittees on the promotion and protection of patients' rights to ensure effective reporting, monitoring, and resolution of complaints and grievances.
- For the first time in the State, Guidelines, and Procedures (Protocol) for Managing Patients' Rights and Grievances Resolution processes in Primary Health Care were developed and accepted by Adamawa State Primary Health Care Development Agency as a working tool and shared same to Primary Health Care Centres for onward implementation.

Milestone 4:

Implementation of milestone 4 witnessed another major achieve me. For the first time in the state, a health consumer forum was convened to discuss issues around patients' rights and grievance reporting mechanisms for improved service delivery.

- Also the team facilitated the training of 52 officers of ADSPHCDA on the implementation of effective Mechanisms for Complaints and Grievances Resolution. Also distributed tools for adequate recording and monitoring of the Grievance Resolution Mechanism. To support this mechanism, the agency established an administrative structure and dedicated phone numbers at Yola North LGA while linking to the agency.



Milestone 5:

- Implementing this milestone improved the knowledge of 20 ADPHCDA senior officials' on Provider Accountability Mechanisms, Patients' Rights, Professional Standards and Ethics to support desk officers to implement the GRM effectively in PHCs.

Milestone 6:

- The Community Scorecard meetings revealed significant improvement in service delivery at the PHCs in Yola North. Citizens rated the implementation of GRM high and will want it replicated across the remaining 20 LGAs. was conducted.

4.3 Summary of Local Capacity

Development: all training activities done during the intervention should be listed in the table below *(include more rows as may be necessary)*

Implementation update table (December 1, 2021 – November 21, 2022)									
Activity Name	Activity Date	Activity Venue	Gender		Total	Disaggregated By			
			M	F		Age 15-29 = A 29& above =B	PWD	Youth	Adult
High Level Advocacy and Dialogue with Legislators, State Government, SMOH, SPHCDA and Media on Providers' Accountability and Health Consumers' Rights.	22nd and 25th of February, 2022	Yola, Adamawa State	30	4	34	B	-	-	34
Meeting with SPHC development agency and consensus building on the guidelines.	28 th February 2022	Yola, Adamawa State	4	-	4	B	-	-	4
Launching of "Campaign for Provider Accountability and Patients Right in PHC", Stakeholders' Participatory & Co-Creation Workshop for Activity Design and Implementation, Inauguration of a "Coalition for Health Advocacy" of CSOs/CBOs and the Media, and Dissemination of Patients' Bill of Rights	April 19, 2022.	Homtel Derivatives and Suits, Yola North, Adamawa State.	48	24	72	B	-	-	72
Exploratory Meeting with the SMoH and the State House of Assembly on Policy and Legislative Support for Provider Accountability and Patients' Rights.	April 20, 2022.	ASPHCDA, Yola North, Adamawa State.	15	8	23	B	-	-	23
Sensitization Meeting of the Forum of PHC Development Committees on their Roles and Responsibilities to Promote Provider Accountability and Patients' Rights.	April 21, 2022.	The Seric Hall ASPHCDA, Yola North, Adamawa State.	27	3	30	B	1	-	30
Launching of Health Consumers Forum; Promoting Patients' Rights and Providers Accountability and Enhancing Efficiency and Quality of Care in Healthcare Delivery."	June 23, 2022	Homtel Derivatives and Suits, Yola North, Adamawa State.	20	13	33	-	4	3	30
Strengthening Management and Administrative Structures and Mechanisms for Complaints and Grievances Resolution: Helpdesks/Units and Walk-in rooms	June 2022.	Yola, Adamawa State	-	-	-	-	-	-	-
Guidelines and Procedures (Protocols) for Managing Patients' Rights and Grievances Resolution Process in Primary Health Care	February 2022.	Yola, Adamawa State	-	-	-	-	-	-	-
Training of Relevant Facility Desk officers on Complaints and Grievances Management in Yola North, Adamawa State	June 23, 2022.	The Seric Hall ASPHCDA, Yola North, Adamawa State.	21	31	52	B	-	15	37
2 Days Training of PHC Leaders, Managers, and Providers on Provider Accountability, Patients' Rights, and Professional Standards and Ethics for Optimal Performance in PHC Service Delivery.	August 24-25, 2022.	The Seric Hall ASPHCDA, Yola North, Adamawa State.	19	12	31	B	-	4	27
Radio Talk Show on Provider Accountability, Patient's Rights, and Grievance Resolution Mechanism.	July 14, 2022 August 30, 2022	Adamawa Broadcasting Cooperation [ABC]	6	-	6	B	-	-	5
TV Talk Show on Provider Accountability, Patient's Rights, and Grievance Resolution Mechanisms.	August 24, 2022. September 30, 2022.	Adamawa Television [ATV]and Africa Independent	7	1	8	B	-	-	8



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	October 4, 2022	Television [AIT]							
Community Scorecard Process with Multiple Stakeholders: Government Officials, Healthcare Providers, Health Consumers, WDCs, and Citizens.	October 26, 2022	Luggere PHCC, Yola North, Adamawa State.	12	22	34		1	15	19
Quarterly M & E Visits (Facility Tours and Surveillance, Quality of Care, Patients' Satisfaction) in target PHC in Yola North, Adamawa State.	July - October 2022.	PHC facilities in Yola North, Adamawa State.	-	-	-		-	-	-

5. INTEGRATION OF CROSSCUTTING ISSUES

5.1 Gender Equality and Social inclusion:

This component of the project is very crucial as gender-disaggregated data give a clearer picture of the actual impact of the project. It is on account that the gender dimension was included even in the design of the activities.

As part of the efforts in mainstreaming gender equality and social inclusion, the project ensured that beneficiaries of every activity had women, men, youth, and other marginalized groups. Beneficiaries were a diverse mix of Christians, Muslims, natives, and non-natives. Part of the engagements with the stakeholders was done in their native language (Hausa) and the ICE materials deployed in the PHC facilities were translated into the Hausa language, this facilitated easy comprehension and enhanced interaction during the activities. To promote inclusion, people living with disability also participated in the activities and had access to the Grievance Resolution Mechanism. To ensure the projects effectively recognize gender perspective, gender equality was fused into the activities. A total of 327 stakeholders participated in all the activities 209 men and 118 women.

5.2 Citizen Engagement

Citizen engagement is an essential component of governance and it's important to achieving improved development and service delivery. Activities implemented employed the “do no harm” approach and ensured citizen engagement was conducted professionally and in a manner that minimizes the chances of an undue conflict. To promote citizen engagement:

- Participants for the activities were carefully selected from all the target 20 PHCCs in Yola North, various wards, and other relevant health management institutions in the state.
- Citizens were engaged in a Community Dialogue session that focused on Community-led Agenda for Promoting Patients' Rights and Effective Grievances Resolution.
- A citizen's demand was captured in the draft policy declaration on the promotion and protection of Patients' Rights in Primary Health Care which was presented to SHoA as an instrument to drive the enactment of the bill for improving Provider Accountability and Patients' Rights in Adamawa State.
- Engaging citizens in training sessions provided an avenue to capture citizens' recommendations as it concerns health facility responsiveness and protection of patients' rights.
- Inputs from citizens were captured in the development of the Guideline and Procedures for Managing Patients' Rights and Grievances Resolution Process in Primary Health Care and the design and production of the monitoring tools.
- Citizens were actively engaged in the development of a work plan for the implementation of recommendations to ensure community ownership and project sustainability.
- Additionally, IEC materials, broadcast, and social media platforms were extensively utilized to drive engagement and awareness in the State and beyond.

5.3 Sustainability Mechanism:

Having a sustainability approach to implementation is relevant for institutional and local ownership as this would ensure that reforms and interventions are continued by the citizens. The activities conducted under this project factored sustainability into its approach. The gains of this wide consultation are evident in the receptiveness of the intervention by beneficiaries – the community and the State Primary Health Care Development Agency.

To ensure sustainability, the following buy-in was obtained.

1. The ASPHCDA, PHCDA Yola north, health providers, and patients co-created a Workplan for continuous implementation of the improvement strategies for the project. This is to ensure community ownership and project sustainability.
2. The forum of the Ward Development Committees (WDC) set up a subcommittee to work with the facilities under their wards to enforce compliance with the PBoR by providers and ensure effective reporting, monitoring, and resolution of complaints and grievances.
3. The project Inaugurated a coalition of CSO/CBOs/Media for Health Advocacy in Adamawa State to increase media awareness of the project, boost stakeholders' understanding and awareness of the patient bill of rights, and increase compliance by providers. and encourage significant improvement in provider accountability and patients' rights.
4. To underscore collaboration, the Adamawa State Primary Health Care Development Agency (ASPHCDA) cocreated the guideline for managing patients' rights and grievance complaint mechanism.
5. Also, the State Primary Health Care Development Agency provided its own staff to be trained and deployed as desk officers to manage the already developed helpdesk the for resolution of patient's grievances Agency has already institutionalized a mechanism to ensure compliance with the Patients' Bill of Rights (PBoR) across intervention PHCs.
6. Already the activities delivered under the project brought together major players in the health sector to ensure shared understanding and synergy in implementation. The ever-first Adamawa State Health Consumers Forum (HCF) brought together not only the State Primary Health Care Development Agency but also the Adamawa State Contributory Health Agency whose core mandate is to secure universal health coverage and assess the quality and affordable healthcare service.
7. With lessons learned in implementation, the State Primary Health Care Development Agency is presently planning to scale up this intervention to poor-performing LGAs to promote patronage and to key into the project and structure it on the agency's tool for supervision.
8. The Adamawa State Primary Health Care Development Agency (ASPHCDA) mandated the setting up of administrative and reporting structures comprising of complaints helpdesk in each of the PHC facilities, a complaints office at the Yola North LGA PHC Authority, and a complaints office at the State PHC Development Agency with designated personnel as complaints desk officers and also ensure that there exists a dedicated telephone line for filing complaints are provided with reporting channels such as complaints boxes, and email addresses.
9. And because it is important to reforms that there be a legislative framework that supports it, the state Primary Health Care Development Agency has expressed commitment to send a bill that



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supports Patients' Rights and Grievance Mechanism to the SHoA using the developed policy on Patients' rights and grievance Mechanism as bases.

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Activities implemented under this project has been hailed as pioneering in a lot of ways. The major successes recorded from the project implementation are:

- For the first time in Nigeria, a systematic approach to patients' Rights and grievance reporting mechanism was instituted and this was done with support from the original duty-bearing agency of government.
- Also, for the first time in the state and maybe in the country at large, a Health Consumer Forum was convened to represent the interest of health consumers while leading advocacy for improved service delivery in the sector.
- The project's key stakeholder ASPHCDA has resolved to incorporate patients' rights and grievance redress mechanism in the policy document of the state to enforce its legislation and operability.
- An efficient approach to patients' Rights and grievance resolution mechanism was established and this was done with support from the original duty-bearing agency of government.
- The House Committee on Health assured the project team that the committee will do all that is required to facilitate the passage of the bill on the promotion and protection of Patients' Rights in PHC in the State.
- The biggest gain made in the implementation of activities was the level of collaboration and buy-ins from agencies of government, and relevant stakeholders.
- It is worthy of note that the impact of the pieces of training on the PHC facility managers and leaders informed the recommendation for continuous refresher training and escalation of the project to encompass the remaining twenty-one LGAs in Adamawa state. This is a positive outcome for the project as it further underscores citizens' and government's interest in improved service delivery in PHC in Adamawa state.
- An effectual guide to evaluating service performance from the citizen's perspectives was developed.
- Also, for the first time in Yola North, the demand side ("service user"), the supply side ("service provider") of a PHC service, and government representatives and other citizens were convened to jointly analyze issues underlying service delivery and quality of care, and cocreate action plans for addressing the issues.
- ADSPHCDA expressed willingness to adopt developed guidelines for use across PHCC in the state.
- Primary Health Care Development Authority Yola North is set to incorporate continuous PHCC monitoring into its supervisory plan to ensure effective use and compliance with the GRM in the facilities.
- The success of the intervention cannot be denied as it is informing a gradual behavioral change of the health provider. A story was told by Rukaiya Mohammed, a Patient from the Yelwa ward. It was how she learned about Patients' rights.



Narrating her experience, she spoke thus
“One day I went to the clinic near my house

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and met the provider on duty, she looked at me but did not give me deserved attention. **I heard the other provider close by said; Patient’s right three times”. Immediately the provider turned to me and attended to me with rapt attention. I was surprised by the sudden change after which they gave me a flier that contained the rights.** This program seems to be an eye-opener to our providers and consumers. Our provider now gives detailed due diligence to the care of patients. Patients now experience compassionate care. One area of change is the area of fees paid. Before this program, one can be refused treatment because of lack of money to pay for drugs but now they discuss how they can help to allow patients to pay installments after treatments. Modalities are now put in place to attend to patients with or without money”.

7. LESSONS LEARNED

The Key lessons from the project implementation are:

- **Limited capacity of health professionals on patients' rights and grievances management:** There are considerable gaps in knowledge, skills, and competence of health care professionals on patients' rights and grievance management, this is due to poor attention to patients' rights and provider accountability issues in PHCs in Yola North. The training built the capacity of health professionals in these areas.
- **Insufficient Knowledge on Health Governance:** The project learned that health leaders and managers lack the requisite skills and knowledge on governance and managerial processes in PHCs in Yola North, the training was a significant step to building their capacity in these areas.
- **Participants' Attention:** The project team learned that during Ramadan, the attention span of participants can be short. This requires shorter engagements and concise remarks.
- **Concealment and Suppression of Complaints:** There's a lot of concealment and suppression of complaints by the provider and the patients. This is because providers are skeptical about lodging complaints for the fear of being indicted or sanctioned, and some are not knowledgeable on how to properly use the tools. Differentiating between complaints and grievances is also an issue of great concern.
- **Insufficient Awareness and Poor Provider Compliance with the Complaints Process:** Compliance with the Complaint process is low on the part of the provider, this is considered to be due to the low awareness of patients about the complaint channels available in the facilities. The facilities were requested to integrate teachings on Patients' rights and GRM into their educational sessions and also engage with the communities through the ward development committees to raise awareness of patient's rights and the complaint process.
- The Adamawa State Primary Health Care Development Agency requested to have its logo on the IEC materials for the purpose of ownership and continuity. The inclusion of the agency's identity (logo) on the monitoring tools and IEC materials, resulted in a boost in the interest and commitment of the APHCDA itself and other key stakeholders to the project implementation and the overall objective of an accessible and improved healthcare service in the state.
- **Native Language:** The use of the native language (Hausa) improved learning, comprehension, expression, and participation of all stakeholders. Participants were better able to understand/embrace the concept and approach to the program. This made the engagements more inclusive as participants contributed in comfort.
- **Language Differences.** While working on the translation of the information on the signage, the project learned that the use of the word "Takenmu" will be difficult to understand by non-locals who patronize the health facilities, the team opted for "Burinmu" instead which is better understood by all.

8. RECOMMENDATION

1. Utilization of Technology-driven Solutions to GRM.

Considering the expected increase in the number of reports and petitions to be received in the facilities regarding service delivery and lack of actions on violation of patient's rights, it is recommended that the project can explore technology-driven solutions to GRM. This would entail developing a Grievance Resolution Software (GRS) which would facilitate efficient operation, and generate data and reports for quicker grievance redress, tracking, and accurate monitoring. This process would enable health consumers to have uninterrupted access to electronic platforms for the lodgment of complaints, it will also lessen the challenges with suppression and concealment of complaints and grievances.

2. Expansion of project to other LGAs in Adamawa state

The project is currently being implemented in one LGA out of the existing 21 LGAs in Adamawa State, the consortium recommends that state2state consider expanding the project to include other LGAs as this would hasten the institutionalization of patients' rights in Adamawa State thereby fulfilling the overarching objective of the project. The consortium can work with ASPHCDA and other stakeholders to leverage the existing guideline and structure utilized in Yola North and replicate the same at the PHCs in other LGAs in the state.

3. Institutionalization of knowledge and Capacity.

The project recommends the expansion of the number of health providers that can be trained in the PHC and agency per time to help institutionalize knowledge and capacity for complaint and grievance management. Training more persons would mean a broader spread of knowledge and operation of GRM. This will also ensure effective monitoring of the complaints system, and satisfactory redress of patient complaints and grievances. S2S can provide guidance, to the ASPHCDA using the developed guideline to onboard and familiarize new staff on the use of the GRM.

4. **Advocacy for Budgetary Allocation:** The PHC facilities need routine supportive supervision by the LGA and the ASPHCDA, this would put the providers on their feet to sustain the gains achieved. As a demonstration of commitment to the ASPHCDA, the project strongly recommends that budgetary provision for monitoring from the agency and the LGA should be considered, this would aid sustainability.

5. **Periodic Refresher Training:** State2state can provide support to ASPHCDA and Yola North LGA Management to train middle-level management (MLM) on management, supervision, monitoring, and evaluation of health projects. The support can be extended to training managers of health facilities and data officers on data analysis and record keeping in health facilities. The project strongly recommends that State2state supports the consortium/ASPHCD to conduct periodic training for primary health care management at the LGA and health facility levels on PHC leadership and governance, and health facility management.

6. Continuous Facility Monitoring.

To ensure effective monitoring of the complaints system, and satisfactory redress of patient complaints and grievances. The project strongly recommends routine supervision of the facilities by the LGA and the ASPHCDA. State2state can support 4-5 LGA teams of supervisors for weekly/monthly monitoring and supervision of the facilities.

7. Need to Re-conduct the Community Scorecard Process.

It is worthy of note that the time interval between when the complaint system was instituted to when the community scorecard process was conducted was rather too short to measure impacts or evaluate project performance. The project strongly recommends that CSC should be re-conducted at a later time when the GRM system has gained ground. It is also important that the CSC is conducted in every ward with people in that community. This is because bringing just a person from each of the facilities would not guarantee adequate evaluation as one person's opinion can't be used to assess the impact of the intervention or determine the perspective of over 1,000 persons who use each of the facilities.

8. **Increased Awareness of PBoR and GRM:** The inclusion of patient rights and grievance redress mechanisms in regular healthcare education sessions during immunizations, and anti-natal clinics is very necessary, this would increase the awareness of consumers that patronize the healthcare facilities.



9. ANNEXES:

Incorporate all requisite attachments and ensure that you attach scanned copies of all attendance sheets and any other means of verification. Also, ensure that you send in quality pictures of any of the events mentioned in this report

List of attachments to the report e.g(pictures, attendance, action plans, etc.)

S/N	Attachment	ANNEXES
	Attendance Sheets	
	M & E Plan	
	Link for Recorded TV and Radio Programme	
	Distribution Sheet.	

10. SUMMARY OF QUANTITATIVE RESULTS TO DATE

You are expected to report on your indicators and ensure that all activities are directly contributing to the indicators and also having causal linkages to your overall objective. Please list out the indicators in the column where you have indicators and also provide your objectives in the column where you have objectives and do the same for your overall goal. You are also expected to provide us with figures that contribute to each of your indicators quarterly.



USAID/State Accountability, Transparency, and Effectiveness (State2State) Activity



USAID/State Accountability, Transparency, and Effectiveness (State2State) Activity

S/N	Indicators	Method of Data collection	Means of Verification	Year One Target														LOP Target
				M1 T	M1 A	M2 T	M2 A	M3 T	M3 A	M4 T	M4 A	M5 T	M5 A	M6 T	M6 A	M7 T	M7 A	
1	bbb																	



Key:

M1, M2 etc = Month 1, 2,

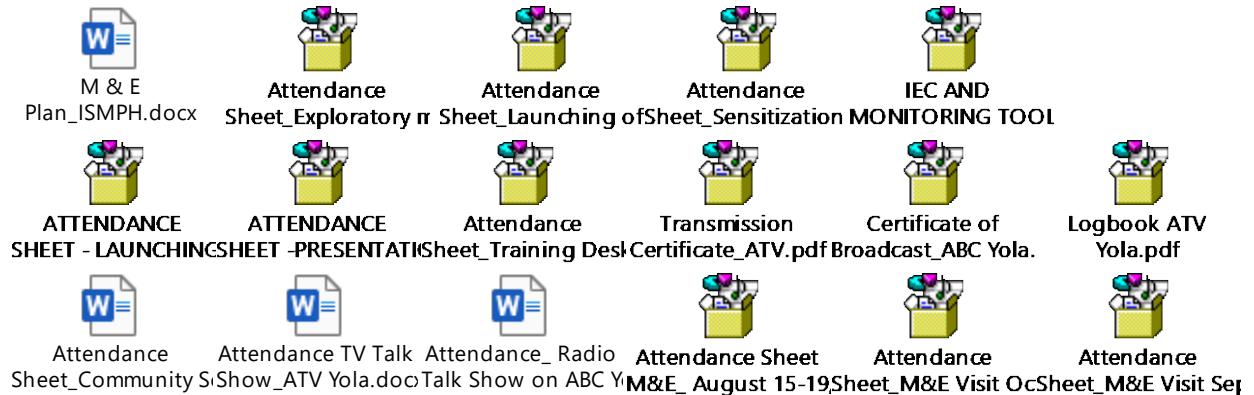
T = Target

A = Actual

Sign:

S/N	Position	Name	Date	Signature
1	Program Manager/Officer	Amanda Ijeoma Ogboo	17/11/2022	
2	Executive Director (Certification)	Moji Makanjuola	17/11/2022	

ATTACHMENTS



M & E Plan_ISMPH.docx

Attendance Sheet_Exploratory r

Attendance Sheet_Launching of

Attendance Sheet_Sensitization

IEC AND MONITORING TOOL

ATTENDANCE SHEET - LAUNCHING

ATTENDANCE SHEET - PRESENTATION

Attendance Sheet_Training Des

Transmission Certificate_ATV.pdf

Certificate of Broadcast_ABC Yola.

Logbook ATV Yola.pdf

Attendance Sheet_Community S

Attendance TV Talk Show_ATV Yola.doc

Attendance_Radio Talk Show on ABC Y

Attendance Sheet M&E_August 15-19

Attendance Sheet_M&E Visit Oc

Attendance Sheet_M&E Visit Sep

Link for Recorded TV and Radio Programme

https://drive.google.com/drive/folders/15W6gY03pKPIaDhzug3GTcWI55qAQI7rC?usp=share_link