

IMPROVING BASIC HEALTH CARE PROVISION FUND (BHCPF) IN KANO

To ensure that the Basic Health provision Fund (BHCPF), serves as a catalyst for improving services to all citizens category, the State government's aspiration of a healthy and wealthy population with access to quality healthcare in an equitable manner is closer to being achieved.

PERL's engagement in Basic Healthcare Provision Fund (BHCPF) began in April 2021, noting the objective behind the scheme which is to provide access to quality healthcare to the vulnerable population, including women and Persons with disabilities (PWDs). Since then, PERL has contributed a report on Contextual Analysis for the implementation of BHCPF in Kano State. PERL's support in linking the KSCHMA M&E Plan with the BHCPF protocols and other initiatives such as the 10-Year Strategic Plan has led to the development of an electronic feedback mechanism. PERL has also facilitated KSCHMA's engagement with the Ward Development Committees (WDCs) and this is leading to more enrolment of beneficiaries onto the BHCPF; another support saw PERL facilitating engagement between KSCHMA and the media to agree approaches for improved sensitization on its various schemes.

Meanwhile, Kano State has been able to access approximately N853 million through the National Primary Healthcare Development Agency (NPHCDA) gateway, N948m through the National Health Insurance Scheme (NHIS) gateway. The National Primary Healthcare Development Agency has approved the enlisting of 381 primary healthcare centres (PHC) in 381 of the 484 (79%) wards in Kano state for service delivery using the funds. The Kano State Contributory Healthcare Management Agency (KSCHMA) has also empanelled these health facilities into the scheme as well. But despite the huge amounts available for the scheme and the potential to benefit the target audience, the perceived intricacies regarding the working arrangements for the various structures charged with management and oversight of funds may infringe on this opportunity for the teeming vulnerable population in the State. It behoves the State Steering Committee on BHCPF to provide the required oversight and to ensure that the Kano State Contributory Healthcare Management Agency and State Primary Healthcare Management Board (SPHCMB) perform their respective roles as the gateways for implementing the scheme. It is expected that once the oversight becomes effective, the access provided by over 381 PHCs to 79,000 vulnerable population (Disable, sickle cell patient, People Living with HIV, poor and other vulnerable population) enrolled shall be almost seamless; despite the poor condition in some of the facilities and other political and administrative interfering factors.

This gives citizens a clear role in tracking and advocating for improvements, particularly in improving access, to basic health care services through proper use of the Annual Quality Improvement Plan (AQIP), Quarterly Business Plan (QBP), and capitation funds, as well as other pro-poor services like ANC, facility delivery, and routine immunization.

PERL has been pushing and supporting the BHCPF Gateways towards improve service provision especially in the areas of follow ups and utilisation of the mean resources for vulnerable groups in the state, but one of the gateways seems and appears domineering by not allowing Citizens to constructively engage and support the scheme even if it is through advocacy, maybe due capacity and bureaucratic issues as shown in the PEA.

PERL provided technical and logistics support to the Kano State Accountability Mechanism Platform to conduct an analysis of the health sector allocation in the 2022 State Budget, which provided an insight on the need to ascertain level and where to advocate for improved concentration to the provision of Basic Healthcare (BHC) delivery in the state as reflected in the 2022 budget.

The Kano Led Accountability Mechanism Platform in collaboration with the state alliance of the Ward Development committees were supported by PERL to review and deployed the Basic health care accountability framework and also identified key advocacy issues to engage the duty bearers at the service delivery point. These advocacies were related to the continuous vulnerable enrolment to fill in the gaps that occurs, and also to the need to emphasised on the use of a facility level accountability mechanism to track the utilisation of the DFF and the Capitation fund. The session was jointly supported with LAFIYA, and the deputy directors from the Kano State Contributory agency and the Primary Health care board were all in attendance.

Another session with the State Led Accountability Mechanism Platform the Ward Development Committee and the Open Government Partnership was facilitated towards tracking the viability of the Basic health services provision at service delivery point, with PERL providing technical and logistics support which led to identification of the ward technical officer's forum at the BHCPF accredited facilities and that promote collaboration as the WATO's are the umbrella body of all officers in charge of the PHCs.

PERL has provided yet another technical guidance and mentorship to KanSLAM and the WDCs were they paid an advocacy engagement with Honourable Commissioner ministry of Health and engage him on the need to convey the SEMTC meeting towards addressing challenges face on course of implementation of the basic health care provision services in the state.

PERL also facilitated another meeting with State led accountability platforms and other Health partners working in the areas of improve services like OGP, WDCs, VHC, FHCs, LHCs and Kano Budget Working Group, women and other excluded groups to identify and develop ways of addressing challenges face in the implementation, releases and utilisation of the equity fund and other Basic Health Care Service provisions.



Cross section of participants Including WDCs during meeting Health Partners



Alhaji Bashir Adamu Jigirya the State WDC chairman with other members from Warawa LGA on advocacy to the Primary Health Care Manager on improving engagement around BHCS

