

**CIET**

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**Summary Report**  
**SR-N-n1bh-06**

**Nigeria**

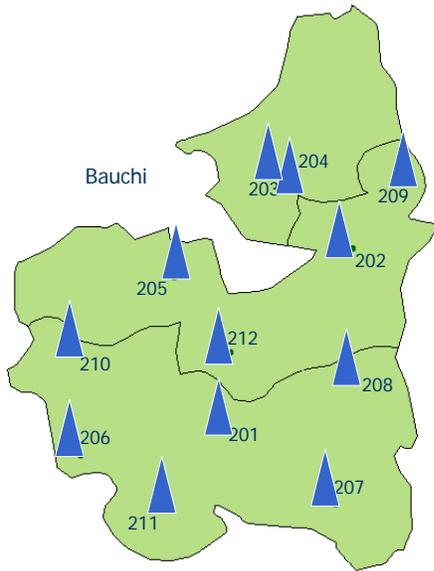
***Demonstration social audit (multi stakeholder surveillance):  
Bauchi state 2006***

CIET Trust

## SUMMARY

### Bauchi State

### Multi Stakeholder Surveillance Demonstration



#### *Participants*

In May 2006 CIET carried out a demonstration social audit survey covering 1690 households in 12 representative communities in Bauchi state. The sample came from satellite photographs weighed in proportion to the most recent population estimates.

Just over half of the respondents were female. Some 74% were from rural households.

#### *Methods*

CIET investigated the use of health services, user satisfaction, perceptions about levels of corruption and knowledge of redress mechanisms. Interviewers collected information about 741 cases of fever reported since January 2006 and 844 deliveries that occurred during last two years. Field teams also created community profiles and carried out institutional reviews in order to examine the interface between the players. Trained facilitators discussed the main results in 12 male and 12 female focus groups in order to try and understand some of the main findings and learn about possible community solutions.



#### *Findings*

**Access to services:** Some 76% respondents usually go to a government facility for illnesses while 68% went at last illness. Eight out of every ten respondents said they would use government services in the future. Respondents also mentioned traditional doctors (7%), pharmacies (7%) and private clinics (6%) as other options for health care. Households considering their monthly income as sufficient were less likely to access government health services.

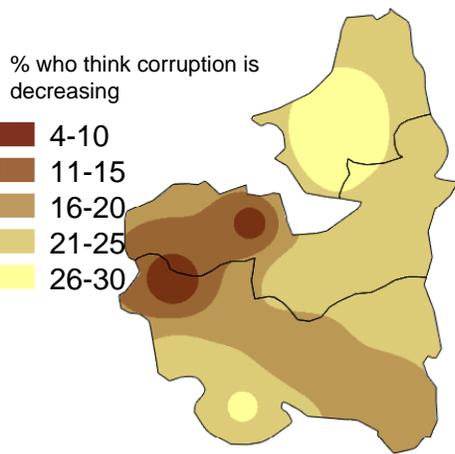
**Satisfaction with services:** Some 62% (1048/1690) of households expressed general satisfaction with government health services. There were lower



**Things people would like to see change with the government health services (n=1669)**

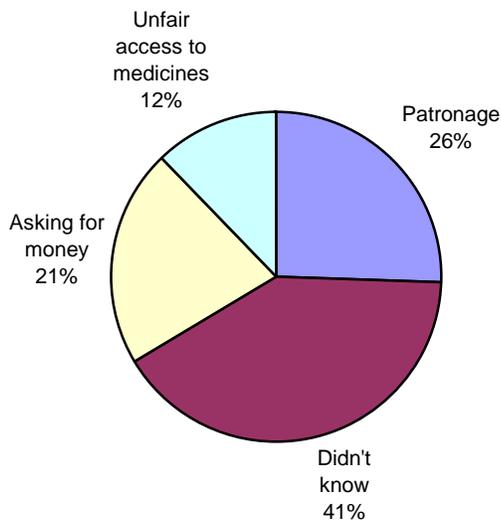
More/better medicines	28%
Make them free/cheaper	25%
Better material/equipment/ facilities	24%
Less wait time	9%
More/better qualified staff	6%
Home visits	1%
Nothing	7%

levels of satisfaction among male respondents and households reporting insufficient food and income to meet their needs. Households within a one kilometre radius of a government hospital were more likely to be satisfied with the health services. Households were more satisfied with government health services in communities where the health facility had a turnover of less than 20 patients a day. Unsatisfied respondents suggested various changes including more and better types of medicines (32%), better facilities/material/equipment (30%) and cheaper or free health services (20%). Seven out of ten respondents said they would pay to have these changes put in place.



Population weighted map of Bauchi showing view

**Corruption:** Only 4% of households reported making an unofficial payment, yet 60% said that corruption was increasing mostly in patronage and asking for money/bribes. Focus group discussions highlighted the lack of awareness of a “right price” for government services. In the future it will be useful to adapt the survey language from corruption terminology to quantify the real rate of corruption in health services and the ways in which it occurs. It would be incorrect to assume that the average cost quoted by health providers in the institutional review is "right". It is more likely a standard rate that deviates with unusual situations. Separating the actual cost from the unofficial cost could be an objective in a larger study. According to focus groups, cost is the major reason for accessing non-government health services.



Main forms of corruption in public health services

**Feedback sessions to date**

**National:** Abuja hosted a national feedback session on May 18<sup>th</sup> with participants from both Cross River and Bauchi states. The presentation highlighted the methodology used in MSS and gave an overview of findings in Cross River State.

**Bauchi state:** CIET held a feedback session in Bauchi on June 13<sup>th</sup> to present the results for the state. The presentation was part of a larger consultation in which the participating stakeholders documented the data they collected and the methods they used.

### *Next steps*

The forthcoming elections (April 2007) highlight the need for partnering with permanent government positions/departments at each level of government. Consultations to date have provided an overview of potential data users at the different levels of government, among NEHSI partners as well as the educational institution(s) that will eventually house an evidence-based management curriculum.

If the demonstration cycle is a step towards Nigerians working out what a strengthened health system might be, specific benchmarks of a stronger system do emerge: universal access, satisfaction with services and a cost people can afford.

*Increased access:* A first step must be reversal of the current filters that seem to discourage the most vulnerable from using the government services. A more detailed appreciation of the access filters could lead to re-inclusion of these groups. An appreciation of household cost is pivotal, as is understanding of the links between government and private systems (including traditional and self-medication).

*Reasonable expectations of and satisfaction with behaviour of health workers:* Largely overshadowed by cost concerns, health worker attitudes also need to be revisited. Monitoring what people think of health workers will allow the state government to monitor how the public views public services and their level of engagement. This is a two way street. It will also be necessary to monitor how health workers feel about their work (for example, using a proQol instrument), so that changes come *from* the health workers, rather than being imposed on them.

*Reduced out of pocket payments:* We propose to adapt the survey lexicon to quantify both system leakage and passing the costs of public health services to the users. This will focus on unofficial charges as a major parameter of a strengthened health system. As attention is drawn to the issue, out of pocket payments should decline. For this to be sustainable public expenditure would need to be tightened in a decisive way and new modalities of financing developed.