NATIONAL PRIMARY HEALTH CARE DEVELOPMENT AGENCY
DEPARTMENT OF PLANNING, RESEARCH AND STATISTICS
MINUTES OF SECOND QUARTER ED/ESs REVIEW MEETING
DATE 19TH – 20TH JUNE 2025
VENUE: WACOP HOTEL AND CONFERENCE HALL, GADUWA ABUJA FCT

ATTENDANCE FOR ESs/ED SECOND QUARTER 2025 REVIEW MEETING.

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S/N	DELIBRATION
1	**Commencement**
2	The meeting commenced at 10: 45am with an opening prayer by ES Oyo State, followed by
3	participant's self-introduction.
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5	**Opening remarks**
6	**Dr. Muyi Aina (ED/CEO NPHCDA)**
7	The ED/CEO welcome all participants to the Second Quarter ED/ES's review meeting for the year 2025.
8	In his remarks, he congratulated the ESs for the progress that had been made so far and various
9	successes recorded in states. He also encouraged them to work harder to achieve greater results. He
10	said the DLI will be used to indicate certain achievements and that the DLI are tied together with
11	Federal achievements, if ESs did not achieve, Federal will not achieve. He equally informed the forum
12	that targets and indicators have been set and six (6) priority indicators are currently being tracked
13	with focus on Immunization, Maternal and Child Mortality, PHC utilization and so on. He said they
14	should work hard to improve quality in PHC service delivery. He also mentioned that joint solutions
15	will be proffered on identified concerns raised during the meeting. He also pointed out to the ESs the
16	need to build consensus, build relationship with the other PHC stakeholders to succeed.
17	
18	**Remarks from ES OYO**
19	Welcomed everyone to the meeting, thereafter, he spoke that the Ess should try and make good use
20	of information they get and if otherwise, this can lead to misconception. He further stressed that the
21	ESs are the drivers of the activities of the PHCs in the states and are supposed to be the head and give
22	directions to be followed. He also stated that NPHCDA should provide guidance in the right direction
23	on the dichotomy between the Ministry and Agency. This would give a better understanding on where
24	the NPHCDA will come in for proper alignment and successful implementation of activities in the
25	states. He concluded by wishing all participants fruitful deliberations.
26	
27	**Reading and Adoption of last minutes of Meeting and Action Points.**
28	The Minutes of last meeting and Action Points could not be read by the first day of the meeting but
29	was deferred to the second day.
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32	**Business of the Day**
33	**i. Presentation on the HOPE-PHC & SWAp by Dr. Dayo (SWAp Office).**
34	**Highlights**
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- Human Capital Opportunities for Prosperity & Equity-PHC Provision Strengthening (HOPE) Programme.
- HOPE Project seeks to deepen the resolve of the FMOH & SW to drive the Nigeria Health Sector Renewal Investment Initiative (NHSRII) and the SWAp reform by pooling resources and channelling them towards identified key priorities.
- HOPE Project is a concessional financing from the World Bank to the Nigerian Government to the tune of 1.57 billion dollars
- He stated that the HOPE Project is a conglomeration of three (3) inter-related operations that focused on strengthening ***Governance, Education and Health.***
- He also talked about the Health Sector Strategic Blueprint (HSSB) and its four (4) pillars.
- He also gave presentations on the DLis.

COMMENTS/RESPONSES.

ES Bauchi- Stated that the payment of BHCPF has not been made and Albendazole and other commodities are out of stock in the State.

ES Oyo- Complained that the ESs are supposed to be the drivers of the activities of the PHCs at the sub-national level but are always left out at the inception of projects as important as the HOPE-PHC.

ES Cross Rivers- Said she needs to know what is feasible, obtainable and the possibility of implementing the HOPE Project since we were in June and the project is a reward-based project, as there were just 6 months left to achieve that of year 1.

ES Ogun- Stated that the Minister made a rule that an advance fund can be given to each state, and asked if it were possible to have 30% as a loan from the advance?

ES Sokoto- Stated that they need commodities and equipment at the BHCPF revitalized PHCs.

ES Ebonyi- Complained that notification for the meeting is too short and promises made to the state weren't fulfilled regarding the beneficiaries of the PHC allocation.

Most of the ESs also complained that they are not aware of constituency project award to contractors in their States. They highlighted issues like drilling of borehole, solar installation, maternity kits etc.

ES Borno & Dr Ngozi Suggested for the sharing of the last minutes to the ESs before subsequent meetings.

- **Responses:**

In his respond the **ED (NPHCDA)** stated that the beneficiary's money was allocated to the midwives by the first lady. He also said that approach should be sector wide and not fragmented and equally advised for cordial relationship ahead of territorial relationship.

ED also responded that procurement of vaccines is not as it used to be due to a few bureaucratic bottlenecks. He also responded that IMPACT revitalization should be states' driven. States should give a plan for their needs in the revitalized PHCs.

In responding to the issue of communication gap between the ESs, Contractors and NPHCDA, the ED stated that it is because of the non-smooth disbursement of funds from the Accountant-General and there is always an ultimatum given to the contractors. He assures that the gaps will be bridged and would have better processes.

Pharm Hauwa responded that if there is shortage of any commodity in the state then it will be because of shortage at the national level. She also stated that Vaccines were moved recently with the support of UNICEF and IMPACT.

ES Oyo- Suggested that local production of vaccines should start and sub-national to step in to the procurement of vaccines and commodities.

Dr. Bayo responded that he has mentioned the effectiveness of the HOPE project because a lot has been achieved in-terms of PHC revitalization in some states like Gombe where he witnessed the success. He also responded that you could request 30% advanced payment hoping that you will meet the DLI because is Program for Result which is paid only based on meeting those disbursement items that are listed.

ES Borno- responded that he is always aware of the interventions and constituency projects in his state and some projects have been stopped due to substandard work.

ES Bauchi & ES Bayelsa -responded that they have stopped most contractors for not reporting to them first before starting any project.

DPRS- responded by apologizing to the ESs that notifications of meetings will always be sent early.

ii. Updates on Orientation of ESs on Data Visualization & Performance Tracking of PHC Indicators (Presidential) by Dr. Uzoamaka.

Highlights

- She presented the current six (6) priority indicators focusing on immunization coverage, maternal and child mortality and PHC utilization.
- She presented the four-stage approach used to generate baseline and targets for states.

- She presented the All- States Q1 performance scorecard.

Responses

ES Cross-Rivers –Complained that counterpart funding from the Local Government was given but it came late and she didn't know why it wasn't updated on the dashboard. She added that the LQASs result was discovered that in some of the LGAs that were chosen for the LQAS like the Abi LGA, they counted newborn infants that were not delivered during the campaign but counted as not immunized. People that travelled and came back after the campaigns were also counted as not immunized and that was wrong. We have cases like that but have discussed it with WHO and they have admitted. She also suggested the need to have quality data validation and accountability.

ii. Update from April 2025 NIPDs. Pharm Lami

Highlights

- In the introduction, she stated that Nigeria has remained free from Wild Polio Virus (WPV) for over 90 months (last WPV 2016 in Borno), and Certification of African Region in August, 2020 by African Regional Certification Commission (ARCC).
- The key successes and challenges during the April NPIDs were discussed.
- The status of counterpart fund to support the April NIPDs was presented.
- A few challenges around a high number of unresolved non-compliance cases, interferences in team selection processes, and widespread fake finger marking continue to undermine the campaign quality.

- **RESPONSES**

ES Bayelsa- stated that the stipends paid to team personnel are too small in most cases and most of the team personnel are not qualified. He also mentioned that on task force meetings and Evening Review Meeting, the Deputy Governor mandated full participation of all.

ES Oyo- suggested that if another means of generating funds can be used to address the issue of shortage of funds. He also raised concern that the community and traditional rulers in the North are being prioritized over those of the South.

ZD NEZ- Stated that the module of deployment of officers for supervision is wrong as only HQ staff are being deployed. He also suggested that state team should be allowed to send supervisors. He stated that most of the vaccines in the states are in stage two. He appreciated the national and partners paying logistics to the teams on time.

ES Bauchi- Stated that security challenges are stopping access to some LGAs.

The ESs- Complained that because of political Influence, the team members selected are not the ones receiving training, while those that received the training are not the ones sent to the field to do the work. These changes affect the work and the results in general.

ES Akwa Ibom- Suggested that the political interference to select team members, refusal to conduct task force and Evening Review Meetings should be taken as very serious misconduct.

ES Bauchi- Suggested that traditional leaders should only be allowed to select team member and not supervisors.

Pharm Nasiru- Suggested that we should find out the root cause of why CLOs are not using the open LMIS. He further asked if other means of communication can be used to reach out to communities where there are no CLOs.

Pharm Lami- Responded that counterpart funds should always come early because late arrival is just money for sharing. She also responded that task force meeting should be done ahead before campaign starts. She encouraged States to Mop the LQAs and stated that the Bayelsa task force meeting that was conducted but not recorded was noted.
She added that the teams are not asking the 5 questions because they are always in a hurry. CSO strategies have been piloted in 8 States of the North, while ways to let fathers give consent for vaccination in Adamawa and Gombe are being considered.

Mrs. Damisa- Responded that the influence of traditional rulers in the north cannot be the same as in the south because the northern rulers have more influence in their communities than those in the south. She also added that the Minister has promised to convey a national summit for traditional rulers.

Dr. Nwosu- Responded that biometrics will be included in the selection of trainees to avoid unwanted and unnecessary changing of team member(s).

iv. Critical Updates on training of frontline health workers By Dr. Nwosu.
Highlights.

- Trained cumulatively 60,470 frontline health workers since the commencement of the training.
- Looking for fund to commence phase 2. One donor supported 3 states (Akwa-Ibom, Ekiti and Taraba).

- Redesign of Community Based Health Workers Programme (Bauchi, Kaduna, Zamfara, Ogun States.) it is supposed to align with the MAMII LGAs. For the 12 winning states, there are delays in the submissions of work plan.
- Also talked about issues with the alignment with ALGON

v. Update on MAMII By Dr. Udo Okoro.
Highlights.

- MAMII aims to address five delays towards crashing Maternal and Neo-natal mortalities.

RESPONSES:
ES Bayelsa- Stated that he noticed that HIV patients in PHCs are stigmatized in his state. He further stated that irrespective of the criteria and geopolitical region the 12 states cannot just be selected for an advantage ahead of other states. He also suggested that a module should be introduced so that each state is covered.

ES Ekiti and Bayelsa- both complained that there is an engagement meeting next week that clashes with the training.

DAY TWO 20TH JUNE 2025

vi. Presentation on ACCU CHECK By Pharm. Olushola Oduse.
Highlights.

RESPONSES:
ES Bauchi- Suggested that the ACCU CHECK device should be made available to all PHCs.

ZD NEZ- Suggested for the establishment of clinics at the NPHCDA Zonal Offices of the 6 Geo-political Zones.

ES Yobe- Suggested on making HIV test compulsory before marriages alongside Genotype testing.

vii. Presentation on NEMSAS By Dr. Donbron
Highlights.

- National Emergency Medical Services and Ambulance System (NEMSAS) serves as the programme implementation unit coordinating the national operational oversight of all emergency medical services (EMS) across the country.
- NEMSAS provides rapid transport and pre-hospital care and equally reduces delay in care for maternal emergencies, accidents and acute conditions.
- The operational model for the NEMSAS programme was also presented.

RESPONSES

ES Bauchi- Complained that the Emergency Ambulance Services and scope and run are very slow and there is need for training. He stated that the 3,000 Maternity Kits provided to his state were inadequate. Equally he suggested the public enlightenment for the communities especially in the rural areas. He further suggested the need for an active surveillance within the country and not always depending on the partners.

ES Anambra- Suggested that a template should be given on what to do next because there is lack of awareness with regards to the services.

ES Plateau- Complained that the battery supplied for the ambulance services were substandard

ES Bayelsa- Stated that rural settlements in Bayelsa have their peculiarities, hence there is need for a conversation to have a proper ambulance service.

ES Oyo- Stated that there is need for clarity about the composition of the committees on the management services.

ES Ebonyi- Suggested that there should be health workers in the ambulance in-case of emergency because most at times only dead bodies are moved to the hospital because the scope and run is very slow.

ES Bauchi- Suggested for the use of CHEWs in the ambulances as that would also be of help.

Dr. Donbron – responses to the use of health workers in the ambulance and for scoop and run, he stated that we lack the capacity and manpower in Nigeria, even the health facilities lack manpower.

viii. Presentation on MAMII Cont. By Dr. Dayo

Highlights.

- MAMII framework build on SWAp principles to enable collaborative resource deployment, coordination, and joint accountability for results.
- He also presented the MAMII strategic framework.
- The MAMII deploys a direct client-centred service delivery approach.
- MAMII builds on ongoing interventions to optimize demand, access and supply.
- An MOU had been signed between ***NHIA and 156 health facilities*** across **30 states** to accelerate MAMII efforts.

RESPONSES

ES Oyo- Suggested that ESs should be part and parcel of every program implementation, the ESs are the drivers of the activities of the PHCs but are always ignorant of the processes. NPHCDA needs to be much more intentional and purposeful. Certain people must be assigned to do certain task so that we can achieve the success we all desired for. He added that every State is still facing the challenge of Maternal and Newborn mortality. The purposed is for us to learn the best way of doing things and that that the MAMII desk officer is supposed to be accompanied by the RH Coordinator.

ES Ogun- Complained that the MAMII desk officers are called to Abuja for updates while the MAMII focal persons within the SPHCBs are not aware of anything, therefore they should be carried along. He also stated that line listing of pregnant women had not been done in the state.

ES Adamawa- Stated that the ESs are willing to commit to achieve the objectives of the SWAp and MAMII but they need to be in the know.

ZD NEZ- Raised concern on the functions of the WDCs, which are said to be among the enablers, but they are always lying and not telling the truth, therefore called on the ESs do something about it.

Dr. Dayo- He also said that with regards to the issues with the WDCs, we can only advice and guide them because MAMII is everybody's responsibility.

Presentation on the PFMOS-

This was taken by Dr, Shamsudden. He stressed the roles and responsibilities of the PFMOS and that the are expected to work collaboratively with the LGHAs and states

ES Enugu- Complained that there are no inter connectivity or concerns on how PHCs are being run. PMFOs want access to hold independent stakeholders meeting but emphases were made to them on the need to work with the Local Government Health Authority, but they can conduct independent monitoring. Equally ESs needs an insight on the kind of data they are collecting and there should be a preview of the data before submission.

Dr. Nwosu- Responded with regards to PMFOs that they needed to work with the states. Whosoever NPHCDA supports to facilitate program in the state must work with the state.

Dr. Shamsuddeen- Assured that every data must pass through the states and therefore the states would not be by-passed. He also added that whenever there is a delay in disbursement, it doesn't mean that the funds will not be paid.

Vote of Thanks:

ES FCT- Appreciated the ED and Management of NPHCDA, ESs, Partners and all other participants. She further described this meeting as a great opportunity to rub minds and understand the operations in our various states.

She also encouraged all to stand for PHC because PHC is the point of entry to all health systems globally and the key for universal health coverage.

Lastly, she thanked and appreciated each and every one for the sharing their experiences and will be going back with added knowledge and information to better our operations.

Closing Remarks

DPRS- Appreciated members for their audience and successful deliberations and equally wish journey mercies to all participants.

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S/N	ACTION POINTS/ NEXT STEPS	RESPONSIBLE PERSON/Dept./	TIMELINE
1	*Invitation letters to ESs for QRMs should be sent timely*	PRS	
2	*QRMs should be held the 2nd week of the 2nd month of the new quarter*	ED/ESs	Quarterly