**PROCESS OF SELECTION IMPROVES MEMBERSHIP COMPOSITION AND REPRESENTATIVENESS OF HORIZONTAL ACCOUNTABILITY STRUCTURES FOR PHC STRENGTHENING: CASE STUDY OF FOUR HEALTH FACILITY COMMITTEES**

**BACKGROUND:** Health facility committee (HFC) is a recognized community accountability structure that contributes to strengthening primary healthcare systems. Evidence shows that membership composition of HFCs affects functionality and implementation of roles. In light of the foregoing, the Department for International Development (DFID), through the Partnership for Transforming Health Systems 2 (PATHS 2) project, implemented ‘voice and accountability’ interventions in selected communities in Nigeria. The health facility committee model was identified as the most viable community accountability structure and an entry point to the interventions. The first phase of the intervention was establishment or reactivation of HFCs through a selection process that would address issues with membership composition and representativeness. This study was undertaken to determine whether and how these interventions on process of selection of HFC members improved their composition and representativeness.

**Method:** Case study approach was undertaken. Using information from a previous assessment of functionality of FHCs that was supported by DFID-PATHS 2 project, four HFCs of primary health centres were purposively selected from two LGAs in Enugu state. Qualitative method of data collection was employed through in-depth interviews (IDI) of key stakeholders and Focus Group Discussions (FGDs) with HFCs. A total of 9 IDIs and 4 FGDs were conducted. Data was analysed using thematic content approach.

**RESULT:** The process of selection involved three stages namely, (1) advocacy to community leaders to introduce the initiative and seek their buy-in, (2) community fora involving all adult members within a PHC catchment area to nominate and deliberate on potential representatives, and (3) selection of FHC members in accordance with a guideline which recommends that, (i) communities would nominate their own representatives, (ii) all catchment areas accessing the same health facility would have at least one representative in the committee, (iii) at least one-third of committee membership would be women, (iv) marginalised groups such as settlers will be represented, (v) health workers and relevant occupational groups will be represented, and (vi) community leaders would only act as patrons in the selection process. Adherence to the guideline for selection was monitored and enforced by technical experts, government officials and community-based organizations. The outcome of the process was that HFCS’ membership was representative and effectively averted an elitist capture that may have resulted.

**CONCLUSION:** Community voice and accountability interventions on process of selection of HFC members resulted in gender diverse and representative committees that could potentially improve health systems responsiveness to the communities served.