**Paper title: Factors affecting access to healthcare and efforts/challenges in securing PHC**

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The Civil Society Legislative Advocacy Centre (CISLAC) has worked to improve policy environment that will revitalize the health system since 2012 in many Northeast and Northwest states in Nigeria. This was achieved through engagement with policymakers, legislators, civil society groups and media at national and sub-national levels.

The aims and objectives of the interventions are to improve financing for health by increasing legislative oversight; to increase media reportage of health and to galvanize civil society action towards advocating for the implementation of health policies and laws.

The strategies for the interventions include series of policy dialogues for executives-legislature-CSOs-media, advocacy engagements with policy makers and legislative arms of government, capacity building on budget tracking and reporting for media and civil society on maternal health and nutrition.

From the multi-sectoral approach applied, it became obvious that the challenges facing PHC in Nigeria are complex and essentially arising from poor legal, regulatory frameworks and implementation, economic, socio-cultural challenges, infrastructural decays, inadequate/unqualified health personnel and equipment. The situation of PHC worsens, as financial and political commitments from government are lacking; in cases where there have been pronouncements, they have been partially or entirely not implemented.

There are many health programs by the government at national and sub-national levels but the big question is how effective are these programs? How many Nigerians are aware of their existence and how many women in the rural communities access them? There are over 24,000 PHCs and health posts, scattered all around the country within the rural areas. Health workers posted to these areas are hardly available. There is no gainsaying that community people prefer the services of unconventional community health workers, “chemists”, herbal mixtures and traditional birth attendants, because the health facilities are unsatisfactory. Ideally, PHC should be affordable but in communities where families live below the poverty line even the least fee is unattainable by the community, which begs the question of Universal Health Coverage and basic health care funds.

In conclusion, health is on the concurrent list of the government. This signifies that if indeed the government wants to pay attention to the prevalent health condition it can easily be achieved through serious implementation of health policies and redeeming of pledges at all levels.