



MNCH2 Year 5 Report:

Event report:

Re-building health systems and improving access to healthcare services in a post-conflict setting: Lessons from Yobe State

Yobe State, Nigeria
8 October 2019

Message from MNCH2

This important information dissemination event brought together stakeholders from the federal and state governments, donors and development partners to explore the need for and resources required to build and maintain resilient healthcare systems.

The aim of the event was for the participants to learn how they can improve access to healthcare services through the experience of improving access in intra and post-conflict settings in Yobe state.

Specific objectives of the learning event were as follows:

- Provide overview of the conflict in Yobe state, how it affected the health system and the strategies deployed to improve access to healthcare intra and post conflict;
- Learn from the beneficiaries in their own words on how access to healthcare services has been made easier and how this has improved the quality of their lives;
- Share the experience and provide some detail on the health system strengthening interventions across some key pillars in the state;
- Provide a medium where all can interact, network and build stronger personal and professional bonds and relationships across the participating state;
- Learn from the participating states based on the interactions how Yobe can consolidate and further improve on its systems.

The MNCH2 team would like to extend a special thank you to all of the participants who engaged in thoughtful discussions and showed their dedication to improving access to healthcare services despite the conflict situation.

This report summaries the discussions and review of the event.



Improving access to healthcare services in a post-conflict setting

Event summary

- 04 Opening remarks and Overview: Update on MNCH2 interventions in Yobe state
- 07 Goodwill messages: Deputy Governor of Yobe State, Bill and Melinda Gates Foundation; UNICEF / UN agencies; W4H; National Primary Health Care Development Agency (Yobe)
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Opening remarks & Overview: MNCH2 interventions in Yobe state

OPENING REMARKS

Main takeaways

- Yobe state government is committed to improving access to healthcare services.
 - Yobe state is going through a greater transformation of the health sector under the current leadership of His Excellency, Mai Mala Buni.
- Yobe state government, under the present administration, has prioritized the provision of quality maternal, newborn and child health interventions:
 - The free MNCH drugs program, set up by the government and commenced in 1999, is being sustained by this administration under the implementation and management of a committee.
 - MNCH drugs are consistently procured and distributed to the health facilities for pregnant women, children under 5 and accident victims within 24 hours.
 - The free drugs program has been receiving monthly standing payment of ₦20 million from the State government for the procurement of drugs and other medical consumables from pre-verified and qualified pharmaceutical outfits and are being distributed to 54 health facilities across the state.
- MNCH2 covered an additional 50 health facilities in Yobe State.
- Victims of the insurgency attack continue to receive medical attention in Yobe health facilities and other referral facilities outside state.
- The presidential initiative in the north-east provided medical equipment and commodities which were supplied to the health facilities.
- Tremendous support was obtained from collaborations with government and non-governmental organizations.
- MNCH2 impacted positively to the improvement of MNCH indices in the state.
- Yobe State received laudable support from MNCH2 including technical assistance which improved access and utilization of quality essential care for pregnant women, newborn and children under-5 years.
- International Non-Governmental Organizations, world medical relief, and supply overseas have donated medical equipment worth millions of naira to the State.
- Other development partners (UNICEF, WHO, ICRC, ACF, CHAI, BMGF, DANGOTE FOUNDATION, SOLINA, etc and UN



Despite the Boko Haram insurgency, healthcare services were continued to be provided by our health workers due to full commitment.

Mal. Hamidu M. Alhaji,
Permanent Secretary,
Yobe State Ministry of Health



Victims of the insurgency attack continue to receive medical attention in our health facilities and other referral facilities outside state.

Mal. Hamidu M. Alhaji,
Permanent Secretary,
Yobe State Ministry of Health

Agencies) have contributed immensely to the improvement of healthcare services during the insurgency period.



MNCH program is one program that the State has demonstrated full capacity to sustain its implementation.

Mal. Hamidu M. Alhaji,
Permanent Secretary,
Yobe State Ministry of Health

Key lessons

- There was total commitment by health workers during the insurgency.
 - Despite the Boko Haram insurgency, healthcare services were continued to be provided by our health workers due to full commitment”. Mal. Hamidu M. Alhaji, Permanent Secretary, SMOH, Yobe State
- In its effort to mitigate the negative effect of the insurgency, Yobe State Government, collaborated with government and non-governmental organization which yielded greater result.
- IDP camps that were established in collaborations with the State Emergency Management Agency were fully supplied with medical attention being provided.

Opportunities / Challenges / Key Recommendations

- The presence of several development partners in Yobe state is an opportunity for synergy in strengthening the health system.
- Other programmes being managed by the state like SOML-P4R, N-SHIP and SERIC in also a greater opportunity for sustaining MNCH programs.
- Well-coordinated and functional State Primary Healthcare Management Board (SPHCMB).

OVERVIEW MNCH2 IN YOBE STATE

Main takeaways

- MNCH2 provided technical and financial support to Yobe state from Jun 2014 – May 2019
- Support provided improved service provider capacity
- Accountability of SMOH was improved through the establishment of YOSAMM (state accountability mechanism), which is a coalition of CSOs, media and health professionals – it serves as an advocacy and accountability platform for health across the state

Outputs and outcomes of MNCH2 in Yobe

- Trained over 200 HCWs on IMNCH modules
- Trained 143 HCWs and Managers on LSCM for vaccines and HTSP commodities
- Trained 16 MTMs to provide mentoring and coaching
- Supported quarterly ISS and QoC assessments
- Supported integrated outreach services in 96 communities across the state and over 20,000 clients benefited (ANC, RI, FP, IMCI, minor ailments, referrals)
- Procured equipment and drugs worth ₦400m from 2014 to 2018 and distributed to health facility

- Supported the establishment of 89 Facility Health Committees (FHCs) to improve community participation in management of health facilities
- Trained over 300 ETS drivers in collaboration with the NURTW and SOML
- Supported training of 313 TBAs on their new role of community-facility link focal person
- Over 200 young women benefited from the Safe Space Intervention



Presenter – Opening remarks

- **Mal. Hamidu M. Alhaji** – Permanent Secretary – State Ministry of Health, Yobe State

Goodwill messages

HIS EXCELLENCY, HONOURABLE IDI BARDE GUBANA, WAZIRIN FUNE

- DEPUTY GOVERNOR OF YOBE STATE
- CHAIRMAN OF THE TASK FORCE ON STRENGTHENING PRIMARY HEALTH CARE ON THE OCCASION OF THE YOBE LEARNING EVENT ORGANISSED BY THE STATE MINISTRY OF HEALTH – TUESDAY 8 OCTOBER 2019 @ IBRAHIM GAIDAM HALL YOBE STATE UNIVERSITY, DAMARATU

Main takeaways

- Yobe state has been experiencing improved security under which remarkable strides have been achieved, thus changing the development landscape of the state.
- The state of emergency declared in the health sector by the past administration resulted in the deployment of substantial resources resulting in reconstruction, rehabilitation and expansion of nine general hospitals out of which the General Hospitals at Gashua, Geidam and Potiskum have been provided with furniture, drugs, consumables and equipment, as well as designated Zonal Referral Centres.
- The ultra-modern Yobe State University Teaching Hospital was fully equipped and furnished was also established.
 - A medical college at Yobe State University was equally established, as a long-term strategy intended to procure medical and allied health officers
 - Dr. Shehu Sule College of Nursing and Midwifery, Damaratu and College of Medicines, Nguru have received massive improvement
- The state experienced and increased budgetary allocation to the health sector from about 11% in 2016 to over 15% in 2018 – which has increased immunization coverage, reduced maternal and child mortality and overall improved health indices in the state
- Proactive steps are being taken to ensure the establishment of at least one functional Primary Health Centre in each of the 178 political Wards

UNICEF / UN AGENCIES

Main takeaways

- The United Nations Agency has acknowledged the resilience in health system for improving access to healthcare services in Yobe State.
- The UN Agency appreciates the Yobe State Government, the Emirate Council and religious leaders for their full participation and commitment towards improving access to healthcare services in conflict settings here in Yobe State.



Let me stress that our administration is resolutely committed to the attainment of the set goals of ensuring universal health coverage and will pursue the implementation of the Basic Healthcare Provision Fund in conformity with the provisions of the National Health Act.

Yobe State Deputy Governor, Hon. Idi Barde Gubana



The UN Agency ensures the state of its total support in achieving overall healthcare provisions in favour of the entire population of Yobe State in general. More so, vulnerable communities.

Stephanie Tegua, Yobe State Coordinator, UNICEF

- The UN Agency ensure the State of its total support in achieving overall healthcare provisions in favour of the entire population of Yobe State in general. More so, vulnerable communities.
- Yobe state is a focal state for UN agencies
-

Bill and Melinda Gates Foundation / Dangote Foundation

Main takeaways

- Expressed gratitude and commitment to see effective healthcare management system in Yobe State.
- We all understand that resilience is something that is not possible without political commitment and effective leadership.
- Prayed that the State Government will own and sustain all the intervention: create a policy and a dedicated budget line that these laudable interventions and innovations are carried along to reach our vision, mission and goal.
- The presenter on behalf of BMGF/DF also wish the State Government more achievements, more progress and effective leadership and ownership of the interventions.
- Political will, total commitment and effective leadership is the driving force for the possible reliance.



We all understand that resilience is something that is not possible without political commitment and effective leadership.

Dr. Musa Usman Matazu, Consultant
– Yobe, BMGF/DF

W4H

Main takeaways

- MNCH2 and W4H are all DFID sponsored programs. MNCH2 is addressing the 5 thematic areas of the WHO HSS and W4H is only concentrating on the HRH which is believed to be key to achieving the global target of reducing maternal mortality and improving access to healthcare services.
- The presenter extended gratitude and goodwill of W4H program for the successful implementation of the learning event.
- W4H is fully behind the state government in improving the HRH in the state.



The NPHCDA shall continue to work with the state to achieve its vision by providing quality healthcare to its people.

Mal. Hassan Bello, State Coordinator
– Yobe, NPHCDA

NPHCDA

Main takeaways

- During the unfortunate incidence of the insurgency, the National Primary Healthcare Development Agency (NPHCDA) has proactively responded positively to call and needs of the state.
- The NPHCDA has provided technical and material support to the state.

- The agency has recognized the innovative strategies that has been put in place by Yobe State to reposition the health system
- The agency shall continue to work with the state to achieve it vision by providing quality healthcare to its people.
- Continuous engagement with the national level has led to the success recorded in the state. Technical and material support was provided by the NPHCDA to Yobe state.



Session 1: Panel Discussion

Main takeaways

Service delivery

- **How do we maintain data consistency?**
 - **Response:** The State should find out and identify some of the issues around data consistency and conduct data validation and peer review. - *Dr Matazu*
- **How does the state cope with integrated outreach?**
 - **Response:** One of the key interventions that led to success is the integrated outreach. The LGAs have the capacity to conduct their activities while the State serve as oversight. During integrated outreach there is high level of community participation and data validation. - *Dr Babagana*

Community Participation

- **What area has not been touched?**
 - **Response:** One key area that has not been touched is the Safe Space Initiative. This intervention has been a very effective strategy that was used during insurgency. It is a low-profile kind of meeting. It does not create a lot of distractions and sessions can be conducted within the household with several 8-10 women participants. - *Musa Biu*
 - **Responses:** The TBA intervention has been very effective. TBAs conducted house-to-house interpersonal communication, referral and escort pregnant women to access healthcare services at the health facilities. The ETS intervention addresses delay in transporting pregnant women to the health facilities. Traditional Leaders promote ownership of MNCH programs-YECCOH. - *Ahmed*

Key lessons

- Efficient and effective coordination led to the successes recorded by Yobe State. - *Matazu*
- Community participation has been very successful in preventive measures for primary healthcare. - *Ahmed Mustapha*
- The religious leaders have played important roles during the insurgency. They sensitized members of the community and address issues of mistrust and non-beliefs about RI, healthy timing and spacing of pregnancy etc. - *Tanko*
- Safe Space intervention is an effective strategy to mobilize women of reproductive age during insurgency.

Key Recommendations

- Availability and willingness of sensitized community structures
- Community participation should be performance based. Effective feedback mechanism should be encouraged so that members of the community that are participating would know how they are doing and how they are pairing with their counterpart communities.

Speakers

- **Dr Umar Ciroma** – Moderator – Ag. Director PHC, SPHCMB
- **Dr Musa Usman Matazu** – Consultant – Yobe, Bill and Melinda Gates Foundation / Dangote Foundation
- **Musa Ibrahim Biu** – DSC, MNCH2
- **Ahmed Mustapha** – Health Coordinator, SPHCMB-LGA
- **Muntaka Tanko** – Director Da'awah, MORA
- **Dr Babagana Abba** – Program Manager, SOML-P4R

Presentation 1: Community Participation

Community engagement is supported by 2 categories of stakeholders in the community



Religious and Traditional Leaders

- Emirs
- District Heads
- Ward Heads
- Settlement Heads

Groups and Individuals

- Ward Development Committees
- Male Support Groups
- Women Groups
- Village Health Committees
- CBOs / CSOs
- Traditional Birth Attendants
- Community Volunteers

Main takeaways

- Community participation is an engaged and developmental process where people are actively involved in determining priorities and implementing solutions.
- Community participation is not just desirable but essential for successful implementation of healthcare programmes.
- Community participation involves the mobilization of all members and structures in the community to create understanding and the needs of the community.

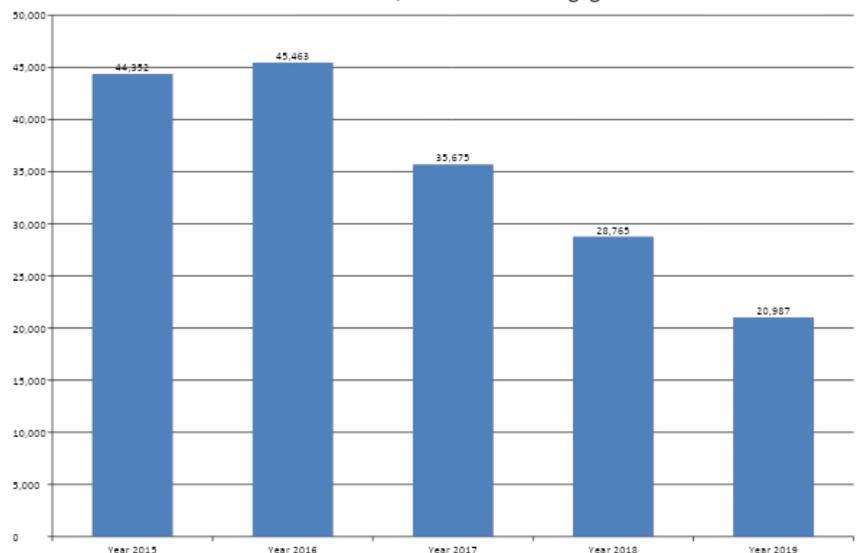


Key lessons

- Benefits of community participation
 - Improved health Needs
 - Equity
 - Service access
 - Relevance
 - Acceptability
 - Quality and responsiveness
 - Resource mobilization
 - Inter-sectoral collaborations
 - Community ownership and
 - Reduced project cost



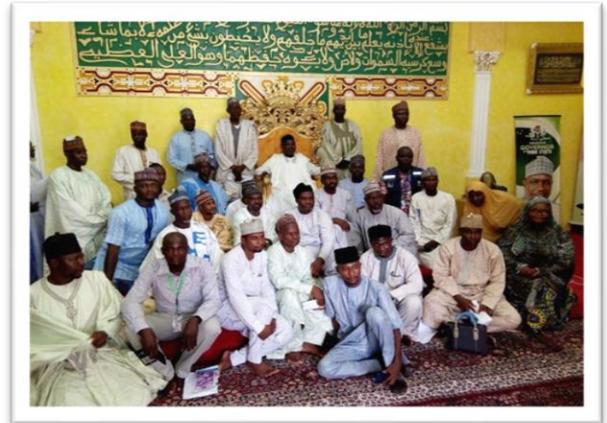
Children Vaccinated with OPV By Round of OBR/IPDs 2015 to date through the Intervention of Quranic Teachers engagement



Approaches to community engagement in Yobe

- Engagement of vigilante
- Enhance relationship with religious leaders
- Use of community volunteers
- Use of house to house by Community health workers
- Targeted advocacy
- Rewarding system encourages competitions between traditional leaders.
- Motivation of 'Mai Unguwas'
- Institutionalizing CHIPS Programme in the state
- Work with multiple partners
- Continuous targeted advocacy
- Building the capacity of Religious scholars

ADVOCACY VISITS AND ENGAGEMENT



Challenges

- **Barriers to community participation**

The community

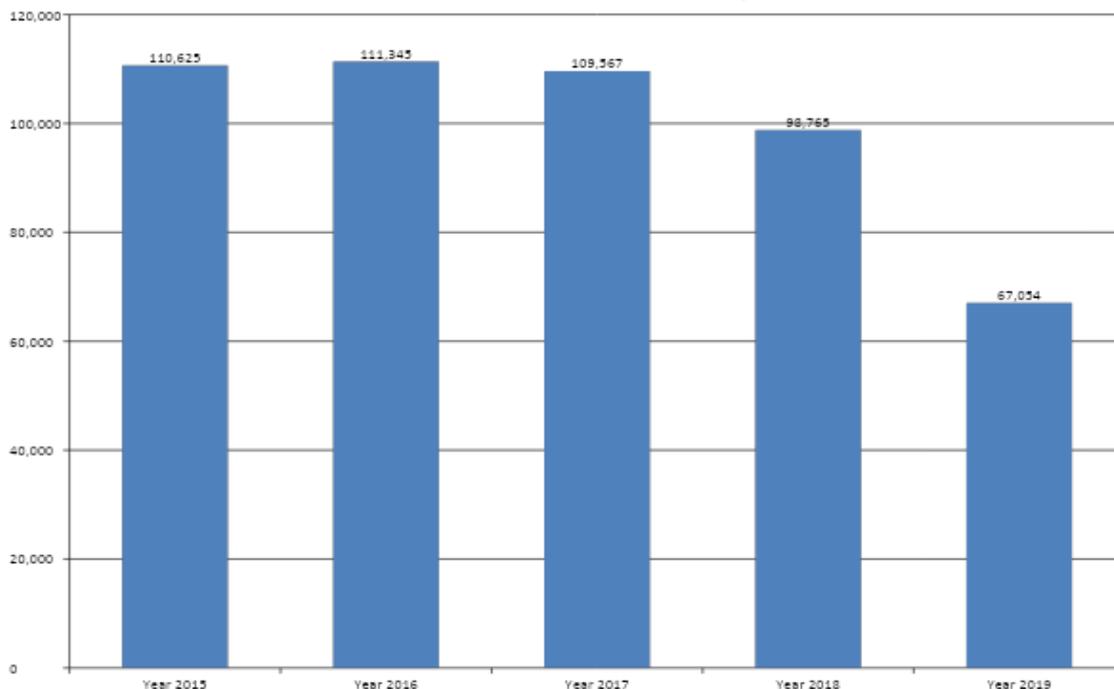
- Apathy and disempowerment
- Conflict and division
- Poverty

The engager

- Finding an entry point to the community
- Working with community leaders
- Ensuring official support for community led project
- Understanding the socio-economic make-up of the community
- Making special arrangements to encourage participation



Children Vaccinated with OPV By Round of OBR/IPDs 2015 to date through the Intervention of Health Camp



Presentation 2: Coordinating Humanitarian Emergency Response – Yobe Experience

Main takeaways

- Yobe State Humanitarian Entry Point
 - All Humanitarian Organization registered with the state Government through:
 - State Ministry of Budget and Economic Planning
 - Yobe State Emergency Management Agency (YOSEMA)
- Inter-sector Working Group
 - Coordination roles SEMA chairs ISWG to:
 - Discuss sector specific situational updates
 - Gaps and challenges are collaboratively analysed with partners to make informed decision

Key lessons

Local Coordination Group Meeting

- Support mapping of partners and their interventions at LGA-level
- To strengthen the coordination of humanitarian response locally
- Guide humanitarian preparedness to ensure that it is principled, timely, effective and efficient
- Asses humanitarian needs at LGA level and strategical discuss at ISWG meeting
- To improve communication between coordinating bodies in the LGAs and those at the State level

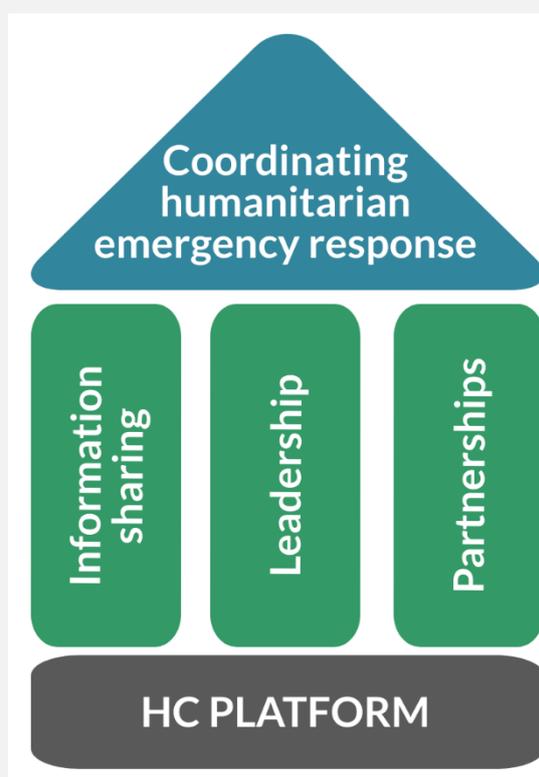
Partners' humanitarian activities report

- SEMA developed a template for partners to update their activities for targeted intervention
- SEMA leads Humanitarian Needs Overview (HNO) to Guide policy formulation at the state level
- Use HNO findings to inform the Humanitarian Response Plan (HRP). HRP which forms part of the consolidate appeal process (CAP) in the humanitarian response

A need for strengthened partnerships

- Improved harmonization and prioritization
- To create change in the way we do 'business
- Improved responsiveness
- Manage expectations and achieve collective results as a team
- Not only UN vis à vis non-UN

ENHANCING HUMANITARIAN RESPONSE



Challenges

Changing environment

- Demands for sustainable support are likely to grow
- Increase in diverse and fragmented range of humanitarian actors
- Capacity and coherence of action will need to increase
- Increased public scrutiny of humanitarian and Emergency actors

Next steps

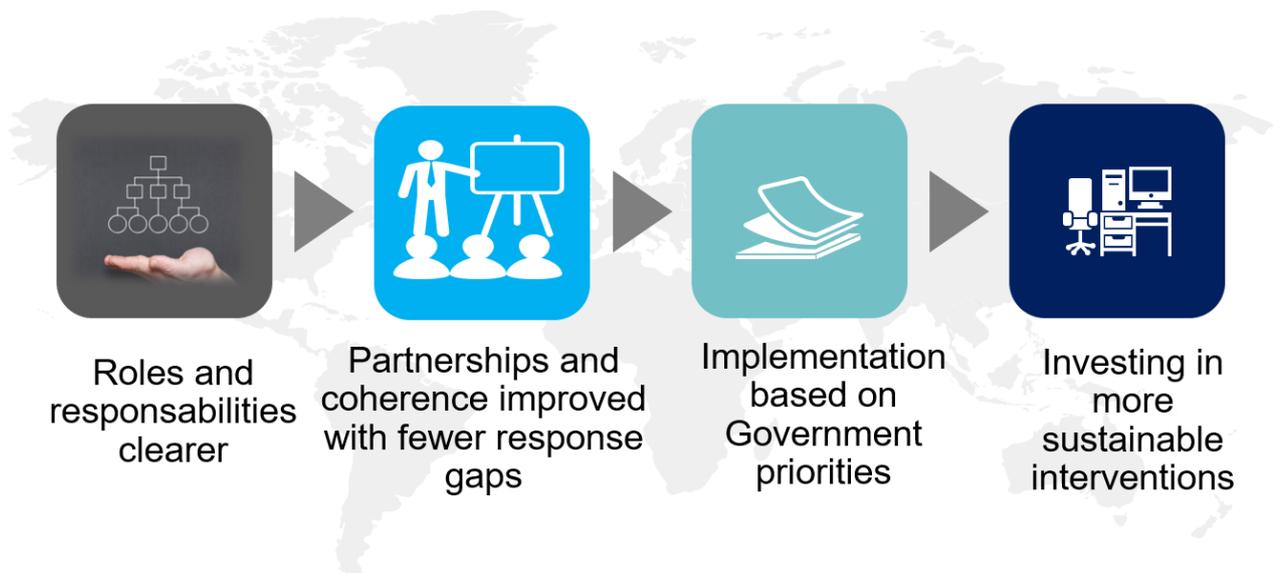
- Continuous partnership with UN Org, Donors and INGOs working in the state
- Localization of intervention for sustainability
- Sustained government commitment and support

Overview of SEMA

Responsibilities:

- SEMA leads in all humanitarian response in the state
- Discuss Humanitarian response at state level
- Provide Operational policies and guide to partners
- Provide strategic direction to donors and Implementing Partners on humanitarian response

THE WAY FORWARD

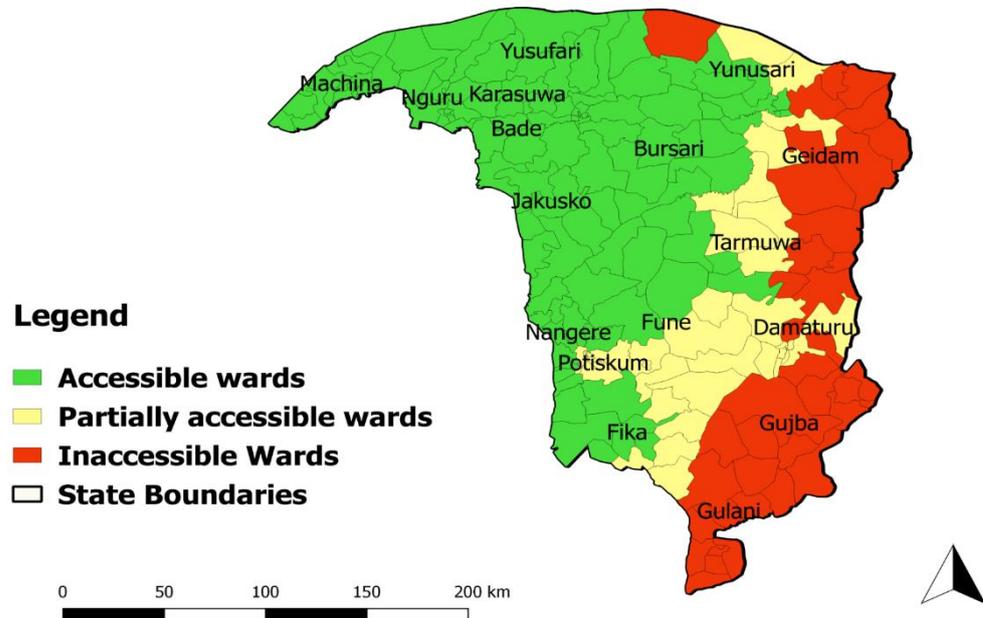


Presentation by:

- SEMA – Yobe State Emergency Management Agency

Presentation 3: Yobe State Public Health Emergencies

Yobe state Accessibility Status between 2013-2015

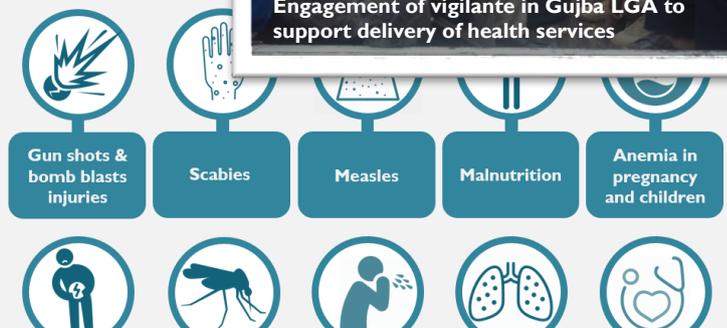


Main takeaways

- The impact of insurgency in Northeast (NE) Nigeria has been devastating especially in Yobe state
- The conflict has caused significant:
 - Loss of human lives
 - Massive population displacement and
 - Destruction of critical infrastructure including health facilities
- Leaving communities deserted and IDPs without access to adequate health care services
- On 6th Nov. 2013, Yobe state government declared state of emergency on Health Sector to:
 - Provide critical life-saving health services
 - Reduce human suffering
 - Improve resilience
 - Strengthen health system
 - Rebuild health infrastructure for the benefit of conflict affected population
- In August 2016, UN declared Level 3 Emergency in NE Nigeria and



Commonly reported health conditions in IDP camps



Key lessons

- Effective coordination between partners leads to an enhanced response
 - State Ministry of Health and partner interventions included:
 - Intensified surveillance and active case search
 - Intensive Contact Tracing
 - Deployment of materials and HCW capacity Building
 - Mass Vaccination (CSM Vaccination, OCV, Measles etc)
 - Establishment of Camp Clinics and treatment on injuries
 - Deployment of Health Care Workers to camp clinics
 - Provision of IPC materials to clinics
 - Provision of essential drugs and other medical consumables
 - Routine Immunization
-
- Use of community informants in active case search has led to improved surveillance system
- Effective communication strategies



Challenges

- Inaccessibility to many areas due to insecurity
- Inadequate Skilled Health Workforce
- Inadequate capacity for mental health psychosocial support services
- Inadequate trauma support
- Inadequate capacity to scale-up SGBV intervention

Presentation by:

- Yobe State Primary Health Care Management Board