Case study **September 2011**

Cocktail of Intervention Programs for Health System Problems in Jigawa

The popular Hausa proverb *'Hannu daya baya daukan Jinka'* or *'one hand cannot thatch a roof'* is true for ensuring healthcare delivery for all in Jigawa state.

A decade old state with an estimated 5 million strong population and limited budget, ensuring basic healthcare for all indigenes is but a Herculean task.

And health of an indigene is the wealth of a state and is a cardinal quality that defines the state's wellbeing. A citizenry in a healthy state free from disease is a dream of many governments, of every growing state. For Jigawa state with its slogan 'the new world', a vibrant and healthy citizenry is the sure way to maturation and progress.

But the business of healthcare delivery, public and private, is very expensive and challenging; it is so big and challenging that government cannot go it alone. Collaboration and workable partnerships are the key words, as bigger problems require bigger and practicable strategies if they are to be effectively addressed.

In the healthcare delivery business, you have data to generate, collect, collate, manage and exploit for the good of the system. There is also a requirement for human resources, infrastructure, equipment, management and sustained capacity building that need to be tackled on a sustained basis, which makes the business of healthcare delivery all the more challenging.

A health system that is weak and bleak is doomed to fail! Reform is one among many ways to correct a weak system. Reform is defined as a change for the better as a result of correcting abuses.

Activities in the health sector of Jigawa state have been overwhelmingly fluid and weak before the year 2006 and through most part of early 2007, with several indicators revealing a sorry picture. But the situation is changing dramatically!

Planning is good and the state government has plans for the sector, but without some kind of push, it just sits there collecting dust.

The state now operates the modified version of the World Health Organization recommended District Health System called Gunduma Health System. Nine flagship Gunduma Councils were created. Each of the nine Gunduma Councils has a Governing Council and a Technical Team made up of a Director and three Deputy Directors alongside ten Programme Coordinators.

Generally, it was observed (through a series of appraisals and surveys) that the state between the year 2005 and first quarter 2007 performed below the national targets for OPD attendance, number of under-one children fully immunized, ANC coverage and TT2 coverage.

Further analysis across Gunduma Councils also showed that some facilities attained coverage below the State average! It was observed that a multiplicity of factors accounted for the situation. The factors identified included, among others, the existence of a financially-famished health system, which is characterised by inability of facilities to deliver 24 hours services and low coverage in terms of range of services provided and staffing issues. Data capture and utilization was very low. These and other challenges accounted for the level of underperformance observed at the period in time.

Maintaining data quality among others is important. As Yusuf Alhaji Yusufari rightly put,

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'good data allows stakeholders to feel the pulse of the system and take necessary measures to remedy discrepancies as they arise and as observed in the data'. Yusuf is the State Team Leader of PRRINN, Jigawa State.

Through advocacy and sustained consultations, the state government increased the quantum of funding for healthcare from 3 billion naira in 2007 (4% of state total budget) to 9 billion naira in 2010 (11% of state total budget) to address the key challenges identified in the reviews. This is a threefold increase in funding. Budget release also witnessed significant improvement from 30% in 2006 to 90% in 2010.

The government is also up to date in meeting its obligation for counterpart funding of federally managed funds like Millennium Development Goals MDGs, Global Alliance for Vaccines and Immunisation GAVI and National Health Insurance Scheme NHIS.

The state is one of the very few states that have given its counterpart funding for NHIS leading to doubling of number of LGAs to benefit from the MDG/NHIS scheme. Technically, this means over 200 health facilities will be able to provide free MNCH across 13 LGAs if the support takes off successfully. The state as part of its obligation to the National Health Insurance Scheme, paid its counterpart funding amounting to N 300, 000, 000. The federal government injected N660, 000, 000 into the NHIS fund.

This gesture has provided a breathing space and atmosphere for the reform to flourish. But, how do you really measure success in health reform? New sets of statistics from the state and at national level attempt to help in answering this question.

For instance, the data provided by the **National Immunization Coverage Survey (NICS)** reveals a tremendous leap in immunization coverage and ANC attendance uptake in the state. This roaring success can immediately attract attention and consequently hold it in its orbit. The data shows an increase in DPT 3 from 15% to 68% while fully immunized coverage rose from 16% to 76% in 2006 and 2010 respectively.

Under a new program called 'Deferral and Exemption' or D & E, a pro-poor healthcare financing mechanism, services are loaned out to clients affordably and where clients are evaluated exhaustively as clients that cannot afford the services even on loan-basis, exemption is considered, meaning, the client will enjoy the service at no cost!

The State Ministry of Health (SMoH) through the Inter-agency Coordination Committee was able to successfully coordinate the activities of key partners and major stakeholders in the state through the professional and cordial relationships that it cultivates with them alongside the state's other line ministries. The relationship is yielding positive results. The key partners include among others the UN Agencies (UNICEF and WHO), State Accountability and Voice Initiative (SAVI), Partnership for Reviving Routine Immunization-Maternal Neonatal and Child Health (PRRINN-MNCH), Medicine San Frontiers (MSF) and Partnership for Transforming Health Systems (PATHS2).

Working towards outfoxing these problems, the government through its Ministry of Health and Gunduma Health System Board partnered with PRRINN in developing and deploying a multi-pronged and a multi-sectoral approach to health systems strengthening in the state.

Also, PRRINN-MNCH and PATHS2's advocacy is paying off as the government also increased its support for the Safe Motherhood Initiative (Demand Creation) or 'Haihuwa Lafiya' as it is better known in Hausa. The focus of the scheme among others is addressing social barriers that delay pregnant women to access emergency obstetric care services. The results that came out of this scheme so far, includes among others, successfully intervention in **285** communities, training **8885** volunteers on

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pregnancy danger signs encouraging them to refer clients to health facilities.

A total of 51 emergency transport vans were donated to selected hard-to-reach communities (to support the demand side activities); and 5095 pregnant women were transported to health facilities as a result of this intervention from 2004-2009. Blood Donation Groups were formed in 285 communities whom so far had donated 3, 615 pints of blood to pregnant women. The communities have saved the total amount of N3, 697, 570 for emergency maternal care through the Community Saving Scheme.

The government was able to introduce a Free Maternal Care Scheme. The scheme accords free maternal services and care to pregnant women from conception to delivery. The gesture is extended to the newborn. Free medication for children under 5 is an integral part of this scheme.

Other key tools are Health Management Information Systems (HMIS), Integrated Supportive Supervision (ISS), Peer and Participatory Rapid Health Appraisal for Action (PPRHAA), Reality Radio Programs and Jingles.

The key activities undertaken for HMIS have been geared towards expanding and improving the quality of sentinel monitoring sites data and in particular putting this and other collected data in a state of readiness for the cross state data analysis. A special attention was accorded to improving the data analysis skills and data management capacity of service providers and local engagement consultants; and special focus was paid on pivot table utility, manipulation, data reporting and presentation. Additionally, on the job mentoring and hands on technical assistance, including problem solving skills were prioritized.

Information gathered showed that out of 114 facilities appraised in the state during the last PPRHAA (2010), **110 (96%)** had up to date catchments maps with clearly defined targets displayed on the walls. In addition, registers for keeping records were up to date in **102** out of the 114 facilities appraised in 2010. It was also reported that data forms were up to date in 110 facilities (89%) but, only **94 (82%)** out of the 114 facilities had up to date monitoring charts.

Some of the improvement noted as a result of the PPRHAA exercise is that, the hospitals now generally performed better, as the average performance moved from 71% in 2009 to 77% in 2010. Also, it was observed that OPD attendance had increased from a state average of less than 300 per thousand population in 2009 to 400 per thousand population in 2010. In addition, ANC utilization increased to over 40% in 2010.

The increased level of community level education through the demand side activities coupled with recruitment of additional midwives and nurses, have also resulted in improved delivery at facility level.

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