

**REPORT ON THE ASSESSMENT OF THE OUTPUT, OUTCOME,
GAPS AND CHALLENGES OF THE ADVOCACY VISITS TO
BORNO STATE ON HEALTH SECTOR REFORM BY THE
HONOURABLE MINISTER OF HEALTH**

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MAP OF BORNO STATE



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LIST OF ACRONYMS AND ABBREVIATIONS

ACOMORAN	Amalgamated Commercial Motorcycle Owners and Riders Association of Nigeria
CAN	Christian Association of Nigeria
CMAC	Chairman Medical Advisory Committee
CSO	Civil Society Organization
DPRS	Director Planning Research and Statistics
DMS	Director Medical services
FOMWAN	Federation of Muslim Women Association of Nigeria
FMC	Federal Medical Centre
HCH	Honourable Commissioner for Health
HMH	Honourable Minister of Health
HOA	House of Assembly
HSR	Health Sector reform
JNI	Jamaatu Nasril Islam
LGA	Local Government Area
LOC	Local Organizing Committee
MHWUN	Medical and Health Workers Union of Nigeria
MOH	Ministry of Health
MOWA	Ministry of Women Affairs
MSO	Muslim Sisters Organization
NACOMORO	National Commercial Motorcycle Owners and Riders organization
NAFDAC	National Foods and Drugs Administration and Control
NANNM	National Association of Nigerian Nurses & Midwives
NCWS	National council of Women Societies
NGO	Non Governmental Organizations
NHIS	National Health Insurance Scheme
NLC	Nigeria Labour Congress
NOA	National Orientation Agency
NURTW	National Union of Road Transport Workers
NYCN	National Youth Council of Nigeria
SCH	State Council on Health
SEDO	Social Justice & Equity Dev. Organization
SMOH	State Ministry of Health

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.The consultants will like to thank the Honourable Commissioner for Health and the officials of the state MOH for their wonderful reception and cooperation. We also thank all the respondents for sparing their time for the interviews. Our appreciation also goes to the Executive Secretary of HERFON for giving us the opportunity to conduct this monitoring. Overall we are grateful to the Almighty Allah for giving us the strength and wisdom to carry out the assignment.

EXECUTIVE SUMMARY

An assessment of the output, outcome, gaps and challenges of the advocacy visit paid to Borno state on 30th/31st August 2005 by the honourable minister of health on health sector reform was carried out in Maiduguri between the 7th and the 10th of November 2005. The objectives of the monitoring were to establish the degree of reception and understanding of the minister's advocacy message, to establish what HSR friendly actions have been taken by the states visited, identify gaps and challenges if any and to recommend implementable practical solutions. The methodology of the assessment involved the use of a pre tested, structured interview guide administered to respondents drawn from the list of invitees to the workshop; from this a representative sample of twenty seven (27) respondents was drawn and interviewed 17(63%) of whom attended the workshop while 10(37%) did not. In the findings 25 (93%) were aware of the visit of the HMH.20 (74%) of the respondents have a fair idea of the mission, vision and concept of the reform and this is significantly higher (100%) amongst those group that were at the workshop than those that were not which is 30% i.e. only 3 out of the 10 respondents that did not attend the workshop have idea on HSR. However, the understanding of the contents of the reform was comparatively low as only 12 (44%) of the respondents were able to correctly mention at least 1 of the strategic components while 15 (56%) could not even mention a single component. HSR friendly activity undertaken includes information dissemination on HSR by the SMOH. The main negative observation on the workshop was the complain about the inadequacy of the time allotted for the workshop while stakeholders like the NMA and MOWA complained on their non invitation to the workshop. Two of the challenges outlined by the respondents are sustaining government commitment as well as ensuring guaranteed funding for the reform. Overall all the respondents that attended the one day workshop were all very impressed by the visit, the presentations of the HMH on HSR and the involvement of different stakeholders from various backgrounds/ organizations in the workshop and suggested that the HMH should organize more of such visits and should be for a whole day. The broad conclusion from the findings of the

assessment is that the expected output and to a large extent the outcome of the ministerial visit was achieved in Borno state, and based on the findings the following recommendations were made:

- i. The FMOH should reinforce the advocacy visit by embarking on a sustained awareness campaigns on the HSR process particularly on the vision and mission as well as the rights and duties of consumers using locally appropriate media.
- ii. The FMOH and Partners should produce and distribute abridged HSR documents targeting the different stakeholders.
- iii. The FMOH should during subsequent visits include as one of the expected outputs of the workshops specific and measurable next steps that the states plans to undertake in the next three to six months after the visit. States that had already been visited can be asked to submit same.
- iv. The FMOH and partners should as soon as possible organize a workshop for professional associations on HSR.
- v. The FMOH should ensure the continuous monitoring of the HSR process in the states so as to maintain the current tempo of the reform.
- vi. FMOH and partners should support journalists that had already been trained on HSR advocacy to execute media enlightenment activities since media coverage have been commercialized..
- vii. FMOH and partners should encourage and support NGOs with capacities to contribute to the HSR process
- viii. HERFON should ensure that a letter introducing the consultants and the assignment is given to each of the consultants. Such letters should preferably be signed by the FMOH..
- ix. Zonal and states offices of HERFON should be strengthened to support governmental and Non governmental organizations in promoting and implementing state specific reform agenda.
- x. The SMOH should strengthen, support and transform the LOC into a steering committee on HSR to midwife the HSR process in the state.

INTRODUCTION

The HMH, Professor Eytayo Lambo visited Borno state on the 30th and 31st August 2005 to advocate for HSR. The objective of the visit was “to bring to the public domain the issues, purpose and benefits of HSR through interactive and participatory sessions by the HMH with primary and secondary stakeholders in health care delivery at state level”

The expected outputs were

- The HMH advocacy visit.
- Successful workshop in line with programmes made available to all states.
- A state’s ministerial report that includes the workshop proceedings and also contains the state health plan of action for HSR that were generated at the workshop which took into consideration the seven strategic thrusts.
- A communiqué.

The expected outcomes were

- Key public and elected officers knowledgeable about issues, content and context of HSR.
- Increase in consumer awareness about HSR.
- Political will and commitment at the highest level of government.
- MDGs compliant in implementation strategies and service delivery.

The state is expected to have embarked on some reform activities following the ministerial visit while the FMOH in turn, is supposed to keep track of these activities, hence the need for this assessment which is aimed as monitoring what the states are currently doing in terms of HSR and also assess the impact the minister’s visit has made towards advocating for HSR in each of the states visited

PROJECT AIMS AND APPROACHES

OBJECTIVES OF THE MONITORING

- i. To establish the degree of reception and understanding of the minister's advocacy message,
- ii. To establish what HSR friendly actions have been taken by the states visited.
- iii. To identify gaps and challenges if any and to recommend implementable practical solutions.

METHODOLOGY

1.1. **The Instrument** used in the monitoring was a structured interview guide which had earlier been developed and pre tested in the field before this assessment. It is a 7-paged interview schedule with 36 questions (open and close ended) and is divided into three sections

- *Section One:* administered to all respondents and contains some demographic information, enquiries about invitation and attendance of workshop and assessment of their knowledge on HSR
- *Section Two:* administered to respondents that attended the workshop and contains questions on the conduct and content of the workshop as well as follow up actions after the visit.
- *Section Three:* administered to the LOC and contains questions about the organization of the workshop and the HSR process in the states.

The monitoring team consisted of the lead Consultant Dr Ben Anyene and two other consultants Dr Ahmad Abdulwahab and Dr Ahmed Ibrahim Tsofo, all of who are change agents. A briefing session was held by the lead consultant with the two other consultants and this was done to discuss the instrument and to finalize other operational issues to ensure a successful assessment exercise.

1.2. The **Field work** took place on the 7th – 10th November 2005 in Maiduguri the Borno state capital.

1.3. The **Respondents**: a representative sample of 29 respondents drawn from a sample frame which was the suggested list of invitees sent to the states and the invitation list drawn by the respective states. The distribution of the respondents is as follow:

	Categories	No of Resp.
1	Political Appointees	3
2	Civil servants	9
3	CSO	10
4	Professional Association	4
5	Consumers	1
	Total	27

Eight (30%) of respondents were females while Nineteen (70%) were males. The list of all those that were consulted is attached in the appendix.

1.4. One of the **Limitations** of the assessment was:

1.4.1. The time available for the assessment could only allow for the interview of limited number of respondents as many had to be visited several times before the interview could be conducted.

FINDINGS

OUTPUT

1.5. Advocacy Visit

1.5.1. Advocacy visit to His Excellency, the executive Governor of Borno state Senator Ali Modu Sherriff and to the Chairman of the Traditional Council of Chiefs

1.6. The Workshop

1.6.1. An **LOC** was formed and was headed by the HCH, Dr Vlita Asabe Bashir

1.6.2. **Invitations and Attendance:** The summary of numbers invited, not invited, attended or not attended is presented in the table below:

1.6.2.1.	Total invited	112
1.6.2.2.	Attendance	About 150
1.6.2.3.	No. of respondents that attended	17(63%)
1.6.2.4.	No. of respondents that did not attend	10(37%)
1.6.2.5.	Some notable organization that did not attend include MOWA, NMA, PSN* CAN, NLC, NACOMORO, HOA* (Those with asterisks were invited but could not attend for one reason or the other while those without asterisks said they did not receive invitations)	

1.6.3. **Participation of the Executive Governor:** The executive Governor attended and declared the workshop open.

1.6.4. **Documents Distributed** The documents distributed *during* the workshop include:

1.6.4.1.1. "Health Sector Reform in Nigeria, A Vision of Better Health for All" was distributed by the FMOH during the workshop in all the five states

1.6.5. Observations on the Workshop

Positives

1.6.5.1. Involvement of different stakeholders

Negatives

1.6.5.2. Time was too short

1.6.5.3. No questions during the sessions (??)

1.6.5.4. Some stakeholders not invited eg NMA and MOWA

Suggestions

1.6.5.5. Workshop should be a full day

1.6.5.6. Workshop documents should be given before the workshop

1.6.5.7. Ensure invitation is extended to all relevant stakeholders.

1.6.6. **Report /Communiqué** a communiqué was prepared at the end of the workshop (a copy collected)

OUTCOME

1.7.Reception and Understanding of the Advocacy

- 1.7.1. **Awareness of the HMM's Visit:** 93% (25) of the respondents were aware of the visit while 7% were not..
- 1.7.2. **Understanding of HSR:** 20 (74%) of the respondents have a fair idea of the mission, vision and concept of the reform, this is significantly higher (100%) amongst those group that were at the workshop than those that were not which is 30% i.e. only 3 out of the 10 respondents that did not attend the workshop have idea on HSR.
- 1.7.3. **Strategic Components:** the Understanding of the strategic components of the HSR is generally low as only 12 (44%) of the respondents were able to correctly mention at least 1 of the components. 15 (56%) could not even mention a single component. This too was higher among those that were at the workshop than those that were not. Six out of the fifteen that could not mention any of the components attended the workshop but said they had forgotten..
- 1.7.4. **Areas Needing Clarification:** Role of the different tiers of government, Disease control, health care financing particularly NHIS and roles of CSO and the community were the main areas that most of the respondents sought clarification for. Six (22%) respondents however said they needed no clarification while 11(41%) said they want more information on every thing and these were mostly respondents that were not at the workshop.
- 1.7.5. **Impact:** all those present at the workshop said that the HMM presentation has made a positive impact on their perception on the activities of the FMOH and unanimously agreed that the HSR is a programme they will fully support..

1.8. HSR Friendly Activities Undertaken

1.8.1. Some of the activities include

1.8.1.1. The SMOH NURTW, FOMWAN and NYCN said they have embarked on Information dissemination on HSR.

1.9. Health Policy, Health Bill and the State Council on Health

1.9.1. **Health Plan:** This was discussed at the workshop but no strategic plan is currently available.

1.9.2. **Health bill:** The state has no health bill.

1.9.3. **Health Policy:** No policy available.

1.9.4. **State Council on Health (SCH):** The secretary of the LOC said she could not remember when last SCH was held in the state. At least not in the last three years

1.10. Gaps

1.10.1. 19 of the respondents said that reform is holistic and feel that there are no gaps for now.

1.11. Challenges some of the main challenges outline by the respondents:

1.11.1. Sustaining adequate funding for the programme (27%)

1.11.2. Sustaining government commitment to the reform programme (27%)

1.11.3. Making necessary infrastructure available (9%).

1.11.4. Creating public awareness (9%)

1.11.5. Overcoming negative attitudes of health workers (9%)

1.12. How to Overcome the Challenges

1.12.1. getting necessary budgetary backings

1.12.2. Consumer awareness campaigns

1.12.3. Get necessary legal backings

1.12.4. Dedication and commitment to the reform

1.12.5. Involvement of the community

1.12.6. Involvement of professional bodies

CONCLUSIONS.

- 1.12.7. The visit has generated a lot of awareness and interest in the HSR process in the state and the respondents agreed that there is need for reforms in our health care delivery system
- 1.12.8. The respondents were highly impressed by the presentation of the HMH and the participatory and interactive nature of the workshop.
- 1.12.9. The respondents understood the vision and mission of the HSR but are less clear about how it will operate.
- 1.12.10. There was good publicity of the visit as most of the respondents were aware of the visit.
- 1.12.11. The state has not embarked on any concrete reform agenda since the ministerial visit.
- 1.12.12. The monitoring carried out was also welcome by the states as they feel it demonstrates the level of seriousness the government attaches to the HSR
- 1.12.13. Some stakeholders like NMA, NLC, NURTW, and, CAN were not invited to the workshop.
- 1.12.14. Overall the expected output and to some extent the expected outcomes of the ministerial visit was achieved in the state,

RECOMMENDATIONS

- 1.12.15. The FMOH should reinforce the advocacy visit by embarking on a sustained awareness campaigns on the HSR process particularly on the vision and mission as well as the rights and duties of consumers using locally appropriate media.
- 1.12.16. The FMOH and Partners should produce and distribute abridged HSR documents targeting the different stakeholders.

- 1.12.17. The FMOH should during subsequent visits include as one of the expected outputs of the workshops specific and measurable next steps that the states plans to undertake in the next three to six months after the visit. States that had already been visited can be asked to submit same.
- 1.12.18. The FMOH and partners should as soon as possible organize a workshop for professional associations on HSR.
- 1.12.19. The FMOH should ensure the continuous monitoring of the HSR process in the states so as to maintain the current tempo of the reform.
- 1.12.20. FMOH and partners should support journalists that had already been trained on HSR advocacy to execute media enlightenment activities since media coverage have been commercialized.
- 1.12.21. FMOH and partners should encourage and support NGOs with capacities to contribute to the HSR process
- 1.12.22. HERFON should ensure that a letter introducing the consultants and the assignment is given to each of the consultants. Such letters should preferably be signed by the FMOH..
- 1.12.23. Zonal and states offices of HERFON should be strengthened to support governmental and Non governmental organizations in promoting and implementing state specific reform agenda
- 1.12.24. The SMOH should endeavour to conduct SCH at least once in a year.

APPENDICES

LIST OF RESPONDENTS CONSULTED IN BORNO STATE			
SN	NAME	ORGANIZATION	POSITION
1	DR VILITA BASHIR	MOH	HCH
2	HAJIA KAKA EL YAKUB	MOH	DPRS
3	HADIZA L BUKAR	MOH	SECRETARY LOC
4	SAINA BUBA FLAI	JERE LGA	VICE CHAIRMAN
5	DR IBRAHIM AHMED KIDA	MOH	DMS
6	MRS SARATU SHARAH	NCWS	STATE SECRETARY
7	ABUBAKAR ALI	NACOMORO	SECRETARY
8	ABIGEL BOLAJI AINA	SEDO/GTZ.NCWS	PROJECT MANAGER
9	COMRADE GARBA K NGAMDU	NLC	STATE CHAIRMAN
10	ALI ABANA	MHWUN	STATE CHAIRMAN
11	DR BALA MOHD AUDU	NMA	STATE CHAIRMAN
12	DANJUMA ADAMU ROSE	NURTW	ASSIS. SECRETARY
13	PHARM ZANGO M M	PSN	EX OFFICIO
14	HAMZA DZAKWA	NANNM	STATE SECRETARY
15	FATI ABDULLAHI	NTA	JOURNALIST
16	HON ABDUL MSHELIZA	HOA	CHAIRMAN HOUSE COMMITTEE ON HEALTH
17	ALH IBRAHIM SHETTIMA	TRADITIONAL INSTITUTION	WARD HEAD
18	COMRADE SHALANGWA Z A	NLC	SECRETARY
19	NDAHI PINDAR	MOI	INF OFFICER
20	DR MOHAMMED ABBA	MOA	VET DOCTOR
21	ADAMA MOHD IBRAHIM	FOMWAN	AMIRAH

22	HAJJA GANAMA B ALI	MOWA	PERM SEC
23	HAJJA GAMBO ZANNA	MOWA	DIR CHILD DEV
24	REV NIVEN YAJI MSHELIA	CAN	STATE SECRETARY
25	HARUNA DABO	MOH	HMIS OFFICER
26	TIJJANI MODU	NYCN	AG SECRETARY
27	MOHD ABISO	NYCN	CHAIRMAN

Interview Schedule for the Assessment of the Output and Outcome of the Advocacy Visits to States by the Honourable Minister of Health



The Federal Ministry of Health in conjunction with the Health Reform Foundation of Nigeria (HERFON) is conducting consultations with relevant stakeholders on the recent advocacy visits to states by the Honourable Minister of Health, Professor Eytayo Lambo on Health Sector Reforms. The consultation is aimed at assessing the output and outcome of the visits as well as outline possible gaps and challenges. The bearer is one of the Consultants assigned to perform this assessment and we will greatly appreciate if you could spare your time to answer the following questions.

SECTION ONE

(To be administered to all respondents)

- 1) State (.....)
- 2) Name of Respondent (.....)
- 3) Sex (Tick as appropriate)
 - a) Male
 - b) Female
- 4) Organization (indicate name within the brackets provided)
 - a) Ministry (.....)
 - b) Board/Parastatal (.....)
 - c) Department/Unit (.....)
 - d) NGO (.....)
 - e) Professional Association (.....)
 - f) Consumer (.....)
 - g) Others (*specify*.....)
- 5) Position: (Tick the most appropriate)
 - a) Legislator
 - b) Commissioner
 - c) Permanent Secretary
 - d) Deputy Permanent Secretary/ Ministerial Secretary
 - e) Director/ HOD
 - f) LGA Chairman
 - g) Supervisory Councillor
 - h) Others (*specify*.....)

6) Are you aware of the advocacy visit paid to this state by the Honourable Minister of Health, Professor Eyitayo Lambo?

- a) Yes
- b) No
- c) Not

sure

7) Were you or your organization formally invited to the one-day workshop?

- a) Yes
- b) No
- c) Not

sure.

8) If yes through what means?

- a) Oral
- b) Written
- c) Media
- d) Others (*specify*.....)

9) Did you or your organization attend the workshop?

- a) Yes
- b) No (*why?*)
- c) Not sure

10) What do you understand by the Health Sector Reform?

.....
.....
.....
.....

11) What are the strategic components of the Health Sector Reform?

- a)
- b)
- c)
- d)
- e)
- f)
- g)

h)

12) Which areas of the Health Sector Reform do you need more clarification?

.....
.....
.....

13) What in your opinion are the possible gaps to the implementation of the HSR?

.....
.....
.....

14) What in your opinion are the possible challenges to the implementation of the HSR?

.....
.....
.....

15) In what ways can these gaps and challenges be overcome?

.....
.....
.....

SECTION TWO

(To be administered to respondents who attended the workshop)

16) Were workshop documents/papers given to you?

- a) Yes, before the workshop
- b) Yes, during the workshop
- c) No

17) If yes to Q16, list the documents and the source(s)

.....
.....
.....

.....

18) Was the state health plan discussed during the visit/workshop?

- a) Yes
- b) No

19) Have you or your organization embarked upon any Health Sector Reform activity/programme after the ministerial visit?

- a) Yes
- b) No
- c) Don't Know

20) If yes to Q19, describe the activity

.....
.....
.....

21) If no to Q19 above, why not?

.....
.....
.....

22) What are your observations about the ministerial visit/workshop?

Positives

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.....
.....

Negatives

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.....
.....

Suggestions

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.....
.....

23) What impact has the visit of the Honourable Minister of Health made on you or to your organization?

.....
.....
.....
.....

SECTION THREE

(To be administered to the LOC Chairman i.e Honourable Commissioner for Health or the LOC Secretary or any member so designated by the chairman or secretary)

24) How many participants were invited to the workshop? (Collect copy of the list of invitees)

.....

25) How many people attended the workshop? (Collect copy of attendance list and classify by organization in your analysis)

.....

26) Were workshop documents/papers distributed? (collect copies)

- a) Yes, before the workshop
- b) Yes, during the workshop
- c) No

27) Was the state health plan discussed during the visit/workshop?

- a) Yes
- b) No (*Explain*.....,,
.....
.....)

28) If yes to Q27, what was the outcome?

.....
.....
.....

29) Was there a report at the end of the workshop?

- a) Yes (if yes, Collect a copy)
- b) No (*why not?*.....
.....)

30) Was there a communiqué at the end of the workshop?
a) Yes (if yes, Collect a copy)
b) No (*why not?*.....)
.....)

31) What follow up action(s) (health reform related) has the SMOH/LOC undertaken after the ministerial visit?
.....
.....
.....
.....

32) What factors enabled or constrained the action(s) or inaction(s) in Q29 above?
.....
.....
.....
.....

33) Does the state currently have a State Health Policy?
a) Yes (*collect a copy if available*)
b) No (*any on going efforts to have one?*.....)

34) Does the state currently have a Health Bill?
a) Yes (*collect a copy if available*)
b) No (*any on going efforts to have one?*.....)

35) Does the state currently have a HSR strategic plan?
a) Yes (*collect a copy if available*)
b) No (*any on going effort to have one?*

36) When last was a state council on health held in the state?
a) This year (2005)
b) Last year (2004)
c) Years ago (*specify the year*.....)
d) Never
e) Don't Know

37) What Health Sector Reform related resolutions were reached at the end of the council? (*collect a copy if available*)

.....
.....
.....
.....