

**-REPORT ON THE HEALTH REFORM FOUNDATION OF NIGERIA
(HERFON) ADVOCACY WORKSHOP IN ABAKALIKI, EBONYI STATE
ON 29TH DAY OF NOVEMBER 2005**

SUBJECT

- 1. CONCEPT, CONTEXT, CONTENT
AND IMPLEMENTATION OF HEALTH
SECTOR REFORM**
- 2. NETWORKING AND MEMBERSHIP
DEVELOPMENT THROUGH THE
STATE AND LOCAL GOVERNMENT
SYSTEM**
- 3. HEALTH SECTOR REFORM IN
EBONYI STATE**

BY

FACILITATORS

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NOVEMBER 29, 2005

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ABBREVIATIONS AND ACRONYMS

BOT	Board of Trustees
CMD	Chief Medical Director
EBSUTH	Ebonyi State University Teaching Hospital
ES	Executive Secretary
EXCO	Executive Committee
FBO	Faith Based Organization
HCH	Honourable Commissioner for Health
HERFON	Health Reform Foundation of Nigeria
HSR	Health Sector Reform
KAP	Knowledge Attitude and Practise
LGA	Local Government Area
LOC	Local Organizing Committee
NGO	Non- Governmental Organization
ZC	Zonal Champion
TOR	Terms of Reference
CSO	Civil Society organization
BOT	Board of Trustees
SC	State Champion
SE	South East

ACKNOWLEDGEMENTS

The facilitators extend their gratitude to all those who contributed in various ways to ensure the success of the one day workshop. They include the management of HERFON Head Office, the Executive Committee (EXCO), the BOT, the Champion, Chairman of the Local organizing Committee and members of HERFON Ebonyi State, and the HERFON SE Zonal secretary who attended and the over 50 participants that came from various organizations and institutions and includes, Federal, State Private, Civil Society organizations and LGAs.

The HERFON (Ebonyi Chapter) appreciates the assistance of Hon. Commissioner for Health and Permanent Secretary Ministry of Health, Ebonyi State in the build up to this workshop. We are grateful to the management of Ebonyi State University Teaching Hospital for making available the venue at a reasonable cost, the LOC for a job well done and most especially, the state Champion Dr. Chukwu, CMD EBSUTH for his indefatigable efforts.

SECTION 2

EXECUTIVE SUMMARY

A HERFON advocacy workshop was carried out in Abakiliki, Ebonyi State on 29th of November, 2005 on the content, concept and context of Health Sector reform in Nigeria and Ebonyi State.

The papers presented includes:

1. Herfon yesterday, today and tomorrow.
2. Overview of the Health Status of Nigerians organization.
3. Overview of Health Sector reforms
4. Ebonyi State HSR responses and service delivery.

The methodology of interactive participatory and learning approach was used, which is conducive to peer learning. The group works were designed to focus on the perceived problems or constraints to health providers and consumers and their solutions in the state. See appendix and tables 1 & 2 of the text.

The workshop was worthwhile and the participants appreciated the efforts to cascade HSR issues, policy and legislative expectations, the strategies for delivery of effective and efficient health care services down to the grassroots, with special emphasis on MDGs.

The recommendations include:

1. There should be aggressive awareness creation on Health reform in the country, states and LGAs.
2. A critical mass of change agents has to be created at state and local government areas where the bulk of health services are given. They are to focus on:
 - (a) influencing policies, legislations and working environment to improve level of poverty, ignorance/illiteracy of health service providers and consumers. To reduce traditional, cultural and religious barriers to health service utilization.
 - (b) regulating drugs production and storage; and distribution and prescription should be well instituted and strictly complied with.
3. Strategies to ensure community involvement into the reform programmes should be developed.

4. There should be technical, financial and material support to the zonal and state Herfon offices to ensure sustainability of the Reform agenda.
5. The outcome of this workshop should be properly distributed and publicized.
6. Advocacy and sensitization of policy and decision makers at level.
7. Special focus on how to eliminate corruption within Health delivery system.
8. Re-orientation to KAP that works for common good.

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SECTION 3

INTRODUCTION

The Herfon Zonal Champion invited all the State Champions for an emergency meeting on 29th July 2005 at Enugu. All the states were duly represented. The ZC briefed the participants on the progress within Herfon.

The Zonal and state Herfon activities were discussed and agreement reached. All the state chapters were advised to reactivate/revitalize their state Herfon chapters, so as to be in a position to benefit from the activities and programmes of Herfon. ZC appealed to the participants to be active and dedicated so as to make the expected impact at the communities. All the states were advised to meet regularly and to mobilize the stakeholders for advocacy workshops in October 2005. He also announced that some support shall be made available to each state from HERFON headquarters to host the workshop.

The project aims and approach

1. OBJECTIVES

- To breath life into the activities of state chapters of HERFON
- To extend the sensitization and advocacy to key stakeholders at the LG level on issues context and content of HSR

- To introduce HERFON, her vision, mission, activities and expected impact to the participations
- To encourage the participants on the need for pro-active engagement with larger society on the benefits of HSR

2. SCOPE

New invitees were carefully selected during the state's LOC meeting in line with discussions with the ZC to ensure that at least 3 health actors in each LGA, representatives of NGOs, State and Federal institutions, the private sector (including FBOs) and consumers, were formally invited to participate. The Nigerian Medical Association, Pharmaceutical Society of Nigeria, National Association of Nurses and Midwives, Medical and Health Union of Nigeria, and the Association of Community health Officers were all invited to participate.

3. EXPECTED OUTPUT

Workshop report

4. EXPECTED OUTCOME

- Participants introduced to and/or acquire improved knowledge of HSR
- Percolation of the need for HSR to lower levels through proactive engagement of the health/political environment.
- The state HERFON membership increased
- State HERFON in Ebonyi energized.

5. METHODOLOGY

The workshop methodology was participatory, interactive peer learning process and group discussions. The group discussions were on identification of problems in Health Services delivery and solutions/strategies of improving it in Ebonyi State in relations to the providers and consumers of the service delivery.

Build up to the workshop

There were numerous interactions between the zonal office and

Ebonyi Chapter of Herfon and the Zonal Champion were in contact, through the telephone, internet, and visits. This was to ensure the achievement of the

expected output and outcome. A local organizing committee (LOC) was constituted and it delivered the workshop.

The state representatives attended the zonal meeting at Enugu on 29th July 2005.

Participants were invited to the workshop through various letters, notices at HERFON meetings and the State Radio communications.

THE WORKSHOP ACTIVITIES:

The Herfon Advocacy workshop took place at the Conference Hall of Ebonyi State University Teaching Hospital, Abakiliki 29th day of November, 2005 after two postponements due the circumstances beyond our control. The meeting started at 10:30am with an opening prayer. The participants and facilitators introduced themselves.

The state Champion, Dr. O.O. Chukwu gave a short address on the need for Health Sector Reform in Ebonyi State and progress of HERFON in the state and he declared the workshop open on behalf of the HCH Dr. Aloh. The Zonal Champion of Herfon, Dr. Ben Anyene congratulated Ebonyi HERFON for being about the best structured and organized state chapter. He asked that they should not slack but rather should build on the foundation they have laid. He reminded them on the need to meet with the primary obligation (arrange for a courtesy and advocacy visit by the representatives of the BOT and Management of HERFON) required of them on their selection as HERFON focal state in the SE. He encouraged the participants to take up the challenges of health sector reform under the auspices of Change Agent Programme (CAP)/Health Reform Foundation of Nigeria.

He presented the following papers.

- i. Herfon, yesterday, today and tomorrow on behalf of the Executive Director Herfon Dr. Ibrahim Oloriegbe.
- ii. Health Sector Reform “a broad based purposeful and sustainable fundamental change in the function, structure of health systems which includes the visions policies, legislations and institutional arrangements, organizations, plan, projects and programmes”, in order to deliver efficient, quality, affordable, acceptable, effective and equitable health care services to the populace and ultimately improve the health status of the people.

The presentations on HSR include

- i. The overview of health status of Nigerians
- ii. Overview of health sector Reform (why, what, vision/mission, thrusts, assumptions and principles).

He solicited the support of all stakeholders in the Health Sector of the Nation so as to move the health care delivery system forward in the service of humanity and mankind; and for public good. There was a question and answer session after which the participants were broken into 4 groups to review the Ebonyi State Health care delivery system, identify the constraints, and propose solution/strategies in 2 dimension i.e. as health services providers and as health services consumers.

RESULT

The consolidated summary of the groups works are

A. Providers (Constraints/Solutions)

S/ N	Problems	Solutions
1	Inadequate Human resources (quality & quantity)	Provision, training and re-training
2	Inadequate resources	Provision, maintenance, monitoring and supervision of usage
3	Cultural inhibition and taboos	Health education, promotion and community involvement and participation
4	I Poor facilities	Provision and maintenance; needs and standards

5	Poor motivation	Promotion, recognition, capacity building, better and regular salaries and wages
6	Obsolete and inconsistent Regulations and Legislations	Policymakers should energetically address these for effective and efficient service provision
7	Weak referral system	Adequate policies, regulations, commitment and enforcement
8	Poor communication	Recognition and utilization of communication tools
9	Quackery	Elimination of quackery through legislative, regulation and enforcement
10	Inadequate Planning	Updating of knowledge and supervision
11	Poor logistics	Stocktaking, provision, supervision and maintenance
12	Mismanagement of internally generated revenue	Retention, budgeting, computerization, due process and accountability
13	Leadership tussle in public facilities	Leadership streamlining and job description
B. From Consumers' (Constraints and Solutions)		
	Problems	Solutions

	Problems	Solutions
1	Poor accessibility to health care facility citing	Basing location and citing of facility not on political interest but on corporate interest
2	Poverty	De-politicization of poverty alleviation schemes and availability of alternative financing schemes
3	Ignorance/Illiteracy	
4	Out of Stock (OS) syndrome	Education, community participation/involvement
5	Acceptance/relevance services	Bulk purchase, drug revolving scheme, credit guarantees
6	Delays and poor attitudes of providers Affordability	Services should be geared towards community's needs through community participation
7	Cultural, traditional and religious barriers	Re-orientation, monitoring and institution of reward systems
8	Quality and availability of providers	Advocacy, sensitization and education of leaders Advocacy to community leaders
9	Non involvement of communities in priority setting and planning	Training, capacity building, adequate policy and regulation

RECOMMENDATIONS

1. Adequate funding
2. Health facilities should be well equipped
3. Competent personnel/manpower
4. Passage the Health Bill and its enactment
5. Proactive advocacy for HSR and the drive for its ownership
6. HSR desks at all levels/ Emphasis on PHC
7. Tax Incentives and Special Taxes for health
8. Unquestionable Political will/commitment
9. Partnership/collaboration
10. Training and capacity building
11. Grassroots enlightenment
12. Depoliticization of health care services
13. Networking/coalitions for consumer protection
14. Appropriate Policy Framework
15. Community Ownership/Participation
16. Planning, supervision monitoring and evaluation
17. Accountability and Budgeting
18. HERFON must emphasise states' involvement for better outcome

LESSONS LEARNT

1. Appalling health care delivery
2. Enlightenment/Advocacy Campaign necessary
3. Need for Institutionalization and actualization of HSR
4. Community Ownership and Involvement should be a component of HSR
5. Sustainability and institutionalization of HSR are very important
6. Health is Wealth, healthy living and lifestyle necessary for better health indicators
7. There is pervasive negligence and ignorance on health issues and actions
8. Need for all to take their roles and responsibilities serious
9. Partnership/collaboration/coordination should encouraged
10. Legislation and Regulation should be pursued with vigor
11. Funding of the health sector is very poor and uncoordinated
12. HERFON has a lot of work to do to able to achieve a critical mass of change agents required for the "battle".

CONCLUSION

The advocacy workshop was hugely informative and the materials used were self-explanatory. There was high level participation and interaction all through the sessions.

At the end of the workshop, the objectives were attained, the participants were very happy and there was the general desire by non HERFON members to sign up.

We remain grateful to Herfon for the technical and financial assistance and thank Dr Anyene, the zonal champion for technical guidance and co-facilitation of the workshop.

SECTION 4

4.1. Annex

i. TOR

HERFON ADVOCACY WORKSHOP IN SE STATE, OCTOBER , 2005.

In 2001 DFID and FMOH commenced a programme – CHANGE AGENT PROGRAMME (CAP) – whose core goal is to create a critical mass of change agents through capacity building in the Health Sector, that will catalyze the change in knowledge, attitude and practice.

The change agents so created will help to educate both the producers and consumers of Health for improved health service delivery and better health outcomes.

The programme was adjudged by international review as a success and the products are amongst main drivers of on-going Health Sector Reform activities in the past three (3) years.

At the AGM of 2004 members from all states of the federation demanded and voted in concensus to institutionalize the Programme hence the birth of HEALTH REFORM FOUNDATION OF NIGERIA (HERFON), whose members are called **CHANGE AGENTS**. HERFON is fully on the ground now and has commenced activities.

In furtherance of this HERFON is conducting an Advocacy workshops in all states of the federation to;

- i. Help in the re-invigoration of the state chapters
- ii. Educate participants on the mission, vision and programmes of HERFON
- iii. Help members, both old and new to understand clearly their rights and obligations within HERFON
- iv. Propagate the issues, contents and context of Health Sector Reform (HSR) in Nigeria
- v. Let the participants generate their state's HERFON one year action plan and work towards a three year strategic Plan

The attendance to the workshop is not exclusive to only practitioners in the health sector rather it is for all, who believe in better health for our people and are also in positions to influence policies, service delivery and supervision. All LGs in the state must have at least 2 representations drawn from operatives at that area.

Please note that as part of assistance to ensure quality output, the greater costs of the workshop in your state shall be borne by HERFON headquarters in Abuja. It includes costs for venue, materials, photographs, video coverage, printing and photocopying, snacks and lunch.

The workshop in your state shall be in October, 2005. The date I already discussed with you and may not be altered. You should feel free to contact me if necessary.

Please find attached the suggested programme. You can adjust it to reflect your peculiarities.

I wish you all the best of luck.

Yours sincerely,

Dr. Ben Chukwudum Anyene

CC:

Name	State	Date of Workshop
Dr Gabby Onwe	Ebonyi	12/10/05
Pharm Ugbene	Enugu	14/10/05

Dr. R. Nriagu	Anambra	20/10/05
Dr (Mrs) Dike	Imo	21/10/05
Dr. Ako Origa	Abia	25/10/05

ii. Programme

PROGRAMME FOR HERFON ADVOCACY WORKSHOP ABIA STATE ON 5th DECEMBER 2005 AT ABIA HOTELS LTD, UMUAHIA

Session 1:

07.00 – 09.30hrs: Arrivals/Registrations

Session 2:

08.30 – 09.30hrs: Courtesy call on the Honourable Commissioner for
Health/SSG

Session 3:

9.30 – 10.30hrs:

- | | | |
|--------|------|--|
| 5mins | i. | Welcome Address – Hon. Commissioner for Health |
| 20mins | ii. | Keynote Address (HERFON yesterday, today and tomorrow) |
| | - | HERFON Executive Secretary |
| 5mins | iii. | Structure and Process of the workshop – State Secretary |
| | | HERFON |
| 15mins | iv. | Purpose, Objectives, Outputs and Expected Outcome of the workshop – Zonal Champion |
| 5mins | v. | Vote of thanks |
| 10mins | vi. | Group Photographs |

Session 4:

- 10.30 – 10.45hrs: i. Health Status of Nigeria with particular reference to the state
- 10.45 – 11.30 ii. Overview of the Health Sector Reform (why, what, vision, mission, Assumptions and principles)

Session 5:

11.30 – 12.00hrs: Tea Break

Session 6:

12.00 – 14.00hrs: Group work

Session 7:

14.00 – 14.30hrs: Group work presentations and comments

Session 8:

14.30 – 15.15hrs: LUNCH

Session 9:

15.15 – 15.45hrs: i. Tidying Group Work

15.45 - 16.15hrs ii. Final Group presentations

16.15 – 16.30hrs iii. Communiqué/Comments

Session 10: Closing/House keeping