MNCH2 Year 5 Report:

Learning Event 2:

Achieving better health outcomes through engagement with traditional and religious leaders

Kano, Nigeria

5 February 2019

MNCH2
Empowering Communities
Strengthening Health Systems
Saving Lives

UKaid
from the British people

Message from MNCH2

This learning event, which is the second in a series, brought together important stakeholders in the form of traditional and religious leaders as well as those from the government, civil society, donors and the community to discuss sustainable solutions for accountability in health, with a particular focus on RMNCH.

Since the inception of MNCH2, work has been done across the six supported states – Jigawa, Kaduna, Kano, Katsina, Yobe and Zamfara – to improve the quality of care and access to RMNCH services. The programme has worked with the federal and state governments, in the community and directly with clients to co-design and implement interventions and activities that have had the tangible outcome of saving lives. The traditional leaders have played an important role in facilitating action in communities and religious leaders have been essential in promoting the importance of RMNCH, especially the involvement of men in the health of the family through male volunteer groups.

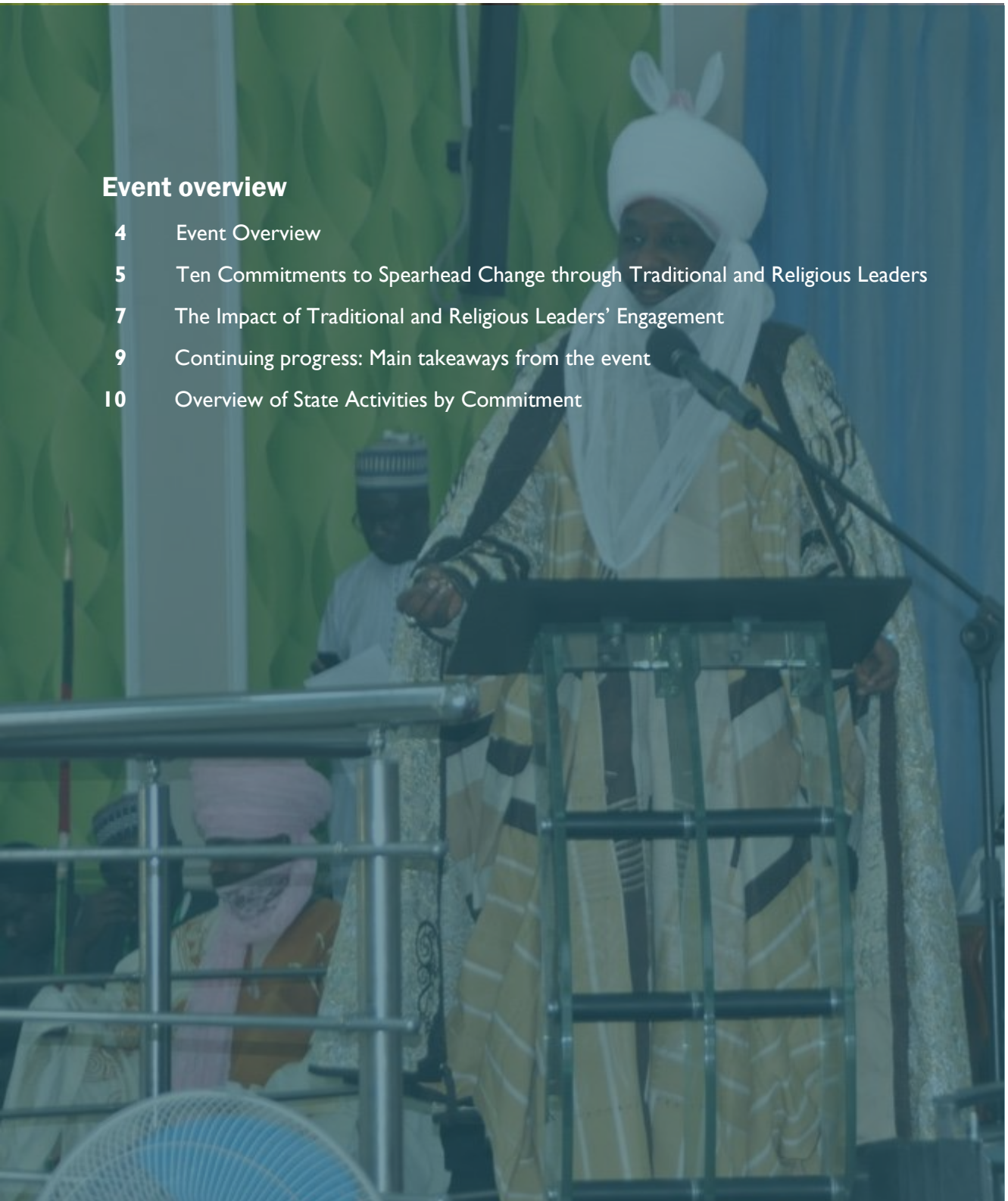
Some of these success stories that the programme has witnessed were shared at the event. The event proved the power of information and its ability to influence decision-makers, thus expressing the importance of the continued involvement of traditional and religious leaders in helping to facilitate and advocate for better RMNCH services.

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 achieving better health outcomes and making the changes in their states and communities.

This report summaries the discussions and review of the event.

The learning event brought together important stakeholders in the form of traditional and religious leaders as well government, donors, civil society and the community.

Achieving better health outcomes through engagement with traditional and religious leaders



Event overview

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Background

Poor quality of, and access to, Reproductive Maternal Newborn and Child Health (RMNCH) services in many developing countries are key contributing factors to the high rate of maternal and infant mortality. In northern Nigeria – a region grounded in religious beliefs that often influence behaviour and acceptance of health services – there has been progress in increasing the uptake of RMNCH services.

The progress made by the UK-government funded Maternal, Newborn and Child Health programme (MNCH2) would not have been possible without the involvement of traditional and religious leaders. As gatekeepers to the communities, they wield significant influence in shaping attitudes and beliefs.

From inception, MNCH2 has worked with traditional and religious structures. The close relationship that MNCH2 has fostered with traditional leaders across the intervention states has resulted in the engagement of over 2,300 traditional leaders at the emirate, district, ward and village levels.

A key part of this engagement has been the inception of the **10 Commitments to Spearhead Change through Traditional and Religious Leaders**, ten specific objectives conceived, with the consensus of traditional leaders, as key pillars to ensure the success of the MNCH programme. The 10 commitments were first conceived at workshop in Abuja in 2016, facilitated by MNCH2. They were designed to improve the communication between government and the community, in particular increasing engagement and information sharing between stakeholders, improving feedback mechanisms and ensuring an efficient logistics chain.

This event provided an opportunity to review the list and reaffirm its relevance in efforts to sustain maternal and child health outcomes, especially as the programme draws to a close.

The event

The second in the series of MNCH2 learning events focused on the role of religious and traditional institutions in improving health outcomes. The event was hosted in Kano, which has been a pioneer in terms of engagement with Emirate Health Committees on maternal and child health.

The event featured, speeches from policy makers (government), prominent traditional leaders (Emir of Kano), exhibitions from MNCH2 and other implementing partners, as partners, as well as panel discussions and testimonials from community leaders.

838

delegates were in attendance

Key objectives

Review progress: Learn from evidence and lessons on what works and doesn't work that can be implemented elsewhere or in future programmes.

Facilitate cross-learning: Share experiences and lessons from the leaders in the six states.

Event purpose

To provide a forum for **traditional and religious leaders to engage with policy makers (national and local government officials), civil society, donors, advocates, media (state and national), practitioners and researchers, partners and programme specialists** to share experiences, best practices, lessons learned and confirm commitments related to improving health outcomes, specifically RMNCH in their state and across northern Nigeria.

Ten Commitments to Spearhead Change through Traditional and Religious Leaders

1 Form Emirate Council Committees on Health to serve as standing committees on general health issues with Terms of Reference for its members.

All MNCH2-supported States already had Emirate Councils. MNCH2 has worked with the Ministries of Health as well as with the Ministries for Local Government and Chieftaincy (MoLGCA) to strengthen the committees. All now have Terms of Reference (ToR) in place. These have formalised the Councils with an increased focus on planning, governance and resource mobilisation.

2 Train (and re-train) District Heads on maternal and child health issues and related harmful traditional beliefs and practices.

All State ministries have organised training for the Emirate Councils. The participants – District Heads – have provided step-down training to Ward and Village Heads leading to hundreds of religious and traditional leaders taught on demand creation and about harmful beliefs and practices. However, there has been less focus on monitoring and resource mobilisation, which should be the focus of future capacity building initiatives.

3 Traditional and religious leaders to sensitise communities.

Traditional and religious leaders have worked with and through Traditional Birth Attendants and Male Motivators to sensitise communities and create demand for RMNCH services. In some states, traditional leaders have been linked with MNCH2-trained community volunteers.

4 Emirate Councils should set up a Community Maternal Death Review structure within their communities.

Traditional and religious leaders act as a bridge between the hospital and the community. They are often involved in the action plans that follow maternal death reviews, for example by communicating about the importance of ANC and facility delivery. They could have even bigger role in verbal autopsies in communities and become providers and not just receivers of information.

5 Institutionalise data collection and management system for community-level data.

In all MNCH2-supported states, LGA coordinators collect and report community-level data to the Primary Health Care Boards (PHCB). This includes data collected from traditional and religious leaders. It is important that state budget releases allow the community-level data collection to continue and eventually integrate this with the national Health Management Information System.

> It is the responsibility of traditional leaders to proactively monitor the programme of Government and partners at the health facility and community level to ensure health care deliveries are equitable and accountable.
>
> Emir of Kano

6 Strengthen information sharing between programmes and the Emirate Councils.

The links between government programmes and the Emirate Councils that were already in place in most States, have been strengthened further. The Directors of Chieftaincy affairs, for example, take part in the activities of the Primary Health Care Development Agencies (PHCDA) which provide guidance and coordination for the Councils. It is important to continue support for information sharing and extend this to all active programmes in the states through the Donor Coordination Forums.

7 Establish linkage between political and traditional institutions, e.g. through liaison officers between State Ministries of Health and the Council of Chiefs.

The Emirates are represented in most state health planning – not just with the Ministries of Health but also with other departments (such as MoLGCA) and agencies. The states usually provide guidance and coordination for the Emirates' public health related activities through the PHCB.

8 Strengthen advocacy efforts, e.g. for more Human Resources for Health, mobile health services and Community Health Contributory Schemes.

The Emirate Councils have been playing a vital role in setting up contributory health schemes. In most states, they have been leading on the community health insurance scheme set up.

> "Traditional leaders are gatekeepers to the community.
>
> Dr. Jabu Nyenwa
> MNCH2
> Programme Director

9 Strengthen the drug distribution system.

The Emirates are fully involved in drug distribution and tracking. Traditional leaders, often members of Facility Health Committees, monitor the distribution of drugs in facilities and communities (misoprostol) and report back to the Emirates.

10 Integrate services for example through reactivating committees on polio to cover RMNCH services.

The Emirate Committees were initially created to support polio initiatives, but the current Terms of Reference expanded their remit to RMNCH. They often take a holistic approach to include routine immunisation, nutrition, malaria, child health and even girls' education.

Source: MNCH2 Traditional Leaders retreat, November 2016 www.mnch2.com/portfolio/how-traditional-leaders-have-been-promoting-socio-cultural-change-in-northern-nigeria/

The Impact of Traditional and Religious Leaders' Engagement

Traditional and religious leaders have become the anchor point for MNCH2 community-based interventions. The health committees created by the emirates across the six focal states are held in high esteem by local communities and have been key contributing factors in achieving MNCH2 programme's objectives specifically in the following areas:

Influencing change in attitudes and behaviour

Religious and traditional leaders have been instrumental in addressing cultural beliefs and misconceptions through sermons and community dialogues. Specifically, in Jigawa, religious leaders have used their influence at a very granular level, for example, they refused to conduct a naming ceremony for any newborn who hasn't been immunised. This laudable effort earned Jigawa state an award from the SoML Performance for Result Program as the best state regarding immunisation uptake in Nigeria.

> The Religious leaders have a greater role to play in the way healthcare is being delivered.
>
> HCH Kano

Community mobilisation

By collaborating with other community-based platforms, such as ward development committees and other traditional structures, such as the Traditional Birth Attendants (TBAs), traditional and religious leaders have been able to accelerate community mobilisation.

Resource mobilisation for sustaining community interventions

The traditional and religious leaders have played significant roles in sustaining MNCH-related community level interventions. For example, in Jigawa, the leaders were actively involved in identifying and selecting 11,000 volunteers under the Jakadan Lafiya initiative to coordinate support in order to increase health access at the community level.

In Yobe and Zamfara, the leaders have come together to establish endowment funds to provide health related welfare for the less privileged members of society.

> Family planning is a safe method that gives the mother and the child an opportunity to be healthier and be more productive in the society.
>
> HRH Emir of Kano

Human resources for health

The Emirate Councils have successfully lobbied for increasing the number of health workers in the states. Over 3,000 health workers have been recruited as a result of their interventions in Zamfara, Kano and Yobe states.

Infrastructure

Traditional leaders in Yobe State have been working with the state government to improve the road network which has impeded access to health facilities.

Coordination and integration with broader social development objectives

The influence of the Emirates goes beyond immediate health outcomes. Many have been sensitising community members on the importance of girl-child education. For instance, The Emir of Anka has facilitated access for children from Internal Displaced Population (IDP) communities to basic education.

Data and evidence

Traditional and religious leaders have actively supported action on maternal deaths evidence, for example in the implementation of the action plans coming out from the Maternal and Perinatal Death Surveillance and Response (MPDSR) process. Traditional institutions are also a source of information. Kaduna State created a database of pregnant mothers and children under the age of five at all traditional institutions to help track immunisation and ante- and postnatal care attendance in communities.

Monitoring

Traditional and religious leaders have served as local monitoring mechanisms for the MNCH2 programme. The leaders monitor community level interventions such as young women support group meetings, TBA activities, renovation work at MNCH2 supported facilities. They also:

- Ensure credible volunteers are selected and trained.
- Monitor to ensure that the messages being shared is not distorted.
- Ensure compliance and resolve any challenges or issues encountered.

Advocacy

The Kaduna state chapter of the Christian Association of Nigeria CAN with technical support from MNCH2 have engaged the state legislature with a bill proposing the inclusion of religious leaders at every level of health planning, implementation and decision making in the state. Lessons and recommendations from traditional and religious leaders' engagement.

During the panel discussions, the traditional and religious leaders identified ways to influence the future of health care in northern Nigeria:

- Improve of the government's initiatives around girl-child education. In particular, they requested for government to reduce the cost of tuition fees for women enrolled in health training institutions, while the traditional and religious leaders can help the government identify scholarship schemes.
- Use of local Arabic texts to educate communities and caregivers on access to health services.
- Use religious leaders as health-role models in their communities and continue to emphasise healthy practices during sermons and meetings particularly in a way that encourages husbands and heads of households to be responsive to the health needs of their families.
- Engage traditional and religious leaders in health care financing discussions from the beginning.

> It is the responsibility of the community to take care of pregnant women and children in the society. It is also our collective responsibility to create demand for health services in the society and utilise our health facilities.
>
> Emir of Base
> Bade Emirate

Continuing progress: Main takeaways from the event

Northern Nigeria is polarised along religious lines, but traditional and religious leaders can foster collaboration on health issues. It is important for those designing and implementing health programmes to engage, and where necessary, strengthen the existing structures. When involved from the programme design and inception, traditional and religious leaders can inspire confidence and trust and facilitate the introduction of innovative methods to addressing challenges.

Main takeaways

There was overwhelming agreement that the primary responsibility of the government, Emirs, traditional and religious leaders is to serve the people especially on their health, education, wealth protection, dignity and security.

It was reiterated that using traditional leaders in Northern Nigeria is integral to achieving programme results at the community level. This means designing programmes centred around these structures and ensuring effective communication from state to community and from community to state.

There was an agreement that secondary level girl education must be a government priority in order to reduce maternal mortality and other health related challenges.

There was an increased commitment of the state governors which was then reinforced by the signing of MoUs in order to guarantee long-term sustainability of key interventions focussed on improving community health.

In Kano state, there has been significant improvement in routine immunisation from 13% to over 80% between 2014 to 2018.

In addition, Kano state has recorded 66 months without the Polio virus largely associated with State Government commitment.

There is need for other states to emulate Kano in establishing the "Hospital Friends Committee", an open forum to discuss ideas on improving health indices and sharing lessons learnt.

Kaduna state, through the MoLGCA, established a database of pregnant mothers and children under the age of 5 at all traditional institutions.

Jigawa state have instituted the "Jakadan Lafiya", or Health Ambassadors initiative, as community role models to ensure a comprehensive understanding and effective delivery of basic health services throughout their communities.

Also, in Jigawa, traditional leaders initiated a policy for compulsory HIV test as criteria for marriage.

There was agreement that the lack of infrastructure, such as a good transport network, was a key challenge to health programmes, particularly accessing Primary Health Care Centres.

Finally, there is need to consolidate the MNCH2 program learnings from this event to showcase the achievements and the roles of traditional leaders in improving maternal, newborn and child health in northern Nigeria.

Key recommendations for continuing progress

Community participation, involvement is key to health improvement strategy

Continuous awareness creation has better health outcomes

Community led total sanitation can lead to the reduction of infectious diseases and improve personal and public hygiene

Religious leaders should include into their daily and weekly preaching schedule topics that will encourage women to attend healthcare centers and men to allow their wives attend hospitals to access health services

Increased collaboration and commitment of Religious, Political and Traditional leaders toward Health Promotion

Traditional Leaders' commitment toward monitoring the distribution of drugs in Health Facilities

Overview of State Activities by Commitment

The following overview provides key highlights of each state's activities based against the ten commitments and the next steps required to maintain momentum and sustainability for this initiative.

1 Form Emirate Council Committees on Health to serve as standing committees on general health issues with Terms of Reference for its members.

Jigawa

Led by the state Primary Health Care Development Agency (SPHCDA), the Emirate Council Committee has become the champion for Jakadan Lafiya initiative to fulfil the Committee's terms of reference.

The Jakadan Lafiya (Health Ambassadors) initiative will support the demand creation and community engagement for MNCH services.

Kaduna

The KSTLCoH revised their ToR in November 2018 to focus on ANC, PNC and facility delivery in order to reduce maternal and child mortality. In addition, Kaduna have actively linked traditional leaders with MNCH2 trained volunteers for community ownership.

Kaduna will now focus on coordinating with the relevant RMNCH State Level Accountability Mechanisms, the LGA Alliance and Kaduna Maternal Health Accountability Mechanism to ensure accountability and transparency. In addition, MNCH2 volunteers are to be trained as CHIPs agents.

Kano

Initially begun in 2014 as a response to the Ebola outbreak, the Kano Emirate Council Committee has subsequently been extended to other health interventions, including immunisation to environmental factors, including health and safety.

KECCOH five-year strategic plan was reviewed in November 2018 and as a result KECCOH has a clear mandate to follow for the near future.

Katsina

The Katsina team, in collaboration with the State Ministry for Health and the Ministry for Local Government and Chieftaincy Affairs, conducted a two-day event with Kaduna Emirate and Daura Emirate councils respectively in November 2018. In addition to the presence of both Emirs, 60 district heads were present. On a separate occasion, committees were held with 160 village heads.

Katsina team will continue to maintain their relationship with the Emirs and look to expand their reach through increasing the number of activities at district and village level.

Yobe

The Emirates Council Committee on Health is chaired by HRH the Emir of Bade. The Committee's activities are currently guided by its Terms of Reference.

There is a requirement for local government to provide funding in order to ensure the committee can continue its activities.

> Partnership between DFID, partners (MNCH2 and others) and the government have led to a significant increase in the health indices in Kano state and across the nation
>
> Nafisa Ado
> DFID

Zamfara

Seventeen Emirate Council Committees have been created. During August 2018, the terms of reference were updated based on changing requirements. Since its creation, the ZECCOH has had training for Organisation Capacity Development and Resource Mobilisation. In addition, a state level monitoring committee was inaugurated in November 2018.

There is a need for the PHCB to maintain communication with the state level monitoring committee.

2 Train (and re-train) District Heads on maternal and child health issues and related harmful traditional beliefs and practices.

> Traditional leaders are committed to all declarations made to improve health in the country
>
> Galadiman Dutse
> Emir of Dutse

Jigawa

Training has been accomplished through collaboration between the SPHCDA and the SoML PforR initiatives.

However, training is now required to continue cascading down to the lowest traditional structure level.

Kaduna

Since January 2017, 276 traditional leaders have been trained on demand creation. This training has included combatting rumours and misconceptions and other harmful behaviours to MNCH2 activities.

Although training has occurred, there is still a requirement to maintain relationships with religious scholars to mitigate rumour and traditional practices that are harmful to the MNCH activities.

Kano

Kano State Primary Health Care Management Board has trained 148 District Heads on MNCH issues, including negative practices and beliefs. In addition, Kano MNCH2 provided technical and financial support in training 163 District Heads of 6 LGAs in Gwale Zone.

There is a requirement to select and train a focal officer by the LGA in order to coordinate and document health interventions.

Katsina

As a result, the Emirate Council Committees in November, training was subsequently conducted with District Heads, Ward Heads and Village Heads across a number of locations within the state.

Katsina is now focussing on increasing their training programs and on-going monitoring systems.

Yobe

A committee was created and visited all 14 Emirate Councils where the district heads were trained on the negative behaviours and beliefs that are harmful to MNCH activities.

Since first conducted in 2016, there is a need to regularly continue these training activities.

Zamfara

A total of 288 District Heads have been sensitised on maternal and child health and related harmful traditional beliefs and practices.

District heads continue to be monitored and encouraged to dissuade harmful traditional practices.

3 Traditional and religious leaders to Sensitise communities.

> People should be also conscious on dangerous negative practice and behavior.
>
> Emir of Kano

Jigawa

Sensitisation is a key part of the Jakadan Lafiya initiative. Traditional and religious have been sensitised and enrolled into the health programmes.

The spread and enrolment of the Jakadan Lafiya initiative needs to maintain momentum to ensure widespread coverage, particularly in hard to reach communities.

Kaduna

In Kaduna, traditional and religious leaders have been supported TBAs and male motivators in creating awareness amongst 401 communities.

Further communities need to be identified and engaged with. With the incoming CHIPs programme, some of the male motivators will be trained as CHIPs agents.

Kano

Key religious leaders at the state and LGA level have been trained to promote best health practices and health service utilisation. Additionally, quarterly review meetings have been conducted with community imams and annual meetings have been conducted with notable Islamic scholars and institutions in order to keep them appraised of MNCH issues.

There is a need to maintain budgetary support for this intervention and continue to provide technical support to the Muslim Leaders Forum for Health.

Katsina

An additional 110 religious leaders have been trained on RMNCH services across the state.

Katsina focus is now ensure a sufficient budget to continue with these activities.

Yobe

By engaging with local communities, both their traditional and religious leaders are now committed to preventing the spread of practices that are harmful to RMNCH.

However, this needs to continue amongst the communities in Yobe state.

Zamfara

Religious leaders have become part of the Emirate Committees on Health and are key to sensitising the communities on RMNCH issues and services.

These activities need to be continuous in order to maintain a sustainable level of sensitisation within the communities.

4 Emirate Councils should set up a Community Maternal Death Review structure within their communities.

Jigawa

The Community Maternal Death Review structure has been integrated into the Jakadan Lafiya initiative. Each Jadakan Lafiya is responsible in collecting data and cross checking with PHC records.

The process needs to be regularly reviewed and the data collected regularly audited to ensure the system remains robust and efficient.

Kaduna

In 2017, a Community Maternal and Prenatal Death Review committee was set up in 12 separate communities. In addition, the MPDSR trained staff from 255 selected facilities across Kaduna. This process subsequently transited to the SMoH in November 2018.

There is an on-going need to review all maternal deaths and the monitoring mechanisms involved.

Kano

MNCH2 has provided financial support for data collection and reporting tools for KECCOH activities. In particular, the Community Women and Child Survival System.

However, continuous analysis is required to mitigate negative MNCH attitudes and behaviours.

Katsina

In Katsina, the two Emirate Councils both put forward the requirement for maternal and perinatal death surveillance and response systems in conjunction with MNCH2 and the Hospital Services Management Board to increase engagement with local communities on ANC and hospital delivery.

Katsina will now review the structures in place to ensure continuity of services to the communities.

Yobe

The Emirate Council has provided significant support for the MDR structure within their communities.

There is a need to maintain this level of commitment to ensure continuation of the process.

Zamfara

The Emirate Council continue to support the Maternal Death Review as one of its core mandates as indicated in their terms of reference.

The support needs to be ongoing and reviewed on a timely basis to ensure the process remains relevant.

> Women are the main owners of every household and should be given care. Most of the health tips are all mentioned on the Quran.
>
> HISBAH Kano State

5 Institutionalise data collection and management system for community-level data.

Jigawa

The data collection and management system are integrated into the Jakadan Lafiya terms of reference.

The Jakadan Lafiya need continued training to support the data collection.

Kaduna

Data collected from the community is submitted to the PHC which in turn submits the data to the LGA RH. The data is then submitted to the state via the RH coordinator.

Kaduna intends to continue this process of data collection in the future.

Kano

Routine data collection and reporting has been conducted through each ward head's house. This is then collected by the SPHCMB on a monthly basis.

There needs to be continuous support and regular review meetings particularly around data collection.

Katsina

The Ministry of Women Affairs budgeted 25 million Naira in the last quarter of 2018 to support the SSI activities including data collection. In addition, the Ministry of Religious Affairs trained additional religious leaders providing them with a salary.

Katsina to continue to ensure budget release for data collection and management and there is a proposed budget of 100 million Naira for 2019.

Yobe

The data collection and management system has subsequently been integrated into the existing structure at PHCMB.

Yobe team continue to maintain support for the data collection and management system.

Zamfara

Community level data collection and management has been institutionalised. Data collected is reporting to the PHCB is through the LGA M&E, HEs and MCH Coordinators who are also supporting members of the Emirate Council Committee on Health.

Data collection and the management system needs to be regularly audited to make sure the data collection flow remains reliable and accurate throughout the entire process.

> In Ungogo LGA Kano, we have a local system of managing health information that flows from the community level up to the LGA and finally to the Emirate committee on health at the state level. Therefore, we call on other states to learn and implement this system in their state.
>
> District Head of Ungogo LGA, Kano

6 Strengthen information sharing between programmes and the Emirate Councils.

Jigawa

This is anchored by the SPHCDA through the Jakadan Lafiya initiative. There is a clear line of communication between the programmes to the communities through the Jakadan Lafiya.

These activities are ongoing through the Jakadan Lafiya, however require regular review to ensure systems in place remain relevant.

Kaduna

The Emirates Councils are invited to attend all MNCH2 programme dissemination activities. In addition, they are also represented in all State Demand Creation Technical Working Group activities.

The Emirates Councils will continue to be invited to all relevant health activities.

Kano

MNCH2 funded review meetings with KECCOH involved donor funded programmes in order to facilitate information between stakeholders.

This initiative is a priority and Kano will be promoting it at the state Donor Coordination Forum.

Katsina

Katsina already possesses a strong link between government programmes and their Emirate Councils, particularly regarding immunisation.

However, there is still a recognised requirement to maintain those relationships.

Yobe

Information sharing between the programme and Emirates Council is currently strengthened through the quarterly review meetings.

Regular meetings need to continue to ensure there is a shared understanding of MNCH and other health programmes throughout the state.

Zamfara

PHCB continues to have a reciprocal information sharing relationship with the Emirate Council.

The PHCB must provide adequate support to ensure this relationship is maintained.

7 Establish linkage between political and traditional institutions, e.g. through liaison officers between State Ministries of Health and the Council of Chiefs.

Jigawa

Again, anchored in the SPHCDA through the Jakadan Lafiya initiative that provides clear lines of communication between the state and the communities through empowering local community leaders.

The initiative needs to be regularly reviewed to ensure the links between the institutions remain relevant and the process current.

> There is nothing more important than health to a human being because without it, you cannot even help yourself before thinking of helping others.
>
> Aminu Abdullahi, Chairman, Council of Ulama, Katsina

Kaduna

Kaduna has strengthened the linkages between the Ministry for Local Government and the SPHCDA. Furthermore, the Director Chieftaincy Affairs now participates in activities.

The collaboration needs to continue between he MLG and the SPHCDA.

Kano

The State Ministry of Health continues to provide guidance and coordination of the KECCOH activities through the State Primary Health Care Board.

There is a need to increase the advocacy for funding for activities within the board.

Katsina

The Emirates have guaranteed representation for the implementation for all key health plans in the state. This includes the SMoH and all health MDAs.

The Katsina team will continue their involvement of all health MDAs with the Emirates.

Yobe

The is a strong link between the local, traditional institutions and government structures in Yobe.

Although, the linkage is strong, there needs to be continuous information flow through strong communication and involvement at multiple levels between organisations.

Zamfara

There is a clear link between the Zamfara State Ministry of Health and traditional institutions. The Ministry for Local Government and Chieftaincy Affairs coordinates the relationships.

The MLG&CA needs to provide funding for the Emirate Council Committees to ensure health sustainability.

8 Strengthen advocacy efforts, e.g. for more Human Resources for Health, mobile health services and Community Health Contributory Schemes.

Jigawa

Linkages were created between MNCH steering committee and JiMAF.

These advocacy efforts need to have continued attention in order to maintain their efficacy.

Kaduna

MNCH2 continues to support the Human Resources for Health forum which comprises Kaduna State Assembly, SPHDCA and the MoH. To date, the forum has conducted quarterly review meetings discusses lessons learnt, challenges and ways forward. This forum was subsequently transited to Save the Children.

Furthermore, strengthened the Kakaki in Zaria and Makarfi community base financing through training around demand creation activities during February 2018.

Kaduna State Health Contributory Scheme is to take over the Community Contributory Scheme and implement the Basic Health Care Provision Fund in the state.

> We need to work as a team to utilized funds from contributory health management authority, trust funds and basic healthcare provision fund.
>
> Prof. Isa Abubakar, BUK

Kano

KECCOH continues to advocate for Girl Child education for health as part of their core mandate. One key activity is the Emir's quarterly community outreach programme, where girl child enrolment and retention in school is a major indicator. Thanks to the support from traditional and religious leaders, Kano State has already enrolled over 360,000 people in its State Contributory Health Care Scheme

The participation space needs to expand to include all agencies focussing on health.

> Maternal Mortality will be reduced if the government prioritize girl child education.
>
> Emir of Kano

Katsina

The Emirates have been key to advocating Human Resources for Health resulting in establishing a community health insurance scheme in most communities.

There is still a requirement to provide technical support to the community health insurance scheme in a number of communities.

Yobe

The Emirate Council has been key to high level advocacy that lead to commit to HRH every quarter based on the PHC's staff projections.

Regular forecasting for staff, technical requirements and community needs will ensure timely response to health-related issues.

Zamfara

The Emirate Councils conducted high level advocacy that led to the recruitment and posting of 425 HCPs, including 100 medical doctors. In addition, the Emirate Councils and religious leaders were sensitised and continue to support the Health Contributory Scheme.

Continued training and placement of HCPs is required along with concurrent sensitisation of local traditional and religious leaders in the relevant communities.

9 Strengthen the drug distribution system.

Jigawa

The strong links between the MNCH steering committee and the JiMAF ensure effective and accountable drug distribution within the communities.

Continued, regular monitoring of the process will ensure the distribution method and networks remain accountable and current.

Kaduna

During March 2016, staff from the DMA, SMoH & HS, SPHCDA & LMCU were trained on logistics and supply chain management. In addition, further training on warehousing and stores management was conducted in December 2016.

The Kaduna team continue to provide support to drug distribution activities.

Kano

District heads remain a core part of the Facility Health Committees, which in turn is part of the DRF management system. As part of this role, they are in charge of drug distribution, particularly misoprostol.

The role of the traditional leaders within the drug distribution network needs to be institutionalised, especially at the LGA level.

Katsina

The emirates have become fully immersed in drug distribution. As it stands, traditional leaders monitor the drug distribution within their communities and report to their respective Emirates.

There is now a need for the government to recognise the emirates as a capable drug monitoring system.

Yobe

The Emirate Councils have become an integral part of the accountability mechanisms, particularly tracking drug distribution, and logistics, ensuring the drugs reach the intended parties.

Zamfara

Drugs and equipment continue to be supplied through the Emirate Committees on Health.

There needs to be regular review to ensure the process remains efficient and can respond to changing requirements.

10 Integrate services for example through reactivating committees on polio to cover RMNCH services.

Jigawa

This has become integrated into the Jakadan Lafiya initiative, a method that is adaptable to various health initiatives through engaging local community leaders who are both amiable to external health initiatives and respected within their communities.

Regular engagement with the local community leaders to ensure RMNCH activities can be effectively and efficiently conducted within the communities.

Kaduna

The Advocacy Communication and Social Mobilisation Working Group is embedded within the SPHCDA in order to ensure sufficient coverage for RI and draft mobilisation work plans. In addition, this provides a periodic forum to discuss achievements, challenges, and ways forward.

These group meetings are expected to continue.

> “Health is wealth.”
>
> Aminu Abdullahi Yammawa

Kano

Kano continues to implement the RMNCH weeks in order to combat polio.

However, there is a requirement to bring the integrate the various committees and task forces into the RMNCH interventions.

Katsina

Although initially created for the removal of Polio, the Emirates Committee has now extended its ToR to cover RMNCH activities.

In the future, the Katsina team will ensure this expansion or roles and responsibilities to RMNCH activities.

Yobe

There is comprehensive approach to RMNCH services uptake that includes health services such as RI, nutrition, malaria and child health.

The comprehensive approach must be maintained and eventually expanded to involve new services to support health within the communities.

Zamfara

Sub-committees on polio were reactivated to monitor the efficiency and coverage of polio activities as part of the RMNCH services.

There is a need for regular review of committee activities and subsequently expire expansion of services beyond polio.

> DFID partnership resulted in significant successes in six implementing partners. Successes have resulted to government willingness to sustain MNCH2 interventions.
>
> Nafisa Ado, DFID