



MNCH2 Year 5 Report:

Learning Event 3:

Outreaches, community health systems and stakeholders' collaboration: a case of "Jakadan Lafiya" in improving immunisation status of under-five children in Jigawa state

29th April 2019

Jigawa, Nigeria

Message from MNCH2

This important learning event, which is the third 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.



Outreaches, Community Health Systems and Stakeholders' Collaboration: A Case of “Jakadan Lafiya” in Improving Immunisation Status for Children Under Five in Jigawa State

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Event Overview

Background

Preventable childhood deaths are a litmus test for the strength of a country's primary health care system. Immunisation is a potent and a cost-effective tool for the control of life-threatening infectious diseases that contribute to the high child mortality. Whether the most hard-to-reach and vulnerable populations access it often relies on the effectiveness of community-level approaches.

The event

This is the third in the series of MNCH2 learning events that focused on one such approach: The State Outreach Days (SOD), which is an emergency strategy to improve and strengthen routine immunisation to vulnerable and hard to reach populations to increase coverage and access. Prior to the SOD, the immunisation coverage in Jigawa was one of the lowest in the country at 2% (MICS/NICS 2016). In 2018, after the Ministry of Health and partners joined forces to deliver SODs in every settlement, the immunisation coverage climbed to 92% (WHO/NBS LQAS, 4th quarter, 2018) the second highest in the country.

The event featured, speeches from the Deputy Governor, DFID, policy makers (government), prominent traditional and religious leaders, exhibitions from MNCH2 and other implementing partners, as partners, as well as panel discussions and testimonials from MNCH2 and implementing partners.

Key objectives

The objective of the learning event was to delve deeper into the drivers behind this success story and interrogate how the outcomes of such emergency community interventions can be sustainably integrated into the community health system. Specifically, the event explored:

- The role of the State Outreach Days in improving immunisation coverage in Jigawa.
- How the government and partners in Jigawa are seeking to sustain improvements in the health of the population through integrated community services, the Jakadan Lafiya initiative.

268

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 to share Jigawa State's experience of the **Jakadan Lafiya Initiative with the State Outreach Days**, and how its implementation led to the dramatic **increase in routine immunisation from 2% to 92%**, with policy makers (national and government officials), traditional and religious leaders, civil society donors, advocates, media (state and national), practitioners and researchers, partners and programme specialists.

Reflections on the Event

Main takeaways

- The overall message through of the event was clear. It centred around particular events and the resulting action taken by Jigawa State to significantly improve immunisation in their communities. Anchoring the event around the Jigawa success story was an effective means to engage the audience and share ideas.
- The message was further amplified by the very high-profile presence of the Deputy Governor along with other VIPs and the accompanying media.
- However, time management on the day reduced the effectiveness of the afternoon sessions.
- In addition, there were several issues regarding transport and logistics for attendees due to problems with internal communications.

What worked well

From the participants

- Overall, attendees felt that the event was successful.
- The panel discussions, discussing the challenges and opportunities in the community mobilization, were seen as the most insightful part of the day.
- The two presentations were deemed to be interesting and useful. Attendees were interested to hear about how Jigawa reached 92% coverage and the story of Gidan Dugus.

From the planning committee

- The planning committee was grateful for the Deputy Governor's attendance which led to the high level of media coverage. This will greatly increase the visibility of not just the event but of routine immunisation activities in the State.
- Although there were issues with high room temperature on the day, the conference centre was considered a good choice for the event location. The main hall was able to hold a high number of attendees and cater for the decorum required for the high-profile event. In addition, the atrium provided a good space to showcase MNCH2 and local activities.



The speech by the Dep Governor of Jigawa was a good round up of the morning discussion and where we go from here.

Participant



The most interesting aspects was the contribution of MNCH2 to Jigawa health care system and the short remarks by the ex sec JSPHC.

Participant

What did not work well

From the participants


- The most serious complaint was time management during the day. A lot of time was lost due the delayed start to the afternoon sessions. Some mentioned that the event should be over two days in order to be able to digest the information presented, connect with other participants and help with time constraints.
- Attendees thought that there wasn't enough time for the panel discussions. The opening sessions should have been made shorter to allow for longer afternoon sessions.
- Some reported issues with logistics around the event, particularly for the high-profile attendees.
- Panellists would have preferred to receive information prior to the event in order for them to prepare effectively.
- The temperature in the hall was too high.
- The relevance and content of the videos were not clear to all the attendees.

From the planning committee

- Due to time constraints, the event was not able to hold the breakout sessions as intended. Replacing these with plenary sessions enabled a good discussion between the panellists, but limited audience participation.
- The presentations contained very relevant information but were difficult to follow on the main screens due to projector brightness and the presentations' formatting.
- There was a disconnect between the local coordination team and the HQ, resulting in some confusion with transport and accommodation for the attendees.
- Although there was a high level of media presence, there was insufficient planning and coordination between MNCH2 and the journalists, particularly around reimbursement.
- There was a lack of communication around lunch timings and eligibility. Many non-core participants had expected lunch as part of their attendance; however, they had not been catered for.

 Time management - there was no proper coordination in time management between the first and second sessions.

Participant

 Allow each state to present its challenges and opportunities so as to make progress.

Participant

What should be done differently

From the participants

- Coordination and time management.
- Increased audience participation.
- Several attendees believed that traditional leaders and the Jakadan Lafiya should have been involved more.
- There was a suggestion to conduct a post-LQA deep dive into a good performing LGA as a case study.
- Other bodies, such as the Farmers' Association should have been invited to attend and participate.
- An option for a local site tour to see activities first-hand.
- Presentations to be sent to the attendees after the event.

From the planning committee

- All coordination and external enquires should be through the local state team.
- The media plan should be discussed, planned and budgeted at the conception phase.

 Active involvement of CBOs such as Farmer's Association & Barbers assets.

Participant



Moving Forward: using the event to influence the health and RMNCH agenda

Routine immunization has risen from 2% to 92% over the past few years in Jigawa State. This was largely due to the Jakadan Lafiya Initiative, a community mobilisation programme centred around key community members as the focal point for routine immunisations.

One of the lessons from previous community engagement programmes is that they often lack a suitable accountability mechanism and often little institutional memory. Different partners come with different community structures with no uniform deliverables. This leads to confusion and further adds to the lack of accountability and communities are left out.


Having the Jakadan Lafiya volunteer as the community focal person as the “last mile” delivery mechanism significantly improved the coordination of the various interventions by different implementing partners within each community.

The Jakadan Lafiya Initiative was amplified considerably by the State Outreach Days programme, a systematic approach to reaching communities and delivering routine immunisation.

Sustaining momentum and moving the health and RMNCH agenda forward

There were several key strategies identified as a means of sustaining and improving the high levels of routine immunisations within Jigawa State but also relevant across all the northern states:

- Traditional and religious leaders, particularly the Royal Fathers, must be involved from the start of any activity to ensure, and then maintain community engagement.
- Health care financing needs to incorporate the State Outreach Days (SOD) to ensure momentum. Although the Jakadan Lafiya is almost entirely voluntary-based, the SODs require resourcing, particularly for planning and logistics. This could be performance related (e.g. the more immunisations, the more funding available).
- To alleviate the pressure on funding and to increase community ownership of their health care, a barter system should be explored. This would reduce staff overheads.
- To show SOD effectiveness and increase funding, the data collection systems at the community level must be improved. Funding will be reliant on data quality and at present, the mechanism is vulnerable due to capacity within the communities.
- Increase health care ownership within the communities. Having community members as support staff for health care facilities and programmes needs to be explored as part of the Human Resources of Health.

 This increase in the coverage of immunisation rate from 2% to 92% is a laudable achievement and this is to recommend that this success story be documented and presented as lessons learnt to stakeholders at the forthcoming 62nd National Council on Health proposed for May 2019

Dr. Bose Adeniran,
Director Child Health Division,
Federal Ministry of Health

Key recommendations for continuing progress

- Expansion of the Jakadan Lafiya Initiative terms of reference beyond routine immunisation.
- Further healthcare coordination and integration through the Jakadan Lafiya.
- Continued engagement with traditional and religious leaders.
- Ensure Health Care Financing
- Explore Alternative Human Resources for Health Initiatives
- Integrate Community Health Workers
- Incorporate the Jakadan Lafiya Initiative in Legislation

The Success of the Jakadan Lafiya Initiative

Background

Jigawa, as a state, had never recorded a double-digit RI coverage since its creation 1991. For over 25 years, there existed a considerable disparity between the coverage of North and South in the country. As a result, the northern states were seen as hindering progress throughout the country.

The Gidan Dugus Story

Between August and September 2017 in village in Dutse, Local Government area called Gidan Dugus, close to 50 children were lost due to what was termed "a mysterious illness" by the community. The lack of an effective response exposed the vulnerability of communities to health threats, particularly in the rural locations. This was even more concerning considering the proximity of the village to the state administration.


The Creation of the Jakadan Lafiya Initiative

As a result of the Gidan Dugus incident, the Jigawa State Primary Health Care Development Agency (JSPHCDA) realised the most effective means to preventing this from happening again would be through local empowerment. Therefore, they developed the concept of a having a focal person responsible for health in every single community in all 27 LGAs. As part of this, The JSPHCDA developed terms of reference which focused on six key responsibilities:

- Conduct surveillance and report any unusual health incidents in their communities.
- Increase demand creation for health services in order to improve health behaviours.
- Register births as a standard means of record keeping, with a particular focus on tracking children eligible for routine immunisation.
- Record maternal deaths.
- Act as the primary point of contact for all health programmes.
- Utilise female volunteers (e.g. TBAs, VCMs) for health activities.

And so, the Jakadan Lafiya concept was borne. At first, clearance was sought from all the five emirates in the state to ask each district and village head to nominate a key individual in their communities. The recruitment process was based on the following criteria:

- A resident of the community.
- Well respected by community members.
- Nominated by the traditional leader of the community.
- Neutral in terms of politics & other affiliations.
- Literate (where possible).

 We are making some progress, but we are not there. MNCH2 has gone above and beyond. It is hoped this sustainability will be with the state government after the transition.

Dr. Hassana Adamu,
Regional head,
DFID

Once the individual was nominated, they were then linked to their nearest health facilities through the ward focal person (WFP) through printing, laminating and distributing the phone numbers of all the WFPs and given to the each Jakadan Lafiya volunteers for all 288 wards.

After which, there were a series of trainings and sensitisation meetings conducted for key stakeholders at state and LGA levels including MoH & PHCDA officials, traditional and religious leaders and CSOs.

There was also further ward level training and orientation to ensure coordination between the Jakadan Lafiya volunteers, health workers and SPs.

The Development of the State Outreach Days


Although there was now a mechanism for local coordination, there was still a requirement for immunisation planning. Particularly around how to systematically deploy trained health workers to the communities and immunise all eligible children. Therefore, the State Outreach Days (SODs) was developed.

At first, funding was a significant concern. Although the Jakadan Lafiya are community members that require no stipend, the vaccination programme as a whole still requires funding. Fortunately, the government was able to support the SOD through the Saving One Million Lives programme (SOML PforR) along with the Bill and Melinda Gates Foundation (BMGF) and support from the WHO, UNICEF and MNCH2.


The State Outreach Day initiative (SOD) is a door-to-door immunisation programme intended to reach every community, comprising over 12,000, in the state. This routine immunisation intensification project requires that all health facilities to conduct minimum of four outreaches per month.

The Jigawa SPHCDA initially scheduled state wide outreach activities in order to reach out to children who missed their vaccination or dropped out of their schedule. Three outings were first scheduled starting from the 25th of September 2017, followed by October with the MVC and then in early November. There were six vaccination teams (HW, Recorder & CL) deployed to each of the 288 wards in Jigawa.

Such is the success of the Jakadan Lafiya and the SODs, since its inception, the level of routine immunisation coverage percentage that, according to LQA data, has risen from 2% to 92%. As a result, the narrative for Jigawa has changed forever as shown by various indices (SMART 2018, WHO LQAS).

 Jigawa as a state has never recorded a double-digit RI coverage (FI) since its creation 1991... There existed huge disparity between the coverage of North and South in the country. The South often use to accuse the North of dragging the Nation backwards.

Dr. Shehu Sambo,
Director PHC

 The team from SMOH and other Partners played a very important role, no matter how good you plan, if you don't have a good team and the engagement with the political hierarchy, involvement of our Royal fathers the traditional leaders is also the most important aspect in getting community involvement.

Deputy Governor, Barrister
Ibrahim Hassan,
Government of Jigawa State

Other Key Developments in Health

Beyond the development of the Jakadan Lafiya Initiative and the State Outreach Days as stated above, there have also been some significant developments at both the state level and the community level highlighted below.

At the State Level

Health Care Financing


Prior to 2015, the funding for the health sector in Jigawa did not translate into quality service delivery. There were no strategies for sustainable health care financing which could withstand external shocks. Overall, Public Finance Management (PFM) was not optimal in the sector. However, since then:

- The Jigawa SMoH 2018 budget has achieved 82% level of implementation.
- N917 million was spent in the provision of drugs and equipment in Jigawa.
- MNCH funding increased monthly spending from N15 million to N75 million with SOML providing additional capital base.
- The budget available for RUTF procurement was N300 million over two years.

Service Delivery and Health Infrastructure

There has been an increase in the ability to deliver health services. In particular;

- The number of health facilities providing 24-hour services has risen from 94 to 117.
- The number of secondary health facilities have increased from 12 to 19.
- The number of health facilities providing ANC services currently stands at 640.
- Both Guri and Garki facilities have been upgraded.
- In addition, Kazaure Hospital has been upgraded to a specialist hospital.
- Babura General Hospital has been refurbished.
- Six general hospitals were given a means to generate their own solar energy. Five more hospitals are expected to be given similar opportunities.
- Over 100 health facilities have refurbished and over 1,000 modern beds supplied to general hospitals in Dutse, Babura and Ringim.
- Over 600 public health facilities are providing antenatal care services to pregnant women and under 5 children.
- New Health institution establishments such as the School of Nursing in Hadejia and School of Midwifery are currently under construction.

 The government should take over the JKL Initiative without the support of development partners and other NGOs.

Panel Discussion

Human Resources for Health

The overall number of medical staff have increased throughout the state over the past two years. Most significantly;

- The number of doctors has risen from 88 to 126.
- The number of nurses has risen from 613 to 1,132.
- The number of pharmacists has risen from 26 to 52.
- In addition, the number of CHOs/CHEWS/JCHEWs and other PHC workers have risen from 2,103 to 2,703.
- Furthermore, 60 medical students were sent to China to study.

Health Management Information Systems

There is still significant improvement required for Health Management Information Systems. However, the immediate focus has been on five key areas:

- Data Quality validation institutionalized.
- Separation of duty for DSNOs and M/E officers.
- Provision of working equipment such as lap top computers, to M/E officers.
- Training and retraining of data collection and analysis team.
- Continuous provision of data tools.

Policy and Legislation

The state-led strategic Health Development plan is currently being developed for 2018 to 2022. In the meantime, the National Health Act has reformed Hospital Administration including giving hospitals stronger autonomy and repositioned the MoH with the FMoH. In addition, the MNCH2 programme has contributed to the passage of the Drugs Management Agency bill (DMA) in Jigawa.

At the Community Level

Traditional & Religious Leader Engagement

A core tenet for Jigawa's success has been through engaging traditional and religious leaders. Traditional institutions are key to the success of community engagement and religious leaders play a key role in mobilising communities, particularly religious leaders during weekly preaching sessions. Without their support, the communities would not have supported the State Outreach Days programme. This understanding has led to a greater commitment by the government to involve traditional and religious institutions in health and related activity planning and implementation.

Cross Organisational Collaboration


Collaboration has considerably improved and subsequently, there is a greater level of health service delivery at the community level. There were several partners were key to the improvement of the RI coverage in Jigawa:



Critical health manpower in the state including doctors, nurses, midwives were lacking in 2015. The health sector was bloated with lower cadre, non-essential staff with few specialized manpower. There was a poor skill mix, inadequacy and mal-distribution of HRH were major contributing factors

Dr. Kabir Ibrahim Aliyu,
Executive Secretary,
JSPHCDA

- WHO provided technical support
- MNCH2 coordinated with their own outreach teams & directly supported 162 PHCs.
- UNICEF contributed through their Hard to Reach (HTR) project.
- CDC (NSTOP/AFENET) provided support in tracking, particularly nomads and difficult to reach areas.
- In addition, New Incentives provided transport means for rural mothers to take their children to immunisation centres.

 13th October 2018
was the last case of
polio.

Dr. Sunday Audu
State Coordinator
WHO, Jigawa office

Immunisation and Malnutrition

In terms of GPEI, the state has not recorded any WPV for the seventh year, while cVDPV has not been isolated for seven months now. Furthermore, there has been no major outbreak of vaccine preventable diseases like measles, yellow fever or whooping cough.



Challenges to State Health Care

Jakadan Lafiya Initiative


There are several key issues limiting the effectiveness of this initiative. Most notably, around volunteers' literacy and numeracy levels and capacity for training:

- One major challenge is the capacity of the person engaged as Jakadan Lafiya to understand the dynamics of health issues within the community. Even basic understanding of modern medicine amongst volunteers is often lacking.
- Many have very low literacy levels; many cannot read or write let alone understand English, and often require 'helpers' for documentation.
- The low numeracy and literacy levels impacts on the data collection quality and the effectiveness of the community accountability mechanisms.
- Training is made significantly harder due to the vast numbers of volunteers requiring initial and then continuous training to provide basic community care.
- Due to cultural traditions, the majority of the Jakadan Lafiya volunteers are male and as such cannot enter houses thus limiting their ability to carry out their activities without female support.
- Finally, there is a lack of financial incentives for the Jakadan Lafiya volunteers to function efficiently. Although there are community members and volunteers, often funding is required for activities such as training.
- That said, this needs to be community ownership and not reliance on government institutions in order for the initiative to be effective.


State Outreach Days

Historically, the main issue was sustained implementation resulting in low indices recorded in RI services. At present, there are four main challenges affecting the SODs.


- Although it has improved, there remains a level of poor micro-planning and vaccine forecasting for the SODs at the initial stage. This often coupled with poor data generation and management during SODs.
- Some of this is due to financing. Although, the Jakadan Lafiya is self-sustaining the SOD needs funding as it involves analysts and planning both requiring manpower and resources.
- In addition, although moral has reportedly increased, there is a concern that health care workers attitude at service delivery points needs to be improved.
- At the community level, some leaders still do not fully understand the SOD concept which has resulted in a lack of social mobilisation.

 My fear is how do we maintain this 92% and go even higher.

Deputy Governor, Barrister
Ibrahim Hassan,
Government of Jigawa State

 One major challenge is the capacity of the person engaged as Jakadan Lafiya to understand the dynamics of health issues and the need for training of Jakadan Lafiya.

Panel Discussion

 Cold chain problems: Freezers, vaccine carriers & ice packs were inadequate as well as generators at NPI offices.

Dr. Shehu Sambo,
Director PHC,
JSPHCDA

Health Care Logistics

There are several logistical challenges affecting effective routine immunisation in Jigawa but also relevant to the other northern states:

- Firstly, there is a large amount of communities that need to be reached, over 12,000 across the state.
- The terrain makes reaching these communities very hard to reach in a number of areas and there is a shortage of vehicles available that are able to travel across this terrain.
- In addition, there is a lack of cold chain equipment for vaccines and often the hard to reach wards have faulty equipment to begin with.
- In some states, security is a serious concern that completely prevents any access to communities. For example, there are seven LGAs in Katsina are not accessible because of security challenges.

Other Key Challenges

There are several other key challenges reported during the event. These are summed up here:

- There remains a degree of mistrust and suspicion amongst the community, particularly if the government is involved.
- As a result of the suspicion, health care seeking behaviour is very poor. This is often attributed to education levels, low socioeconomic status and poor access to health care facilities. Although, mandatory HIV Testing before marriage has reduced the number of new infections in Jigawa and mandatory vaccination certificate prior to naming ceremonies has improved RI amongst newborns.
- Health care expense also prevents good health care seeking behaviour. Government grants, or insurance, could provide some assistance. Otherwise, community mechanisms, such as Zakat or corporate social responsibility programs, may also provide support.
- Infrastructure has markedly improved since 2015, however, 24-hour access is very limited and the lack of reliable electricity impacts facility's' ability to provide health care.
- In addition, quality of service within the facilities remains low due to poor management. For example, a lack of preventative maintenance, a gap in technical staff and sometimes reports of poor health ethical behaviour by staff.
- Sanitation remains a serious issue. There is no suitable waste disposal system and open defecation. As a result, drinking water is easily contaminated.
- Data collection, particularly the Health Management Information System, is limited. A lack of training, collection capacity, and field data management continues to impede effective planning and delivery of health care to the communities.

Although there has been an increase in health care staff numbers, there remains a shortage of full-time doctors, nurses and midwives. For example, 50% of health workers in Katsina are casual staff

 Though there were over 600 public health service delivery outlets in the state in 2015, access was still limited, quality of services were low and health ethics were not adhered to. Moreover, the facilities were poorly managed.

Dr. Kabir Ibrahim
Executive Secretary
Jigawa PHCDA

Next Steps

Jakadan Lafiya Initiative Terms of Reference to Expand beyond Routine Immunisation

As part of the Jakadan Lafiya Initiative moving beyond routine immunisation, there is a priority to ensure the succinct integration of Jakadan Lafiya into the CHIPS programme. Jigawa state is currently engaging five unemployed health professionals from each LGA to serve as CHIPS technical personnel. This is work in progress with a view to piloting the CHIPS programme in some wards at the beginning before scaling. The level of success is expected to be improved by utilising the iCCM CORPS.

Beyond CHIPS, there is focus on poor performing communities and JSPHCDA is to advocate for SOD's to continue every quarter so that the current immunisation levels will be sustained.

Furthermore, there is a need to identify and train literate, female Jakadan Lafiya volunteers to ensure access to female only areas.

Finally, further to their current terms of reference, Jakadan Lafiya volunteers are going to start recording community deaths.

Overall, Kano, Katsina, Kaduna, Yobe and Zamfara states have vowed to take away and discuss the Jakadan Lafiya concept.

Health Care Coordination and Integration Through the Jakadan Lafiya Initiative

In order to improve full-service integration, there is a need to create a clear line of communication between the state to the LGA. This will also enable a better institutional memory for all health care events happening in any given community. The Jakadan Lafiya volunteers are expected to fill a large part of this requirement, acting as the focal point for health initiatives in their community.

In addition, it is important to converge the various health care interventions and not create parallel programmes that will be a waste of resourcing, create confusion within the community and possibly inhibit other ongoing programmes.

Therefore, there needs to be fully integrated services from the government. In doing so, there is a belief that this will greatly increase the chances of:

- Reducing the incidences of diarrhoea among children under five.
- Reducing the percentage of children under five sleeping under bed nets.
- Reducing malaria prevalence among children under five.
- Mitigating and reverse the spread of HIV/AIDS.
- Increasing knowledge of HIV/AIDS amongst the community.
- Reducing the level mother to child HIV transmission.
- Reducing the under-five mortality rate.
- Reducing the maternal mortality rate.

Jigawa to key into the Basic Health Care Provision Funds to sustain the Jakadan Lafiya, because it consist of R.I and MNCH Bill and Melinda Gate Foundation have given \$2million, Jigawa was advised to send letter of expression of interest, 20% of the funds is for vaccine and consumable with provision of Human resource and training.

Panel Discussion

We need for a system with institutional memory of all health events happening in a given community

Dr. Shehu Sambo,
Director PHC,
JSPHCDA

The Jakadan Lafiya Initiative will play a key role in providing "last mile" delivery in the community and mitigate against interference between programmes and, instead, act as a force multiplier for health care.

As hygiene and sanitation are key issues, there might be a need to create a similar theme with "Jakadan Tsafta" (Ambassador for Hygiene) in order to focus on environmental issues.

Continued Traditional and Religious Engagement

It is clear that the Royal Fathers must continue to be actively involved at all stages of implementation. These local institutions are vital to achieve full community engagement as an Emir's open commitment and support provides the momentum required to deliver a programme. Once the Jakadan Lafiya volunteer has been appointed by a traditional leader, then they should, by their appointment, be perceived to act on the behalf of the community's leadership.

The next immediate requirement for traditional leaders is to focus on reducing maternal and child mortality in the state to its bare minimum.

Ensure Health Care Financing

Jigawa needs to access the Basic Health Care Provision Funds to sustain the Jakadan Lafiya. Although the volunteers are not given a stipend, funding is required for activities such as training. Therefore, there was general agreement that the government should take ownership of the Jakadan Lafiya Initiative, possibly with the support of development partners and other NGOs. In doing so, move to a results-based funding platform to secure further funding; the more people immunised the more funding. This includes exploring the possibility of Jigawa State taking over the funding of free MNC drugs.

In addition, there is an opportunity to look to large companies to access their corporate social responsibility funding.

Explore Alternative Human Resources for Health Initiatives


The Jakadan Lafiya volunteer is designed to act as the focal point within the community, however, there are many other health care resourcing requirements, from support staff, such as cleaners and kitchen staff, to medically trained staff. There is often a shortage of budget, however, there is rarely a shortage of people, particularly for roles as support staff. Therefore, alternative options in providing manpower need to be explored.

One such option is to look at Nairobi as a case study. There, they use the barter system to engage with community members with a particular skill or access to certain services in return for health care provision. For example, someone who has a kitchen, or someone who can mop the floor, or someone who has carpentry skills in return for free or subsidised access to health care services.

Additionally, using retirees to support their local health care system.

Integrate Community Health Workers

Community Health Workers (CHWs) have a central role in meeting the health-related SDGs. For example, CHWs can help sensitise community members on the importance of pre- and post-natal care, and of improve the chances of having a skilled health worker to attend births in the community



Guidance is needed on ways to best promote and expand CHW. CHW roles vary across and within countries, with numerous job titles and duties, making it difficult to identify best practices.

Dr. Nyenwa Jabulani,
Project Director,
MNCH2

through by organising meetings, forums, providing door-to-door advice and through unstructured peer discussion.

However, guidance is needed on ways to best promote and expand Community Health Workers. CHW roles vary across and within countries, with numerous job titles and duties, making it difficult to identify best practices.

Once there is a clearer understanding, then CHWs can be integrated into the revised Human Resource for Health strategic framework, including the development of new strategies to enable CHWs to contribute more effectively to improved maternal and newborn health outcomes.

Incorporate the Jakadan Lafiya Initiative in Legislation

Finally, it is clear to ensure the continuity of the Jakadan Lafiya Initiative as well as building on the success that Jigawa, and the other participating states, have all achieved in the past two years, that advocacy for political will must not be forgotten.

In order to support this, a number of participants called for a draft bill for the Jakadan Lafiya Initiative to be sent for approval to the State House of Assembly along with a Contributory Health Insurance Bill and JIDMA Bill to support health care activities in Jigawa.



A draft bill for Jakadan Lafiya Initiative should be sent to the State House of Assembly approval.

Panel Discussion

