





# Overview

## CAPITAL

Birnin Kebbi

## POPULATION

3,238,628 (2006 Census)

## MALE/FEMALE POPULATION

1,617,498 (49.9%) / 1,621,130 (50%)

## URBAN POPULATIONS

1,001,143

## LOCAL GOVERNMENT AREAS

21 LGAs

## MAIN ETHNIC GROUPS

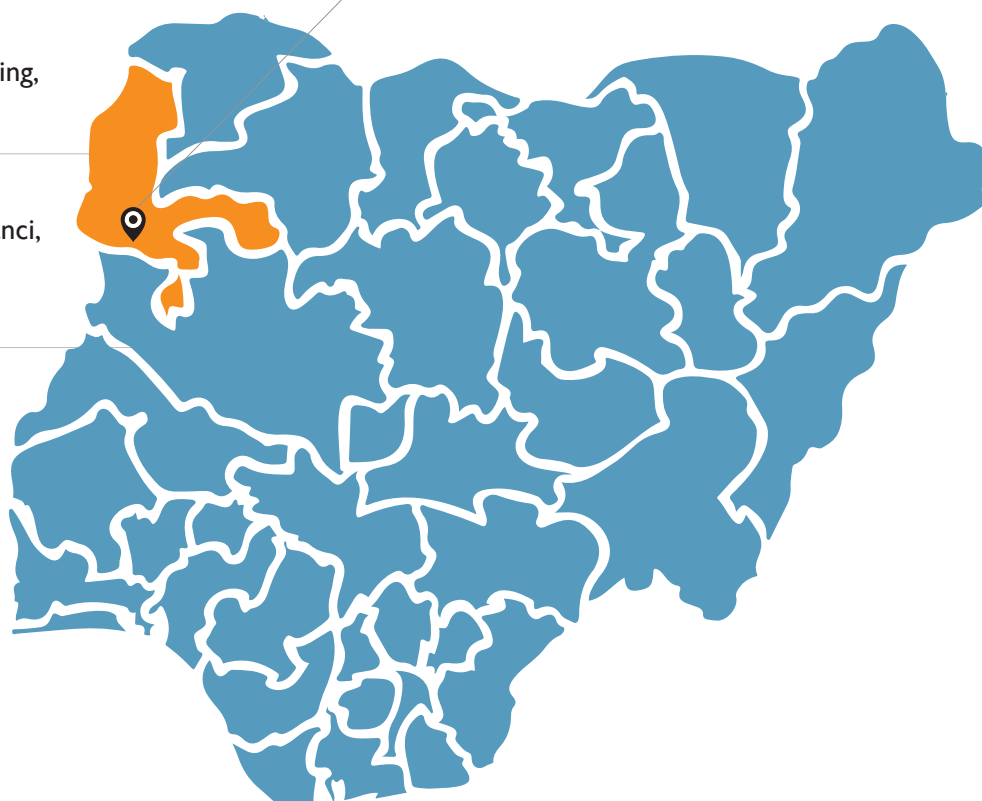
Achifawa, Kambari, Dukkawa Fakkawa, Kambari, Katsinawa and Lelna (Dakarkari)

## MAIN OCCUPATIONS

Agricultural production, animal rearing, fishing, Commerce

## MAIN LANGUAGES

Hausa, Zabarmanci, Dakkarci, Fakkanci, Dukkanci Achifanci



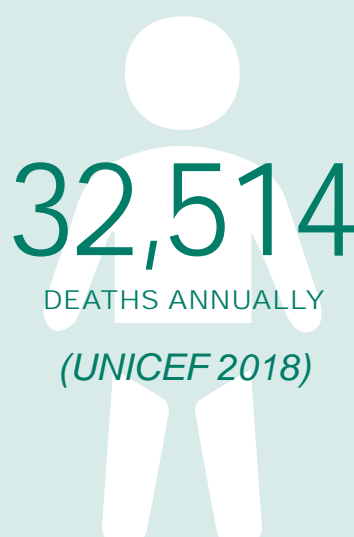


# Kebbi State Health Indices

## HIV AND AIDS PREVALENCE



## UNDER-5 MORTALITY RATE



## TUBERCULOSIS PREVALENCE

**10,758**

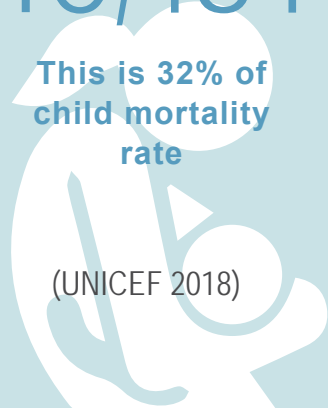
NUMBER OF PERSONS  
WITH TB BURDEN

## NEO-NATAL MORTALITY

**10,464**

This is 32% of  
child mortality  
rate

(UNICEF 2018)

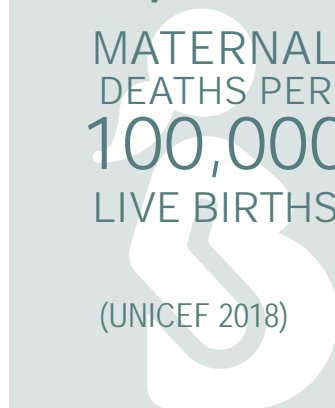


## MATERNAL MORTALITY RATIO

**1,026**

MATERNAL  
DEATHS PER  
100,000  
LIVE BIRTHS

(UNICEF 2018)

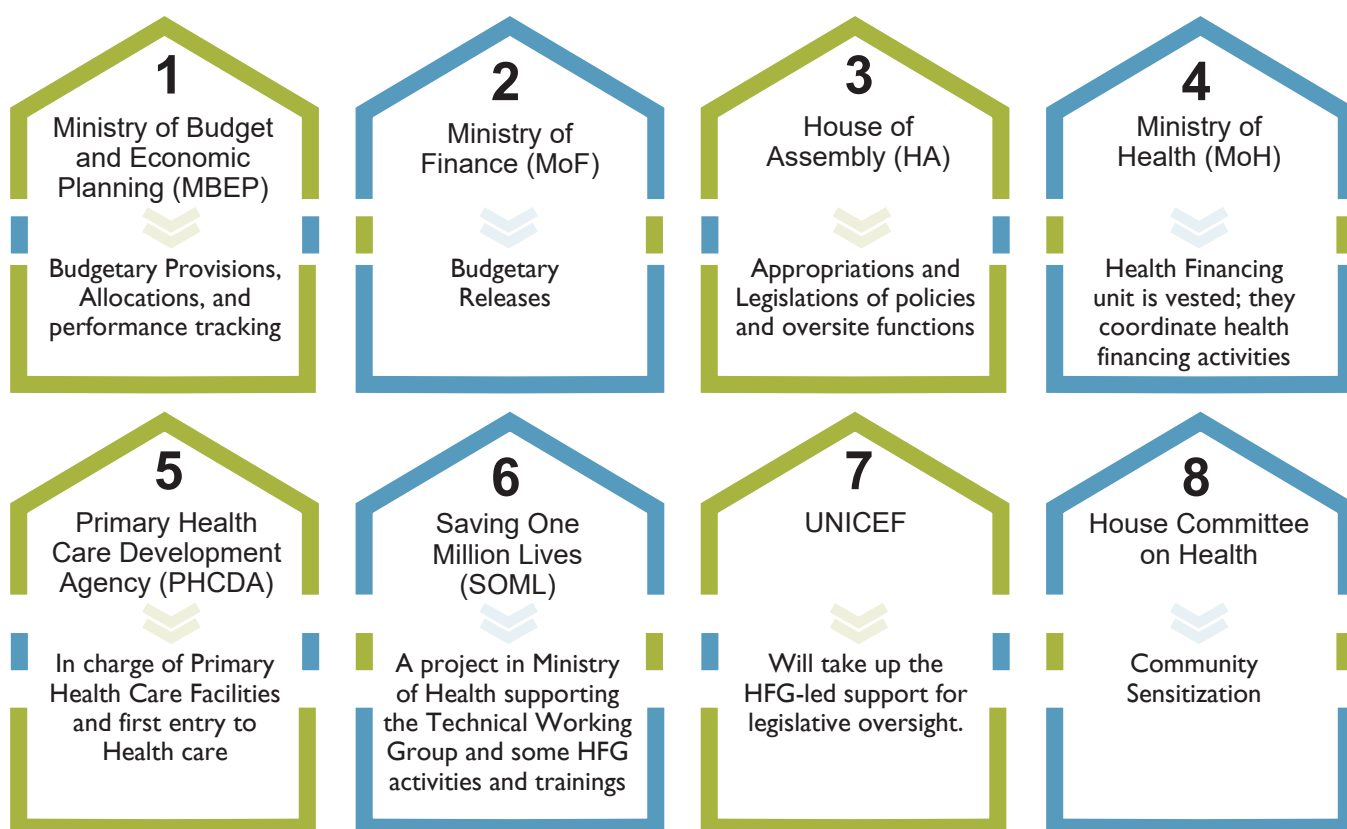


Using the national  
prevalence of all forms  
of TB for all ages at 326  
per 100,000 population.  
Estimated for Kebbi  
State with a population  
of 3.3 million





# Key Stakeholders



## THE USAID/HFG PROJECT IN KEBBI STATE

KICKED OFF JANUARY 2018

MANDATE  
IN KEBBI STATE

To improve the financing, management, and delivery of sustainable pro-poor reproductive, maternal, neonatal and child health (RMNCH) services.



# USAID/HFG in Kebbi State

## HEALTH BUDGET ALLOCATION

Was 3.6 per cent in 2017,  
increased to 7 per cent in the  
2018 Budget.

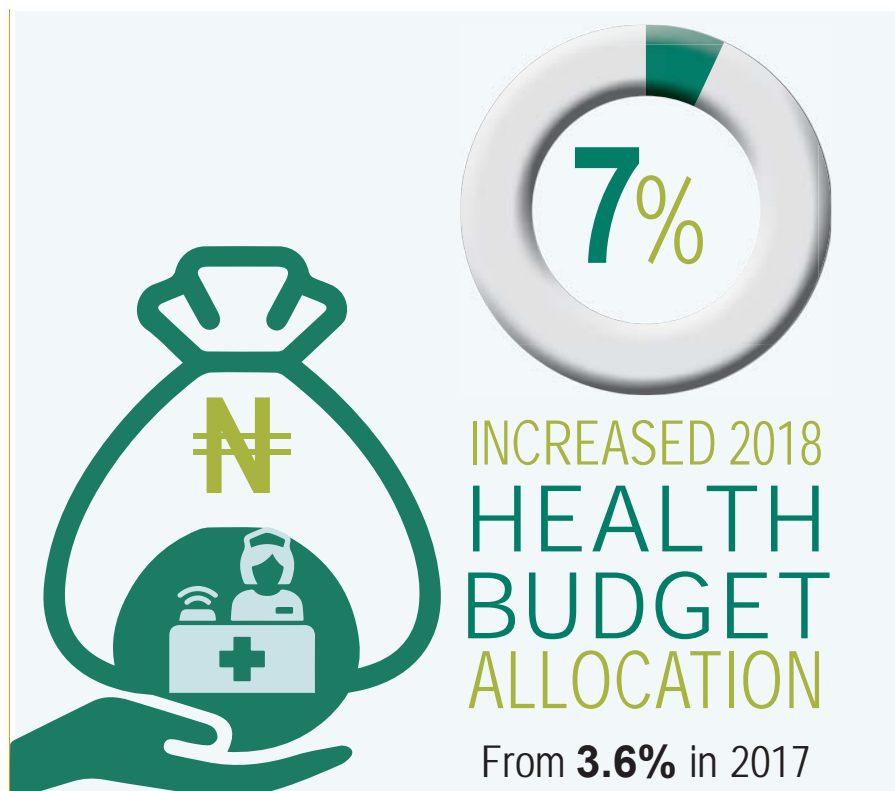
## HEALTH STRUCTURES AND SERVICES

Adequate structures present but  
some Primary Health Centres  
(PHCs) need provision of  
adequate manpower and services.

## STATE HEALTH

### INSURANCE SCHEME

The State Health Insurance  
Scheme (SHIS) was not in  
existence.



## INTERVENTION AREAS



Establishing  
the SHIS



Assessing Core  
Health Financing  
Diagnostics



Capacity Building  
and institutionalisation  
of health financing  
landscape



# Approach



## MULTISECTORAL APPROACH

With Ministry of Health leading the process, a Technical Working Group (TWG) for Domestic Resource Mobilization (DRM) was established to advocate for health financing reforms in the state.



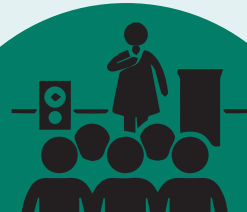
## CORE DIAGNOSTIC TO ACTION

Conducted three surveys and assessments; Public Expenditure Review (PER), Space Fiscal Analysis (SFA), Governance and Political Economy. The PER was used to sensitise and generate evidence for improved budgetary allocation and release as well as private sector involvement.



## HIGH KEY INFLUENCER ADVOCACY

High level advocacies targeted at stakeholders with political influence and interest to increase budgetary allocation and effect releases of funds were conducted throughout the project to improve health reforms in the state.



## COMMUNITY SENSITIZATION

Action to sensitize and create demand for the establishment of the State Health Insurance Scheme (SHIS), health financing and reform was encouraged through the community in four emirate councils: Yawuri, Zuru, Argungu and Gwandu. It involved religious and traditional title holders and stimulated more support for the establishment of the scheme.



# Achievements

- The Kebbi State Health Insurance Scheme Bill was drafted and passed into law six months into the HFG/USAID intervention. NGN 150 million (\$413,223.15) was earmarked and included in the 2018 budget for the take-off of the scheme.
- Health Financing Unit (HFU) in the Federal Ministry of Health established and functional.
- Kebbi state road map document developed to become a point of referral and evaluation of the performance of the state health sector.
- Successfully conducted three health financing core diagnostics (PER, SFA, Governance and Political Economy) which were instrumental during advocacies and making a case for more money for health.
- About 70 key stakeholders received capacity building from three workshops; Health Financing and Universal Health Coverage (UHC), The Legislative Network Summit, and the development of the legislative agenda.



## KEBBI STATE HEALTH INSURANCE SCHEME BILL

DRAFTED AND PASSED INTO LAW

Six months into the HFG/USAID intervention

**₦150m**

## EARMARKED FOR TAKEOFF OF KEBBI STATE HEALTH INSURANCE SCHEME

in the 2018 Kebbi State budget



## SUCCESSFULLY CONDUCTED HEALTH FINANCING CORE DIAGNOSTICS

PER, SFA, Governance and Political Economy

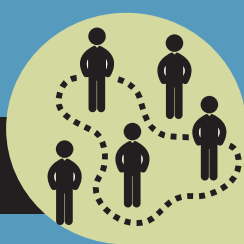


# Lessons Learnt



## MULTI SECTORAL COLLABORATIONS

Multi sectoral collaboration is an approach that allows the state to lead and own the process.



## STAKEHOLDER SYNERGY

Synergy between stakeholders leads to faster implementation. The SHIS bill was drafted and passed within 6 months of project implementation in Kebbi.



## CAPACITY BUILDING

Equipping the state with the knowledge and allowing the state to drive the processes is possible and instrumental to achieving set out goals and objectives.



## CONTINUOUS ENGAGEMENT

Community sensitization using gate keepers, religious leaders and title holders is key in providing the populace with factual information about the benefits of the scheme and UHC in general.





## Challenges



**Low Budgetary Provision and poor source of Domestic revenue.**



**The limited time for the project (less than one year), did not allow USAID/HFG sufficient time to develop the project to achieve stable and sustained funding for RMNCH programming.**



**Inadequate manpower and human resource for health.**



**Health staff attrition due to poor remuneration.**



**Inadequate infrastructure, especially in the rural areas.**



## Legacy



**An Established State Health Insurance Scheme (SHIS)**



**A Functional Health Financing Unit**



**Policy documents that will be used as referral points for policy implementations**



**An Improved health financing reform system**

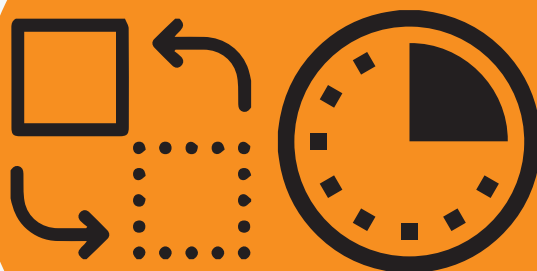


## Recommendations

**The state should increase man power and improve health staff remunerations.**



**Project timeline and schedule should be made longer to allow a more effective implementation process.**





# Sustainability Initiative



The health financing Unit has a budget line which clearly guarantees sustainability.



All the institutions; Health Finance TWG, Legislative executive platform, the state health insurance scheme that USAID/HFG has helped the state to put in place now have budget line activities as the state has committed resources to ensure it works even after the exit of USAID/HFG.

