



**Report of a Two Day Workshop on Promotion of Maternal,
Neonatal and Child Health for Wives of State Executive
Governors**

**Organized by
The Office of the First Lady of the Federal Republic Of Nigeria
in collaboration with
the Federal Ministry of Health and the United Nations Population Fund (UNFPA)**

**State House, Abuja.
28th – 29th April 2009**

Introduction

In April 2008, UNFPA in partnership with the Office of the First Lady of the Federal Republic of Nigeria organized a two-day workshop for the Wives of State Executive Governors, which discussed issues of maternal mortality, Vesico-Vaginal Fistula, Breast & Cervical Cancer Screening and Gender Based Violence in Nigeria. A 2008 – 2010 Plan of Action for Wives of State Executive Governors was developed as an output from the workshop, highlighting infrastructural, policy/legislative, human resource capacities and cultural/community issues and proposed interventions at Federal, State and LGA levels.

Her Excellency, the First Lady of the Federal Republic of Nigeria, having noted the progress of implementation at State level directed the convening of a review workshop for Wives of State Governors to jointly assess progress made in implementing the 2008 – 2010 Plan of Action. The review workshop was convened in collaboration with the Office of the First Lady of the Federal Republic of Nigeria, Federal Ministry of Health and UNFPA on Tuesday 28th and Wednesday 29th April 2009 at the Banquet Hall of the State House, Abuja.

In preparation for the meeting reporting guidelines reflecting areas of intervention from the 2008 – 2010 Plan of Action were developed and disseminated to the states, further to which a total of eighteen (18) States made submissions.

In addressing the issues of maternal health within the existing National Integrated Maternal, Newborn and Child Health Strategy operational in the country, the workshop incorporated the Launch of “Situation Analysis and Action Plan for Newborn Health” and Innovative MNCH in Northern Nigeria”, a project of the DFID/Norwegian government.

Objectives of the Workshop

- To Launch the “Situation Analysis and Action Plan for Newborn Health” and :Innovative MNCH project in Northern Nigeria”
- To review key achievements, major constraints, lessons learnt from implementing the 2008 – 2010 Plan of Action as indicated in State submissions
- To strategize on the way forward for 2009 and beyond.

Expected Output

- Situation Analysis and Action Plan for Newborn Health and Innovative MNCH in Northern Nigeria launched
- A comprehensive progress report developed on the implementation of the 2008 – 2010 Plan of Action on Maternal Mortality, Cancer Screening, VVF and GBV.
- An addendum on the Way forward for 2009 developed.

Workshop Methodology:

- Desk Review of State Reports
- Technical Presentations
- Question and Answer/Discussions sessions
- Dance Drama

Summary of Workshop proceedings

1. Book Review of the Launch of Situation Analysis and Action Plan for Newborn Health
2. Presentation on Innovative MNCH Project in Northern Nigeria
3. Launch of Situation Analysis and Action Plan for Newborn Health and Innovative MNCH Project in Northern Nigeria by the First Lady, Federal Republic of Nigeria
4. Presentations on status of implementation of the 2008 – 2010 Plan of Action in:
 - Maternal Mortality
 - Breast and Cervical
 - Vesico-Vaginal Fistula
 - Gender Based Violence
 - State Specific issues of HIV/AIDS, Girl-Child Education and Youth Empowerment
5. Summary of Way forward for 2009 in implementation of Plan of Action
6. Dance Drama by Traditional communicators.

Participants:

The participants consisted of a broad range of diverse stakeholders which included;

1. Her Excellency the First Lady of the Federal Republic of Nigeria
2. Her Excellency, Wife of the Vice President of the Federal Republic of Nigeria.
3. Wife of the Senate President
4. Honourable Minister of Health

5. Honourable Minister of Women Affairs
6. Senior Special Assistant to the President on MDGs
7. Wives of State Executive Governors
8. Wives of Service Chiefs
9. President and members of the National Council of Women Societies (NCWS)
10. President and members of Market Women Association
11. CSOs (NGOs, YSOs)
12. Academicians
13. UN Agencies (WHO, UNICEF)
14. Bilateral Partners (Norwegian Ambassador and its Deputy Head of Mission, DfID key officials, representatives of ACCESS,)
15. Private Sector (GlaxoSmithKline and Nollywood producers, actors and actresses)

Workshop Proceedings

Day One: Tuesday 28th April 2009

Opening Ceremony

The workshop commenced with Muslim and Christian opening prayers.

Opening Remarks by the Chairman of the Workshop and Honourable Minister of Health Prof Babatunde Osotimehin, OON:

- The Chairperson thanked the First Lady of the Federal Republic of Nigeria for her commitment in promoting issues of reproductive health, rights of women, children survival and indeed the health of the Nigerian population, which was again demonstrated by organization of the workshop;
- The Chairman focused on current actions currently undertaken by Federal, State and LGAs to reverse the poor health outcomes in Nigeria;
- One of such current efforts by the Federal Government to revamp the health system in Nigeria was the development of a National Strategic Health Development Plan (NSHDP), which would reflect federal, state and LGA plans. The NSHDP when completed would incorporate priority interventions targeted at strengthening the weak health system towards delivering improved health outcomes for Nigerian;
- Through this overarching and coordinated approach, primary health care (PHC) would be revitalized in line with the present administrations 7-point agenda;
- Recalled the consensus built around the Integrated Maternal, Neonatal and Child Health (IMNCH) Strategy which comprised of high impact, evidence-based and cost-effective interventions. Enjoined the First Lady and Wives of State Governors to continue their role as advocates for the roll out and implementation of the IMNCH strategy at the State and LGA level;
- Informed on the “Situation Analysis and Action Plan for Newborn Health” and “Innovative MNCH in Northern Nigeria”, which included strategic opportunities to save newborn lives and best practices in MNCH respectively.
- Acknowledged the efforts of health development partners in supporting the Federal and State Governments in improving the health status of Nigerians. These included

Norwegian Government, ACCESS, Save the Children UK/US, DfID, USAID, UNICEF, WHO and UNFPA.

Welcome Address by the Hon. Minister of Women Affairs, Mrs Salamatu H. Suleiman

- The Honourable Minister also commended the First Lady of the Federal Republic of Nigeria for convening the workshop as a follow up to the earlier workshop held in April 2008.
- Recalled the objectives of the review workshop, which were to jointly assess the efforts of State Governments in reducing maternal mortality and morbidity as stated in the Plan of Action 2008 – 2010.
- Illustrated the commonalities between the 2008/2009 Workshops for Wives of Governors and those of other leading international conferences sponsored by the United Nations in 1994 (International Conference on Population and Development) and 1995 (Beijing International Conference on Women). The common goal being to authenticate the legitimacy of reproductive health as being an integral part of family welfare, as well as the transition from historical pre-occupation with services and population growth to addressing the dynamics of empowering individuals demand for and implement their reproductive rights.
- Highlighted the need to promote the reproductive health of women in Nigeria, which had consequences on national development.
- Underscored the fact that maternal death and morbidities were preventable, when women have access to reproductive health services and care during pregnancy, skilled attendants at birth, emergency obstetric care and post-natal care.
- Stated that pregnancy related deaths and disabilities were therefore an injustice and not just a natural disadvantage. As such the requisite resources (human and financial) should be effectively mobilized to address the factors militating against progress in this area.
- Concluded by welcoming participants to the workshop.

Address by UNFPA Representative, H.E Sidiki Coulibaly

- Recalled the 2008 Workshop, the first of its kind, organized for Wives of State Governors to discuss issues of maternal mortality, Vesico-Vaginal Fistula, Cancer Screening and Gender Based Violence.
- The ensuing activities of the First lady and the Governor's wives at federal and state levels in the past year had generated a lot of political commitment, while bring to the fore the need for concerted efforts to address the issues.

- Cited in particular the conduct of step-down MM workshops in seven states organized with technical support from, while additional requests had been received from other states.
- Commended the efforts of the Governor's wives and encouraged their continued drive in the implementation of the State action plans developed at their workshops.
- Informed on a sub-regional conference for traditional and religious leaders on their roles in reducing MM. The conference was held July 2008 in Sokoto State and had in attendance Traditional and Religious leaders from 22 countries in Africa.
- Commended the Health Minister for on-going efforts led by FMOH in developing a National Strategic Health Development Plan targeted at improving the health system in Nigeria, in recognition of the fact that functional health systems are the bedrock for sustainable disease programmes such as the implementation of the IMNCH Strategy.
- Re-iterated that the IMNCH Strategy should serve as the framework for federal and state interventions, while advocating for the support of the Governors' Wives to this process.
- Drew the attention of the workshop on the role of Gender Based Violence, as a major root cause of maternal deaths and disabilities in Nigeria.
- Informed that the GBV movie "Freedom in Chains" produced by UNFPA in collaboration with the Nollywood Industry had generated discussions in Nigeria and at the FESPACO (African Film festival) on the ills of GBV. The movie continues to serve as a tool to create awareness and breaking the silence surrounding GBV and other harmful traditional practices.
- Enjoined the First Lady and Wives of Governors to continue in their efforts in ensuring that issues of GBV were brought to the front burner at federal and state levels.
- Likewise, UNFPA with the support of the Norwegian Embassy and in collaboration with the Nollywood Industry had produced another movie on Vesico Vagina Fistula (VVF) known as "Haaja - the Damaged Merchandise". The movie would also serve as a sensitization tool, considering the prevalence of VVF in Nigeria starting with its first premier during the workshop.
- Congratulated the Minister of Health on the successful Launch of the Situation Analysis and Action Plan for Newborn Health in Nigeria as well as the Innovative MNCH project in Northern Nigeria.
- Emphasized the need for the workshop to share experiences by highlighting key achievements, major constraints and lessons learnt in order to reach a decision on the way forward for 2009.

Goodwill messages

- **Norwegian Ambassador:** spoke on the MNCH-PPRIN project in four states in Northern Nigeria, namely Zamfara, Yobe, Jigawa and Katsina with a goal of supporting the states to achieve the health related MDGs. In addition, the discrimination against women, typified by their lack of access to quality care formed one of the pillars to be addressed by the project. Cited the Indian experience, where the Norwegian government partnered with government to provide financial incentives to pregnant women who delivered in HFs in order to drastically reduce their MMR. Urged government, partners, communities, CSOs and the private sector to continue in their efforts, through a concerted approach to reducing Maternal, Neonatal and Child Mortality rates.
- **President, National Council for Women's Society:** congratulated the First Lady and Wives of Governors for making time from their schedules to personally participate in the workshop. Thanked in particular, the First Lady for spearheading interventions targeted at improving the affairs of women and children and by extension, those of the men. Appreciated the work of the FMOH under the leadership of the Honourable Minister of Health, a continuation of his achievements in NACA. Commended the development partners for their continued technical assistance to the country. Offered the NCWS, as a vehicle to be used in advocating for the wellbeing of women and children.

Review of the Publication “Situation Analysis and Action Plan for Newborn Health in Nigeria”

- Recalled the IMNCH Strategy, however highlighting the gap in addressing newborn health when compared to the strategies in place for Maternal and Child Health care.
- Cited newborn mortality rate for Nigeria as being the third highest in the world and the highest in Africa.
- Informed that the publication provides a comprehensive status of newborn care and state-based profiles, which form the bedrock for the Action Plan.
- Appreciated the funding agencies that supported the conduct of the situational analysis and development of the Action Plan, namely Saving Newborn Lives / Save the Children USA/UK, JHPIEGO /ACCESS, FMOH, UNICEF and WHO.
- The publication was explicit on the causes of newborn deaths, consequences of poverty, teenage marriages and female literacy on neonatal deaths. It also underscored the existence of high impact interventions that could address the root causes of neonatal

deaths, however the uptake for such interventions remained very low. Other predisposing factors were poor implementation of policies, lack of funding for interventions and weak health workforce.

- Recommended actions include committed leadership at all levels of government with high priority to maternal and newborn care, improved funding to ensure availability of quality care (15% of national budget and NHIS) and improved organization of healthcare delivery system with strengthening of PHC. Others were improved access to care through effective planning and delivery of services by a well motivated and distributed human resource, while ensuring a functional M&E system that would track progress and utilize the data for action. In addition, the national working group for MNCH should be strengthened and expanded to include professional associations, development partners, private sector, CSOs, Media, etc.
- Concluded that only focused and coordinated efforts by all stakeholders would deliver improved health outcomes to mothers, newborns and children, even in the remote areas in the country.

Innovative MNCH Project in Northern Nigeria

- Recognized the fact that majority of maternal and neonatal deaths occur at delivery and within the post-partum period.
- Emphasized the need for quality access to family planning information and services, ANC, skilled attendant at birth and post-natal care.
- Stated that a continuum of care rather than a single intervention was required to deliver improved health outcomes for mothers, newborns and children.
- Recognized that the IMNCH Strategy comprised of high impact and evidence-based interventions.
- Emphasized the need for development partners to harmonize their efforts in aligning with national priorities such as the IMNCH Strategy, in line with the Paris Declaration, Accra Agenda for Action and the IHP+.
- The project in its implementation in four states of Zamfara, Yobe, Jigawa and Katsina had recorded some best practices since inception in September 2008.
- Underscored the need for operational research to guide future programming
- Concluded by encouraging government at all levels to take the leadership role in implementing the IMNCH strategy, using a strengthened PHC system as the bedrock.

Keynote Address by Her Excellency, First Lady of the Federal Republic of Nigeria

- Recalled the April 2008 Workshop for Wives of Executive Governors on Maternal Mortality, Cancer Screening, Vesico-Vaginal Fistula and Gender Based Violence, which resulted in their commitment to a Plan of Action, which was to be implemented at all levels through their leadership and facilitation.
- Stated that the workshop of the day was to review progress, identify the constraining issues and challenges, while re-strategizing for the way forward.
- Acknowledged that the world had passed the midpoint towards the target year of 2015 for the attainment of the Millennium Development Goals and Nigeria was still not fully on track to achieving the health related goals.
- Re-affirmed her personal committed to ongoing efforts of the present administration to achieving the MDGs and pledged to do all that was necessary, through her role as the National Goodwill Ambassador for Maternal, Newborn and Child Health.
- Re-affirmed her earnest resolve to work with all arms of government and the CSOs to reverse the unenviable statistics on maternal, newborn and children health through high level advocacy.
- Urged all key actors, government and non-government, to keep in focus the issues of maternal, newborn and child health in a synergistic manner.
- Reminded the Wives of the State Governors that all efforts must align with the Integrated Maternal, Newborn and Child Health strategy and charged them to champion the its roll out and implementation at state level, while supporting the Wives of LGA chairmen to do likewise at the LGA level. On her part, the First Lady also promised to stand by and support these efforts.
- Thanked FMOH and UNFPA for their collaboration in organizing the workshop
- Concluded with the Launch of the “Situation Analysis and Action Plan for Newborn Health in Nigeria” and the MNCH Project in Northern Nigeria to the Glory of God and benefit of mankind.

Technical Session

The technical session received presentations by resource persons and Wives of Governors on the key achievements, major constraints and lessons learnt from the implementation of the Plan of Action in the last one year.

Highlights of these presentations and discussions/comments are

A. Status of Implementation of the Maternal Mortality section of the Plan of Action

Key Achievements: Infrastructure.

- **Rivers State** established a children and women specialist hospital.

- **Ogun State** procured six ambulances in support of the referral systems between PHC and Secondary facilities reducing second delay.
- **Borno State** provided free drugs and equipments for the free maternal Health Care Scheme.
- **Delta State** distributed 2,500 delivery kits to pregnant women across the state.
- **Kaduna and Taraba States** distributed free paediatric, ante-natal, neo-natal, nutritional supplements, ARV drugs and equipment to public hospitals and primary health care centres across the state;
- **Kaduna, Ogun and Abia States** paid the medical bills of pregnant women in selected LGAs from ante-natal period through delivery to the post-natal period.
- **Benue State** equipped the PHCs and Clinics with delivery kits and other consumables
- **Adamawa** donated anti-malaria drugs and ITNs to maternal and child care clinics, mama kits to SMOH for free distribution to women in labour and renovated clinics and hospitals.
- **Bayelsa** had a foundation laying ceremony of its Mother and Child Clinic/Cancer Center by the First Lady, Federal Republic of Nigeria.
- **Bauchi** provided free delivery kits and nutritional supplements to pregnant women
- **Kwara** renovated the Children Specialist Hospital at Igboro, Ilorin with sinking of a borehole, provision of equipment for the children's ward, isolation ward, doctors' consulting room and Nurses bay, as well as constructing a bathroom in the maternity unit. An ambulance was also donated to support the hospital in its referral services. Neonatal resuscitation units and infants pulse oximeters were provided for University of Ilorin Teaching Hospital and commenced the Multiple Birth Programme, which paid hospital bills, provided infant formula and monthly stipend for indigent mothers in the state with multiple births.

Key Achievements – Human Resource

- **Rivers State** partnered with a U.K based N.G.O Wish for Africa and the Rivers State Sustainable Development Agency (RSSDA) on a medical mission to train health workers
- **Nasarawa State** trained 30 Community Health Extension Workers on Integrated Reproductive Health.
- **Ogun State** trained 30 health workers on the use of female condom.
- **Bayelsa** conducted workshops for 350 TBAs in rural communities.

- **Bauchi** collaborated with the State PHC Development Agency to train health workers on LSSI and ELSSI for EmOC services.
- **Kwara** advocated for the establishment of the midwifery programme at state level; co-funded the training of health workers in the Bacita Health Point/Resource Access Unit and Health Education projects of the Health Point in 25-30 communities in Bacita LGA; and advocated for positive work etiquettes with adequate incentives for health workers in the state.

Key Achievements: Advocacy, Policy/Legislative Issues.

- **Ebonyi** state paid advocacy visits, held interactive forums and meetings to sensitize the state-based stakeholders on MMR; Facilitated the legislation of the law on Mother and Child Care Initiative and Related Matters; Hosted a one-day Inaugural Forum of Wives of Governors of South-East and Benue States in collaboration with UNICEF to form an alliance for women and children; and Conducted a 3-day Safe Motherhood "Walk" and Workshop for state-based stakeholders
- **Abia, Ebonyi, Kaduna, Benue & Borno States** conducted 3 day workshop on Maternal Mortality with State stakeholders;
- **Abia, Ebonyi, Kaduna, Benue, Borno, Niger States** developed State Workplans
- **Benue, Bauchi and Abia States** provided free ANC services for pregnant women in the state.
- **Borno State** continued implementation of its Free Maternal Health Care scheme being piloted at State Specialist Hospital , Yerwa Clinic, Monguno General Hospital, Damasak General Hospital, General Hospital Biu and Gwoza clinics; Organized a 3-day Maternal mortality workshop for stakeholders in April 2009.
- **Ogun and Bauchi States** advocated and facilitated the provision of budgetary allocation for maternal health in the state
- **Kebbi** paid medical bills of pregnant women and the Medicaid project is on going in the state.
- **Adamawa** mobilized wives of policy makers on health issues and advocated for Free medical care for pregnant women and children under 5years.
- **Abia** provided free medical services in collaboration with Ejay's Medical mission, USA.
- **Bauchi** organized a Stakeholders Summit on Child and Maternal Mortality in July 2008;

- **Kwara** in partnership with KwSHA promoted safe motherhood campaigns in the state; advocated for the Free medical services law for pregnant women and children under five now operational in the state; partnered with the White Ribbon Alliance to promote Safe motherhood practices in the state. The Wife of the State Governor serves as Member of the core technical committee of the national partnership on MNCH and through this platform advocated to NPHCDA & NHIS for synergy with the MNCH Strategy.

Key Achievements: Cultural and Community issues

- **Ebonyi State** conducted sensitization campaigns and awareness creation rallies in LGAs on teenage pregnancy, ANC and facility delivery for pregnant women, girl-child education, developed jingles in English and local languages being aired through the electronic media.
- **Kaduna State** developed strategic partnerships with the media and other development partners like UNFPA, UNICEF, SUBEB, SAVI, Corporate bodies and philanthropists to encourage community participation at PHC level
- **Delta State** conducted a three week enlightenment campaign across the State to increase awareness, acceptability and uptake of the free maternal services.
- **Rivers State** held interactive sessions with communities in the 3 senatorial districts in the State.
- **Ogun State** organized a community dialogue on maternal health in Ikenne Local Government area in May 2008; conducted market day visits to provide adequate information to women on reproductive health and rights and family planning issues; Sensitized women during the 2008 World Population Day celebration with the theme “Family Planning It is a right lets make it real”; Trained community/ traditional leaders on monitoring and supervision of health facilities; Sensitized Okada Riders and artisans on male involvement in reproductive health.
- **Taraba State** sensitized over pregnant women to increase awareness on pregnancy related risks like STD and HIV/AIDS to rural communities and health centres
- **Borno State** sponsored the production and airing of discussion programmes, talk shows, jingles and dramas on maternal mortality in Borno State; Produced pamphlets, posters, banners, fliers and a magazine, “The Beacon”.
- **Bayelsa and Adamawa States** conducted State wide sensitization meetings with all stakeholders
- **Bauchi State** conducted social mobilization, advocacy and sensitization tours to the rural communities in the state on maternal health issues; commissioned dramas on Maternal health and partnered with religious and traditional leaders to promote male involvement in RH

services; created awareness on the States' Free malaria treatment for pregnant women; and convened town hall meetings on maternal health issues.

Major Constraints:

- **Kaduna, Nasarawa, Adamawa and Ogun States:** shortage of health professionals at each level of care in the state.
- **Ebonyi, Ogun and Kaduna States:** Poor funding for procurement of equipment/drugs, feeding of patients and other pharmaceutical consumables during fistula campaigns;
- **Ebonyi State:** Non-availability of vehicles/motorcycles and ambulances for effective monitoring and evaluation of programmes and conveyance of pregnant patients from peripheral facilities to comprehensive health facilities.
- **Kaduna and Taraba States:** Lack of public awareness on policy guidelines on free maternal and child care in the state.
- **Borno State:** Weak Strategic Partnership to leverage resources (technical and financial) for state activities
- **Taraba State:** Inadequacy of health facilities to provide quality care to pregnant women; and poor physical access to HFs; poverty, culture, illiteracy and ancient beliefs pose barriers to women's access to reproductive health services
- **Adamawa:** poor records on utilization and distribution of health commodities, difficult terrains to HFs, dilapidated health facilities and lack of essential drugs in health facilities.
- **Bayelsa:** bad terrain limiting geographical access to HFs.

Key lessons learnt

- **Ebonyi State:** MCCI activities strengthened partnership between Ebonyi State and USAID, UNFPA and UNICEF.
- **Ogun State:** Increased patronage of PHCs and establishment of standby transportation means of conveying women in labour to health facilities in all communities sensitized on referral systems; CBD activities increased community participation in condom programming and distribution.
- **Borno State:** Increased ANC and facility deliveries arising from the free maternal and child care services scheme.

Discussions/comments

- Scope of Coverage of the State sponsored Free Maternal Health Care Services was not extensive to meet the needs of the state in terms of location of facilities offering the free services and the package of care covered by the scheme. The issue of including operative deliveries in free maternal health care services was emphasized.
- Coordination mechanisms were inadequate at state levels to harmonize and align the activities of partners and government. Wives of Governors were urged to advocate for harmonization of efforts amongst partners for increased effectiveness of their interventions, while leveraging on available resources.
- Male Involvement in maternal health issues was highlighted as a very important strategy.
- The Wives of Governors were enjoined to strategically partner with NCWS in the implementation of their programmes in order to reach the grassroots.
- The Executive Secretary of the NHIS informed on the MDG/NHIS collaboration in supporting 6 pilot states to establish Community based insurance schemes in support of the MNCH Strategy. The community scheme covered pregnant women and children under five with a comprehensive benefit package. In addition, the workshop participants were informed that an additional six states would be added in 2009 and by 2011, all 36 states and FCT would have the scheme established to complement the free maternal and child health care services.
- He highlighted a key challenge noted in the establishment and implementation of the scheme in the six pilot states as the non-payment of state counterpart funds which limited the geographical coverage of the scheme to only 3 LGAs using the MDG/NHIS funding. He requested the Wives of Governors to serve as advocates to Executive Governors and State Executive Councils on the importance of State counterpart funds to ensure extensive geographical coverage of the scheme.
- It was pointed out to the E.S NHIS that some providers at PHC level indicate that the scheme did not cover secondary level of care for pregnant women.
- It was clarified that such incorrect information from primary health care providers was passed out in an attempt to retain as much patients at their level of care, thereby hindering referrals to the next level of care, at the detriment of the patient. It was agreed that NHIS should embark on a wide scale sensitization and awareness campaign to educate the public on their rights within the schemes in both the formal and informal sectors.

B. Status of Implementation of the Breast & Cervical Cancer section of the Plan of Action

Key Achievements

- **Ebonyi State** procured some cancer screening equipment for cancer screening centres in the three senatorial zones of the State; established annual screening for premalignant lesions of the cervix;
- **Delta, Taraba, Ebonyi, Bayelsa, Kwara and Ogun States** conducted awareness campaigns on the causes, effects and self examination and management of breast cancer.
- **Nasarawa State** developed an Action Plan for screening of Breast and Cervical cancer
- **Rivers State** commissioned its mammogram machine donated by ESI at the Creek road Specialist hospital in Port-Harcourt by the Her Excellency, Hajia Turai Yar'adua
- **Abia State** provided free cancer treatment for indigenes in collaboration with African cancer care Incorporated, USA and Constructed a Cancer Diagnostics Center at Amachara General Hospital
- **Kwara** provided free screening and treatment for women in collaboration with the University of Ilorin Teaching Hospital.
- **Adamawa** was spearheading the NE cancer awareness campaign scheduled for 11-12 May, 2009.
- **Bayelsa** initiated screening of women and sponsored treatments within the State, as well as in India and South Africa.

Constraints

- Low funding for cancer screening
- Low awareness of communities

Lessons Learnt

- Campaigns conducted at grass root levels increased demand for screening

C. Advocacy message on Breast and Cervical Cancer

Breast cancer

- Leading cause of death in cancer patients in Nigeria
- Most important risk factor is being a woman and other risk factors include age, family history of breast cancer, early exposure to radiation, null parity, late age of first live birth and late age of menopause.
- Major symptoms include painless mass and nipple discharge amongst others.
- Early detection saves lives, while self breast examination, breast ultrasound, mammography and MRI are the main methods of screening and early detection.

Cervical cancer

- Second only to breast cancer as the commonest type of cancer amongst women in Nigeria.
- It is now on the increase due to the relationship with the HIV/AIDS epidemic.
- If detected early 100% cure is possible
- Risk factors include infection with the Human Papilloma Virus (HPV), infection with the Human Immuno Deficiency Virus (HIV), early sexual debut, multiple sexual partners and multiparty.
- Pap smear provides an opportunity for early detection reducing the incidence by about 60 – 90% and death rate by about 90%.

Recommended Actions

- Community mobilization and sensitization in partnership with civil society groups, NGOs and FBOs to increase awareness about cancer.
- Establishment of screening centre across the nation
- Supporting legislation on cancer treatment and include cancer under the NHIS.
- Building capacity for pap smear investigations nationwide
- Vaccination of target groups with the HPV vaccine.
- Creation of functional referral systems for patients with cancer

Discussions/Comments:

- Radiation emitted by the telecommunication masts were most likely in insignificant levels to cause cancers
- Government should deploy some of the revenue generated from the markets through collection of gate fees to build cancer screening centres at market places for women.
- Information was provided that a maximum of N6m was required as funding to establish cervical and breast cancer screening programs at state levels, while outreach services could also be introduced to serve rural areas, during which self-breast examination techniques would be taught.
- Inclusion of cancer treatment in the NHIS schemes would not be possible considering the expenses involved.
- Government in collaboration with CSOs should embark on awareness campaigns to educate the rural population on breast examination.
- Free treatment programmes operational for HIV/AIDS sufferers should be explored for cancer patients to reduce the financial burdens placed on affected families.

- HPV vaccines can be administered at an early age and is country specific depending on age of sexual debut in the country.
- FMOH through the GAVI Alliance for Vaccines and Immunization was working with two manufacturers Merck and GlaxoSmithKline to commence HPV vaccination programmes.
- FMOH committed to providing screening for market women and would partner with the NCWS in creating awareness at grassroots levels.

D. Status of Implementation of the Obstetric Fistula section of the Plan of Action

Key Achievements

- **Ebonyi State** constructed and equipped a Vesico-Vagina Fistula Centre for the South-East zone in collaboration with UNFPA; conducted a VVF repair campaign in Southern Nigeria “2 week VVF Fortnight” from November 17, 2008 in collaboration with UNFPA and Acquire during which 153 repairs were carried out; the South East VVF Centre was commissioned by First Lady of the Federal Republic of Nigeria, Hajia Turai Yar’Adua on December 5, 2008; and in collaboration with Acquire Project Fistula Care, conducted a training on Infection Prevention and Control for the staff of the South East Fistula Centre. Also, the renowned VVF surgeon, Dr. Kees Waaldjik visited the Fistula Centre with his team and undertook a mini repair campaign; while concerted efforts of MCCI led to its participation at the National Seminar on the Impact of Obstetric Fistula on National Development held on 11th March, 2008 at Abuja.
- **Borno State** completed the renovation and construction of additional structures at the VVF Ward, Maiduguri Specialist Hospital.
- **Rivers State** initiated a movement for the domestication of Child Right Act in the State.
- **Kebbi** provided support to VVF sufferers to facilitate their treatment and rehabilitation.
- **Adamawa** provided free treatment for VVF patients in JUTH and has reached advanced stages in the establishment of the state VVF centre.
- **Borno** completed the renovation and construction of additional structures at the VVF Ward, Maiduguri Specialist Hospital.
- **Kwara** advocated for the domestication of the child rights acts; mobilized funds for the establishment of mother & child hospital with capacity to treat VVF and other pregnancy related morbidities.
- **Bayelsa** sponsored the repairs of VVF patients.

- **Plateau** established a health facility for treatment, care and rehabilitation of VVF patients.

Constraints

- Limited numbers of health workers with requisite skills on VVF repairs
- Limited funding for VVF interventions

Lessons learnt

- The successful construction and equipment of the VVF Centre in Abakaliki, Ebonyi State as well as repairs of clients from its 1st Fortnight has created demand and attracted VVF clients from states of Abia, Anambra, Enugu, Imo, Cross River, Benue and Bayelsa and all are treated free of charge.

Discussions/Comments.

- VVF is preventable and all States should endeavour to address issues of delayed access to HFs by women; removing risks of obstructed labour, while putting in place systems and structures that would provide treatment and rehabilitation to VVF patients.

E. Status of Implementation of the GBV section of the Plan of Action

Key Achievements

- **Ebonyi State** conducted awareness campaigns on female genital cutting and distributed income generating equipment to women at the grassroots level.
- **Kaduna State** in collaboration with FIDA organized a stakeholder workshop and WALK to create awareness on Rape and Sexual Abuse in the state; provided legal and financial assistance to some of the rape victims and their parents to relocate and resettle in alternative locations. Also trained 366 women in vocational skills and provided micro-credit grants to 100 women (destitute & HIV/AIDS sufferers) drawn from across the state; and established and equipped ICAWYI development centres in 14 local government areas and partnered with Wives of Local Government Councils Chairmen to implement its programmes at the grassroots level
- **Rivers State** organized the first ever State women summit on empowering the Rivers women in collaboration with the ministry of women affairs; conducted a Campaign against prostitution and lectured on Etiquette in collaboration with the University of Port-

Harcourt, Student Union Government (S.U.G); and flagged off its widow's micro-finance scheme and launched Agric Women Wealth Empowerment Programme (AWEP) a help project for women in collaboration with Graduate Management School.

- **Taraba State** organized school debates and roundtable discussions on gender equality.
- **Abia State** organized seminars on micro-credit finance schemes in collaboration with State Ministry of Women Affairs and provided soft loans through the scheme to eligible women in the state.
- **Ogun State** and the Ministry of Women affairs conducted sensitization in the state on gender based violence.
- **Borno State** consistently purchased and distributed milling\grinding, sewing\knitting and spaghetti making machines to women in the state to make them self sufficient and reliant; Provided credit facilities to the tune of N65million for over 1000 women spread across the State; and Supported women in governance and politics
- **Kwara** provided micro credit for indigent mothers to start petty small scale businesses; advocated to the Min of Women Affairs for the provision of pro-bono services for GBV clients; established partnership with CSOs (FIDA) in the state to effectively campaign against GBV in the state Initiated a bill to KwSHA on GBV; and paid advocacy visits to the police and other law enforcement agencies on their role in addressing GBV cases.
- **Abia and Kebbi** organized seminars on micro-credit finance schemes in collaboration with State Ministry of Women Affairs; and provided soft loans through the scheme to women in the state.
- **Bauchi** advocated to the Executive Governor, State House of Assembly, and LGA Chairmen for stiffer penalties for GBV offenders.
- **Bayelsa** trained women on skills acquisition and provided financial incentives for trading.
- **Anambra** initiated Annual Mothers Summit; supported the rehabilitation and re-integration of female victims of trafficking; supported graduates from the State Vocational Skills acquisition center with grants; and distributed equipment grants, food processing machines and other income generating equipment to women in the state.
- **Plateau** established human development and skills acquisition center in the state; supported female peasant farmers; and trained women on micro-enterprises

Constraints

- **Kaduna State:** Cultural inhibitions prevent victims of rape and sexual abuse from speaking out for fear of stigmatization

- **Rivers State:** Limited access to education and employment, high illiteracy rates at the rural areas and increasing poverty levels are making women empowerment issues difficult.
- **Ogun State:** existence of Harmful Traditional practices

Lessons Learnt

- With limited funding, modest achievements can be recorded in alleviating the ills in gender based violence and gender inequality
- Governments support for Rape and GBV victims increases reporting.

Discussions/Comments.

- Gender based violence is the biggest threat to women's health and wellbeing
- States and LGAs need to jointly address existing cultural inhibitions, while amendment or review of state and federal laws that address gender based violence should be advocated for.

Dance Drama by Traditional Communicators: Traditional communicators from Katsina state performed a dance drama on the importance of girl child education and demonstrated that educating the girl child was instrumental to reducing maternal mortality.

End of Day One proceedings.

Day Two: Wednesday 29th April 2009

The Master of Ceremony welcomed participants to the second day of the workshop and highlighted key activities outlined for the day.

A. Tour of Exhibition stands :

The First Lady toured the exhibition stands that displayed IEC materials and other state products. Wives of State Governors showcased the materials in their stands, which depicted some of the activities carried out through their different pet projects.

B. Premier of "Haaja, the Damaged Merchandise"

The movie on Vesico-vaginal Fistula produced by UNFPA in collaboration with Nollywood Concepts Promotions Ltd and funded by the Norwegian Government, was presented to the First Lady, Wives of Governors and other workshop participants. The Movie was well received with a lot of commendations from the participants.

Discussions/Comments:

- Wives of Governors were enjoined to create awareness on available treatment centers for VVF clients, while lending their voice to advocate against early marriage.
- Development partners were solicited to support VVF programmes particularly the repair of VVF clients.
- The role of girl-child education in addressing issues of early marriage was emphasized.

C. Way forward for 2009

- State reporting were Abia, Adamawa, Anambra, Bauchi, Bayelsa, Benue, Borno, Delta, Ebonyi, Kaduna, Kebbi, Kwara, Nasarawa, Niger, Ogun, Plateau, Taraba and Rivers
- Recalled that the Plan of Action under review was for 2008 – 2010 cycle and that activities presented as implemented were aggregates for the country, noting varying scope and extent of implementation by State.
- Outstanding activities highlighted at the end of the workshop were therefore those not yet implemented by any State and included the following:
 - **Maternal mortality -Infrastructure:** Advocate for provision of help desks/call centers in each EmNOC center. **Human Resource for Health:** Advocate for the recruitment, deployment and retention of trained midwives in LGAs by providing appropriate remuneration and rural incentives, Advocate for compulsory rural posting with adequate incentives for health workers. **Policy/Legislation:** Create Association of Hospital Friends initiatives. (AHF) at State level, Advocate for enforcement of regulations of practice of all categories of health workers to prevent quackery, Advocate for National Health Insurance Scheme to finance broad range of maternal health services, Set up Maternity homes in rural areas and **Cultural/Community issue:**None, as all were implemented.
- **Cancer Screening** Undertake sensitization of the public on availability of HPV vaccine, Advocate for establishment of shelters/waiting centres for women awaiting chemotherapy, Advocate for policy on cancer management that defines roles for

Federal, State and LG authorities (facilities and equipment for screening, detection and treatment of cancers) and

- **Vesico-Vaginal Fistula:** none, as all activities were implemented by at least one state
- **Gender Based Violence:** Advocate for Ministries of Women Affairs to strengthen social welfare units for effective handling of GBV complaints

For the year 2009,

- Continued implementation of activities stated in the 2008 – 2010 by all States
- Convene a National Review of Progress in 2010 and establish a schedule for yearly reviews
- In the course of implementation of the Plan of Action, take on board the State-based planned activities earmarked for 2009 as stated in the State reports, as well as additional issues arising from the April 2009 Review meeting.
- The additional issues were the need to advocate for basic infrastructure (roads, amenities) leading to HFs in all communities; Provide health commodities and equipment (mama kits & ITNs for pregnant women, FP) in sufficient quantities, Advocate for the designation of at least one health facility per LGA for free medical services and Advocate to government at various level to purchase at least one ambulance, vehicles, motorcycles for referrals and M&E respectively.
- In the area of Human Resource for health, they included the need to collaborate with the Ministries of Health to train and re-train doctors, nurses, etc on EmOC, IPC, and training of TBAs on their role in referral systems.
- In the area of policy/legislation, it was recognized that the First Lady and Wives of Governors should also advocate for the expansion of the scope of Free maternal, neonatal and child health schemes (locations of facilities, availability of commodities, package of care to include operative deliveries and FP, quality of care); Exemption schemes to be complemented with comprehensive social insurance schemes – CBHIS, etc; Creation of budget lines for MNCH interventions; Roll out and implementation of IMNCH strategy in States; Establishment of coordinating mechanism for partners at state level and Revitalized routine donor-based blood donation schemes
- For cultural/community issues, it was noted that the engagement of CSOs (NGOs, YSOs, FBOs, CBOs) religious and traditional leaders on RH issues would result in better community ownership, participation, male involvement, etc; Engaging traditional/religious leaders and communities on the women's right to seek health care (ANC, delivery, post-

natal periods) was important, while awareness campaigns targeting contributors to NHIS scheme on the package offered should be initiated by the federal government.

- On breast and cervical cancer, there was need to follow up on FMOH's commitment to provide technical support for cancer screening at State levels; continue awareness at all levels, especially the grassroots on early detection (self examination, testing) in collaboration with key stakeholders (NCWS, market women, etc) and Advocate for the establishment of screening centers at strategic locations including market places, timely commencement of HPV vaccination and conduct awareness programmes in primary and secondary schools for young girls
- For Gender based violence, the First Lady and Wives of Governors were enjoined to advocate for elimination of cultural practices that perpetrate GBV and harmful traditional practices in all its forms in collaboration with traditional and religious leaders, as well as advocate for the reform of existing laws on GBV with a view to enacting stiffer penalties for GBV offenders.
- In conclusion, the efforts of the First Lady Federal Republic of Nigeria and the Wives of the State Governors in implementing the adopted 2008 – 2010 Plan of Action were commended. The results arising from the implementation were noted to be precise and needed to be sustained. Promoting maternal health and protecting the rights of women was adjudged to be the collective responsibility of all because **“everyone counts” and “no woman should die giving life”**

Dance Drama by Traditional Communication groups from Ebonyi State featured mime messages and scenes on family planning and its implications for maternal health and well being of the mother and entire family.

Closing ceremony.

The Country Representative of UNFPA and the First Lady of the Federal Republic of Nigeria delivered closing remarks in which they both congratulated the Wives of the Governors for their efforts at State and LGA level. They also encouraged intensified efforts to sustain the gains recorded in the Year 2009 and beyond.

The workshop closed with the National Anthem.

Annex I: 2008 – 2010 Plan of Action for Wives of State Executive Governors

