

DEVELOPING-8 HEALTH AND SOCIAL PROTECTION (D-8 HSP) PROGRAM'S 2024 MEDICAL MISSION AND OUTREACH REPORT



D-8 Health and Social Protection Program (D-8 HSP)

Executive Summary

The 2024 D-8 HSP Medical Mission and Outreach was conceptualized to foster partnerships, enhance community health resilience, and improve health outcomes across D-8 member countries. In 2024, the inaugural mission was implemented in Nigeria, targeting key states and the Federal Capital Territory (FCT).

The initiative's target is to deliver impactful and sustainable solutions that align with the values and mission of the D-8 HSP. The medical mission commenced with advocacy visits to key stakeholders in the targeted states and the FCT to introduce the initiative, align partners, and explain the strategic selection of locations. A flag-off ceremony was held at the Niger State Specialist Hospital in Minna on 28th June, 2024, marking the official launch of activities.

Subsequently, engagements continued with executives of State Ministries of Health, Primary Healthcare Development Agencies (PHCDAs), and the FCT mandate secretary to strengthen partnerships and deliver essential commodities supporting Maternal, Newborn, and Child Health (MNCH) Week activities.

INTRODUCTION

Background

Improving health and wellness in rural communities of Nigeria is a critical priority for the D-8 Health and Social Protection Programme (D-8 HSP). Rural regions face numerous health challenges, including limited access to healthcare services, high rates of infectious diseases, inadequate medical infrastructure, and widespread malnutrition. These issues are particularly pronounced in Niger, Kano, Abuja, and Gombe states, where food insecurity, dietary deficiencies, and related health problems persist. Addressing these challenges requires a comprehensive and collaborative approach.

Malnutrition poses a significant public health concern, impacting children's growth, pregnant women's health, and the overall well-being of vulnerable populations. This initiative seeks to improve the health and nutritional status of these groups while promoting the mission and values of the D-8 HSP.

About D-8 HSP

The D-8 Health and Social Protection Programme (D-8 HSP) is an affiliate of the Developing-8 Organization for Economic Cooperation (D-8), which includes eight member states: Bangladesh, Egypt, Indonesia, Iran, Pakistan, Nigeria, Malaysia, and Turkey. Its mandate is to enhance the health and livelihoods of citizens within the bloc and support member states in achieving Sustainable Development Goals (SDGs) 1 (No Poverty), 2 (Zero Hunger), and 3 (Good Health and Well-being).

D-8 HSP operates under three strategic pillars:

- Innovative and Sustainable Financing
- Trade and Health
- Data for Performance and Impact

The third pillar, "Data for Performance and Impact," focuses on leveraging data to shape health policies, strengthen community resilience, and inform impactful programs. Each year, D-8 HSP organizes medical missions and community outreach to enhance health outcomes in underserved areas. For example, in 2023, the D-8 HSP constructed a hospital ward in a health facility in Kaduna State as part of its initiatives.

The 2024 Medical Mission and Outreach

The 2024 Medical Mission, scheduled for June–July, aims to deliver a comprehensive range of medical and nutritional services to rural communities in the selected states. This initiative aligns with the D-8 HSP's goals of promoting health equity and strengthening health systems. Key services to be provided include:

Nutritional supplements to address dietary deficiencies

Family Planning services to improve reproductive health

Hypertension and blood sugar checks to manage non-communicable diseases

HIV and malaria testing for early detection and treatment

Distribution of vitamin A supplements and deworming medications

The outreach further aimed to:

- Improve the health and nutritional status of vulnerable populations in Niger, Enugu, Jigawa, Kano, Kwara States, and Federal Capital Territory, Abuja.
- Raise community awareness and knowledge of health and nutrition practices.
- Strengthen the capacity of local health workers and community leaders to address health and nutritional challenges.
- Enhance the visibility and presence of D-8 HSP in target communities.
- Develop sustainable strategies for ongoing health and nutrition interventions.

The mission's holistic approach underscores D-8 HSP's commitment to delivering impactful and sustainable health outcomes in the region.

Objectives

1. **Provide Comprehensive Medical Services:** Offer hypertension checks, blood sugar checks, HIV testing, malaria testing, and other essential medical services to the community during the flag-off event.

2. **Distribute Vitamin A Supplements and Deworming Drugs:** Administer Vitamin A Zinc/ORS, Micronutrient powder and deworming drugs to children under 5 and multiple micronutrient supplements (MMS) to pregnant mothers from June to December 2024
3. **Increase Health and Nutrition Awareness:** Implement targeted awareness campaigns to educate communities on the importance of healthy living and nutrition during the flag-off event.
4. **Assess Community Health and Nutritional Needs:** Conduct thorough assessments using digital tools, such as the Commcare App, to identify the specific health and nutritional deficiencies in Niger, Kano, Abuja, and Gombe states, and administer the necessary interventions to target households.
5. **Establish Partnerships:** Collaborate with international and local organizations, health centers, and community groups to enhance outreach and distribution efforts.
6. **Monitor and Evaluate Impact:** Establish a monitoring and evaluation framework to assess the effectiveness of the intervention and gather feedback for continuous improvement. Data collected from the field will be used to populate D-8 HSP dashboards.
7. **Ensure Sustainability:** Inculcate community participation and ownership to ensure the long-term sustainability of the outreach.

The D-8 HSP Medical Mission and Outreach started in June and finished in December

Population Target

The program ran concurrently in different states, targeting their respective MNCH weeks activity to ensure proper implementation and avoiding duplication. The outreach reached 12,000 children under 5 years old and pregnant/breastfeeding mothers in selected Local Government Areas of the five states and the FCT. In addition, 400 complete sets of Mama Delivery Kits, counselling services, blood screening, blood sugar level, blood pressure and other tests were conducted; and 200 bedsheets and pillowcases were given to the states to support their services and help reduce the financial burden for families expecting new babies.

Key outcomes and highlights.

- Successfully conducted a flag-off at the Niger state specialist hospital in Minna, Niger State.
- Advocacy visits to key stakeholders in each state and the FCT
- Familiarization and courtesy calls/visits to the Executives of State Ministry of health and PHCDAs as well as mandate secretary of the FCT.

- Trained health workers and fieldworkers on providing different services.
- Provided 400 mama delivery kits and bed sheets to the states and FCT.
- Provided counselling services to hundreds of Women.
- Successfully supported states and FCT through the outreach programs during respective MNCH week with doses of Vitamin-A, Albendazole, MMS, MNP and Zinc/ORS.

Data Collection and Analysis

Table 1 showing the population under-five mortality rate, neonatal mortal rate, stunting rate and HDI of the selected states for the Medical Outreach

State	Population (2006 Census)	Under-Five Mortality Rate (U5MR)	Neonatal Mortality Rate (NMR)	Stunting Rate (%)	Human Development Index (HDI)
Enugu	~3.3 million	32-64 per 1,000 live births	Not specified	15%	Not specified
Jigawa	~4.3 million	134-209 per 1,000 live births	Not specified	64%	Not specified
Kwara	~2.3 million	32-64 per 1,000 live births	Not specified	Not specified	Not specified
Niger	~3.9 million	Not specified	Not specified	Not specified	0.523
Kano	~9.4 million	134-209 per 1,000 live births	69 per 1,000 live births	Not specified	Not specified
FCT Abuja	~1.4 million	Not specified	Not specified	Not specified	0.678

Source: Nigeria Demographic and Health Survey (NDHS) report,
National Bureau of Statistics (NBS) publication.

Notes:

- **Population:** Derived from the 2006 census.
- **U5MR:** Indicates child mortality rates under the age of five.
- **NMR:** Neonatal mortality rates where specified.
- **Stunting Rate:** Represents chronic malnutrition in children under five.

- **HDI:** Measures overall human development.

Table 2 Shows the service delivered during the medical mission and outreach by state.

STATE	HOUSEHOLD	CHILD REGISTRATION	MOTHER
ENUGU	308	1044	265
JIGAWA	833	922	564
KWARA	202	170	95
NIGER	462	1580	138
KANO	751	1052	343
FCT	-	-	-
TOTAL	2556	4768	1405

Table 3 Showing the doses of commodities donated by state.

STATE	Albendazole	Vitamin-A	MMS
ENUGU	21,000	1,000	9,000
JIGAWA	120,000	-	648,000
KWARA	120,000	108,000	576,000
NIGER	18,000	25,500	48,600
KANO	60,000	114,000	1,479,600
FCT	361,000	1,000	324,000

CUMMULATIVE FIGURE: 700,000 doses of Albendazole, Vitamin-A doses 249,500, MMS 3,085,200 doses.

SUMMARY STATISTICS

JIGAWA

Day	Hadejia	Kiyawa	Grand Total
Day1	33	39	72
Day2	53	72	125
Day3	77	313	390
Day4	126	138	264
Day5	38	33	71
Grand Total	327	595	922

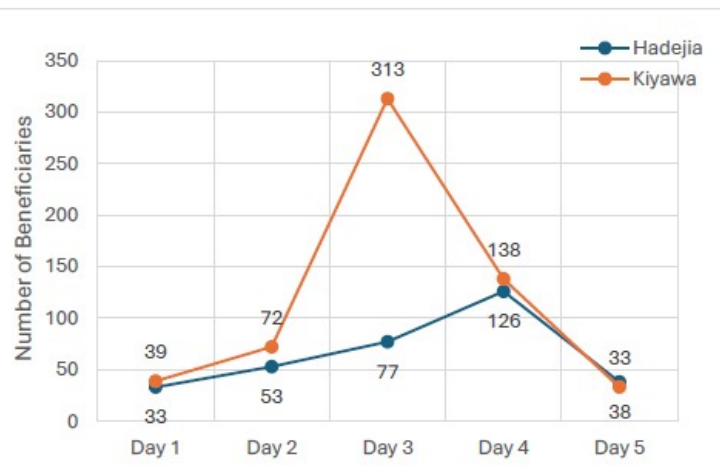


Figure 1 Shows the daily service delivered by LGA in Hadejia and Kiyawa

Day	LGA	DW	MMS	Vit A	Grand Total
Day 1	Hadejia	28	19	26	73
	Kiyawa	34	10	33	77
Day 2	Hadejia	48	35	53	136
	Kiyawa	62	14	69	145
Day 3	Hadejia	53	75	61	189
	Kiyawa	220	178	252	650
Day 4	Hadejia	109	73	113	295
	Kiyawa	110	98	117	325
Day 5	Hadejia	33	10	43	86
	Kiyawa	29	32	32	93
Grand Total		726	544	799	2069

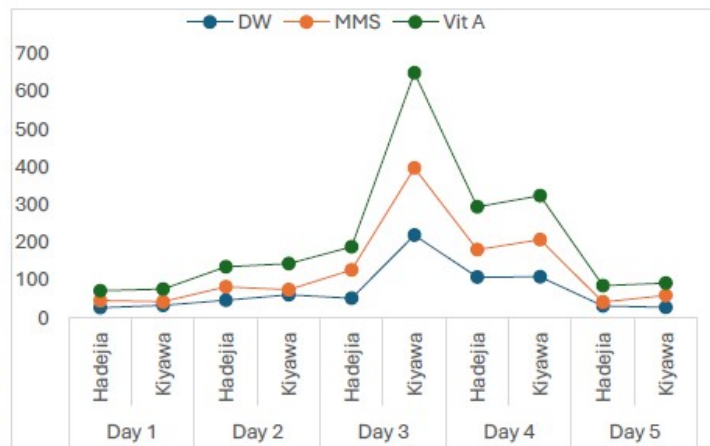


Figure 2 Showing the representation of the different services and commodities offered by LGA

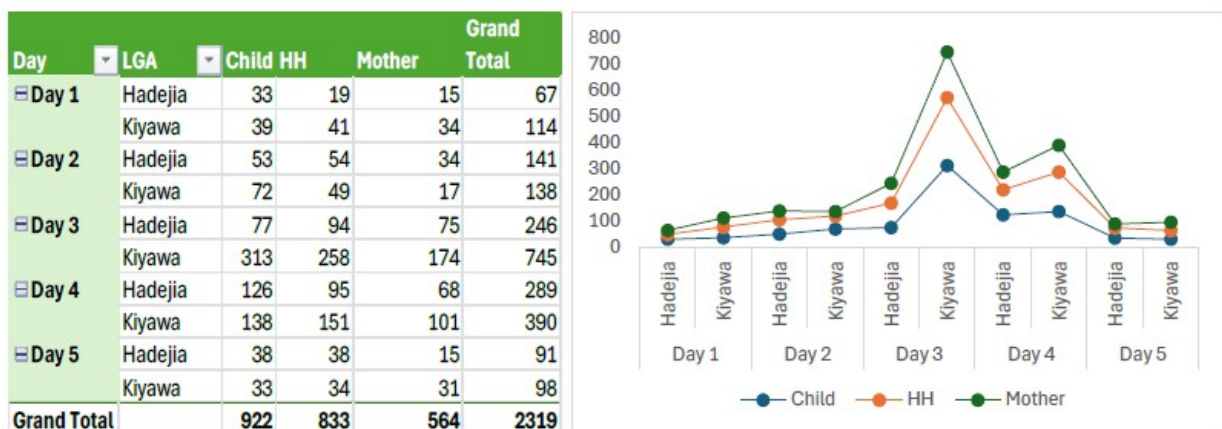


Figure 3 Showing the child, household and mother registration segregated by LGA

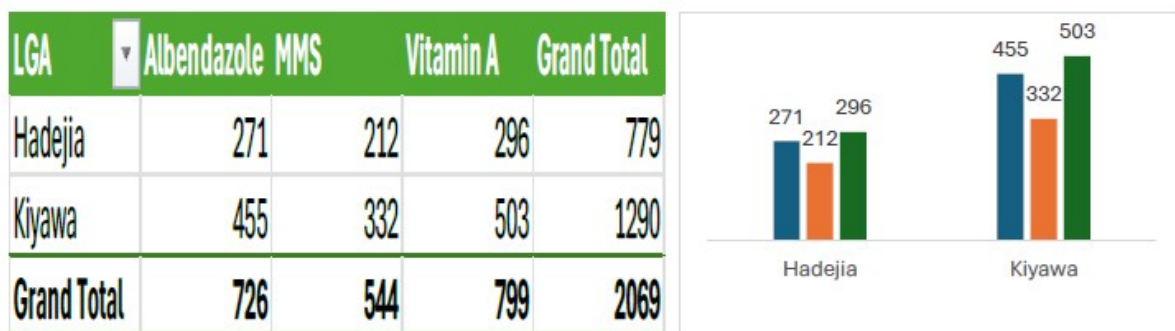


Figure 4 Showing distribution of commodities by LGA

KWARA

Table 4 Enrolment summary by LGA

LGA	HH REG	CHILD	MOTHER/CAREGIVER	GROWTH MONITORING
Ilorin East	82	93	45	82
Moro	120	77	50	53
Total	202	170	95	135

Table 5 Age ranges by LGA

Age range(Months)	Ilorin East	Moro
0 - 5	9	3
6 - 10	8	6
11 - 15	3	8
16 - 20	6	10

21 -25	6	10
26 - 30	4	13
31 -35	0	11
36 - 40	13	12
41 - 45	3	17
46 - 50	20	25
51 -55	0	23
56 - 60	0	0

Table 6 Showing service delivery by LGA

LGA	VITAMIN A	ALBENDAZOLE	MMS	IFA
Ilorin East	92	92	49	49
Moro	78	84	39	49
	170	176	88	98

Table 7 Average age of Mothers by LGA

LGA	Average of Age	Number of beneficiaries
Ilorin East	28	29
Moro	29	50
	Total	79

Table 8 The average age of children by LGA

LGA	Average of Age In Months
Ilorin East	24
Moro	22
Total	23

NIGER STATE

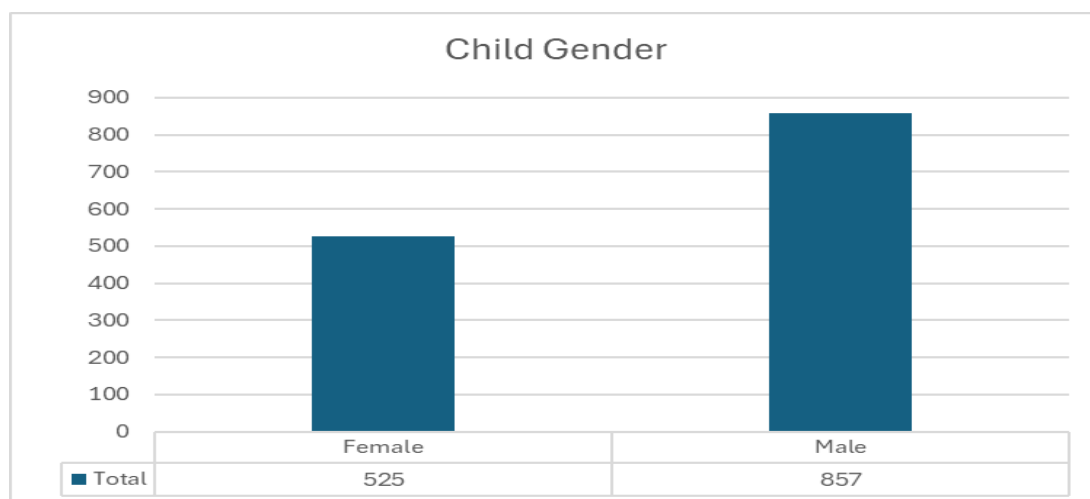


Figure 5 Shows the gender analysis of the children captured in the study.

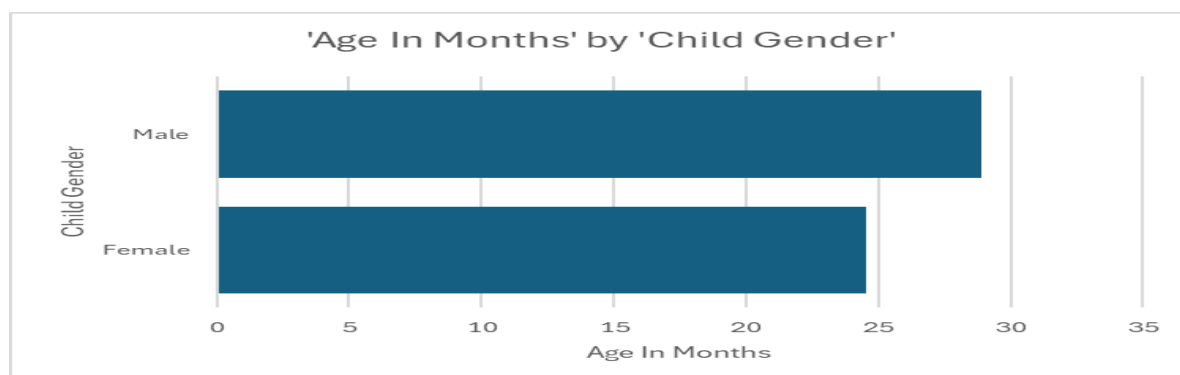


Figure 6 Average 'Age in Months' by 'Child Gender'

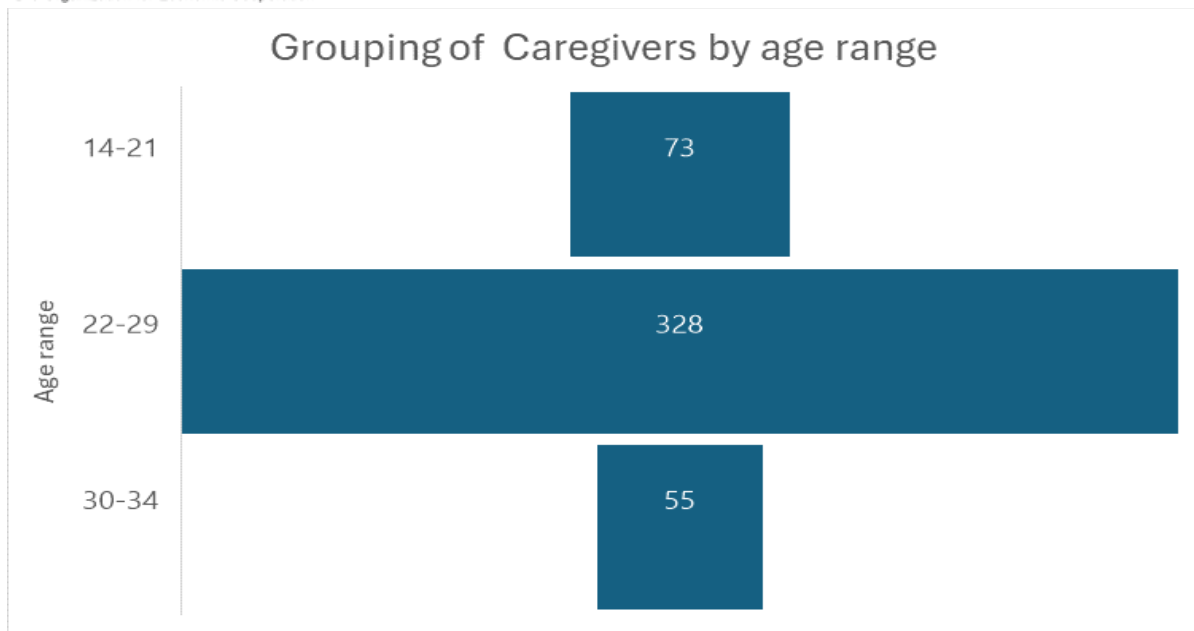


Figure 7 Showing the analysis of the total women and their pregnancy status.

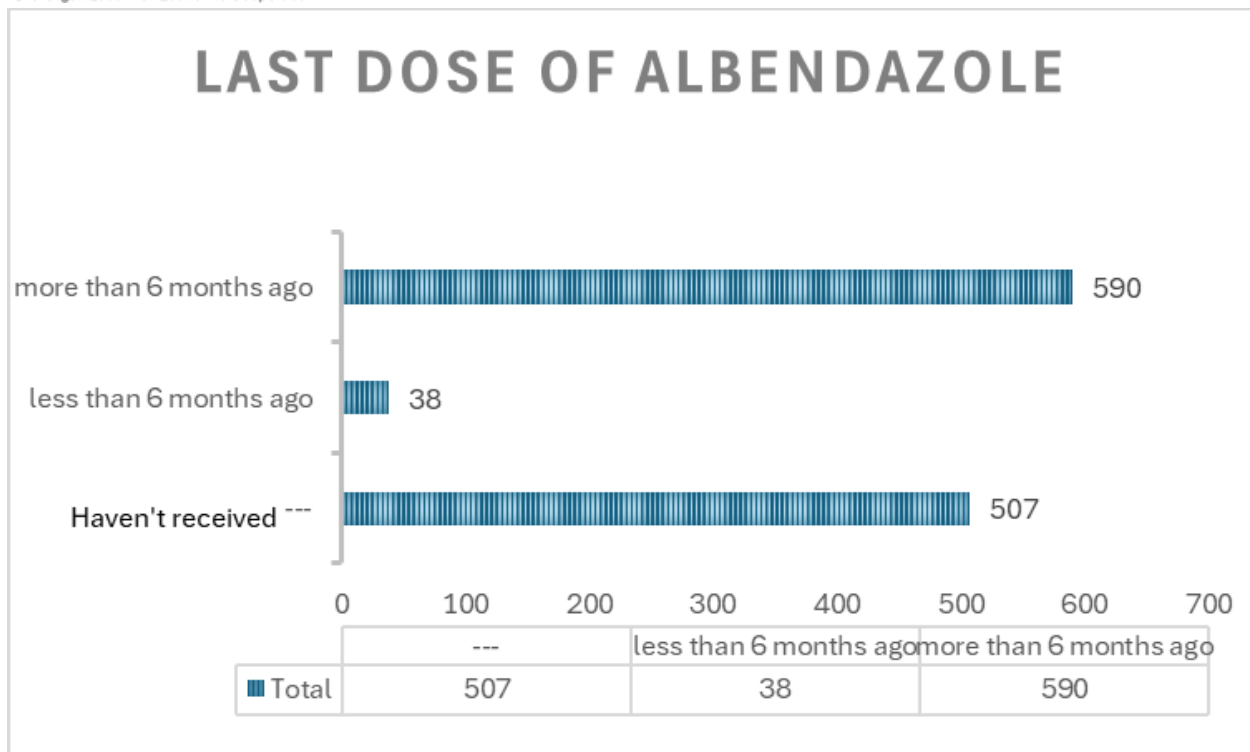


Figure 8 Showing the last dose of Albendazole



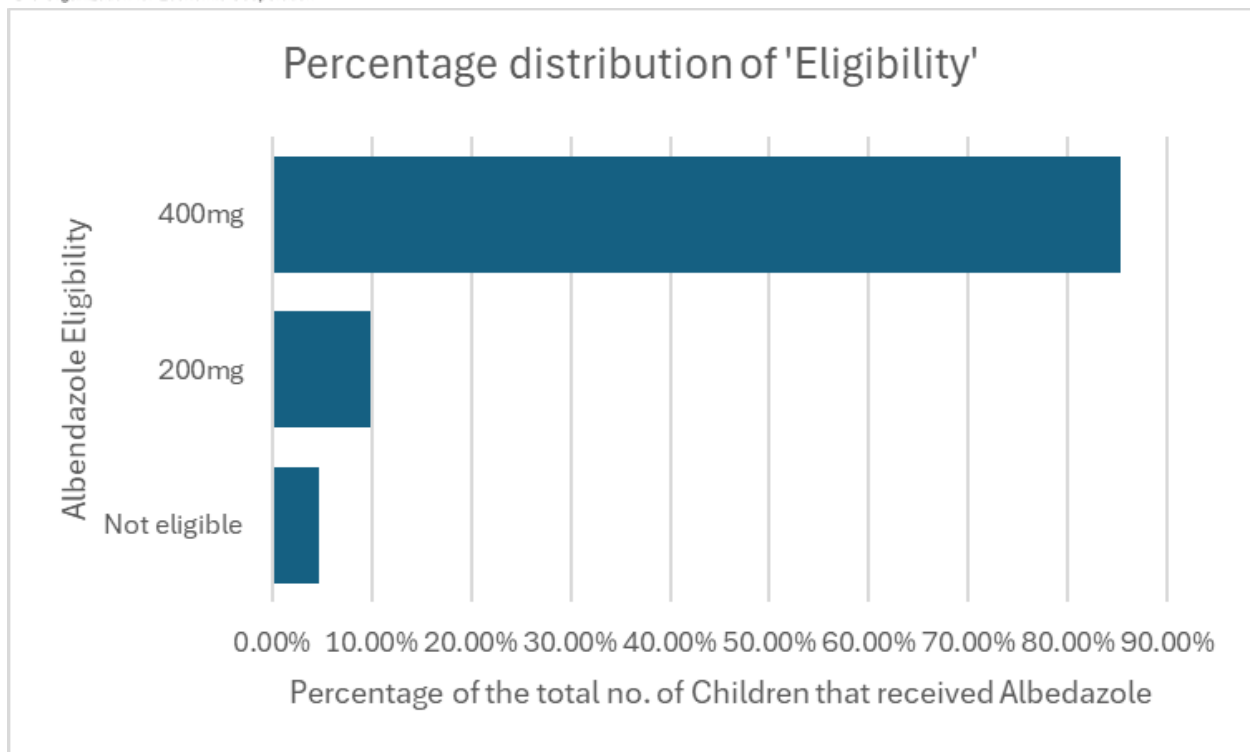


Figure 9 Depicts the Breakdown of Women captured in the study by their Age groups



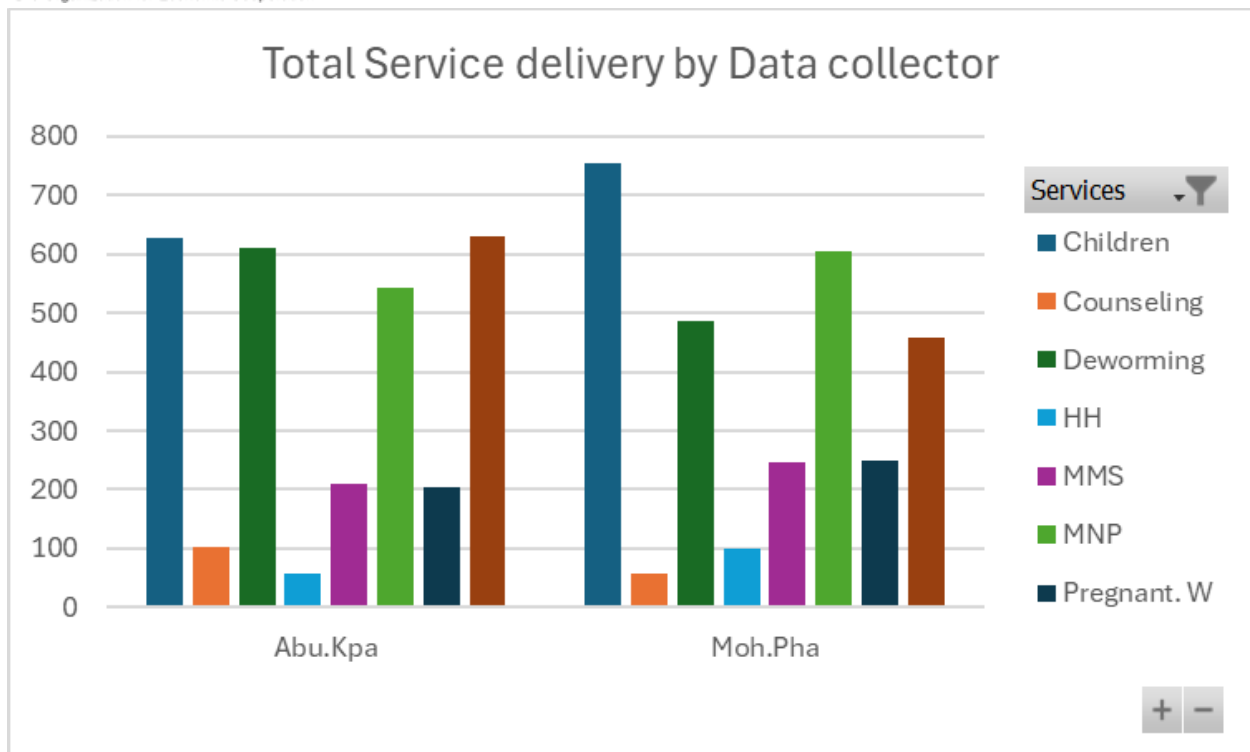
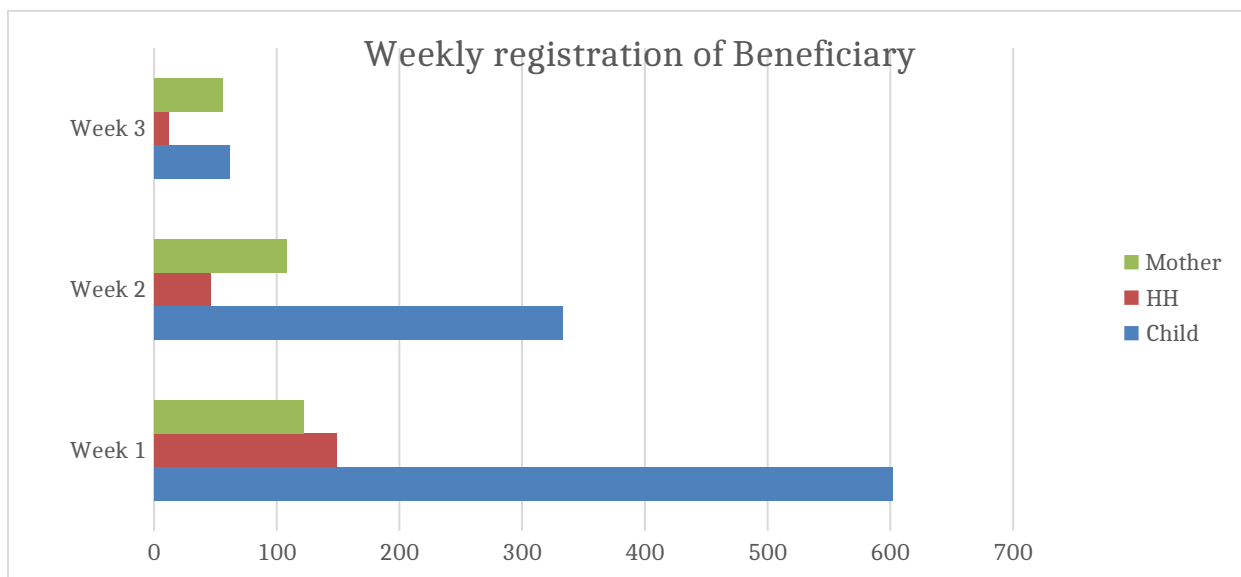


Figure 10 Total Service delivery by Data Collector/Health worker.

ENUGU STATE



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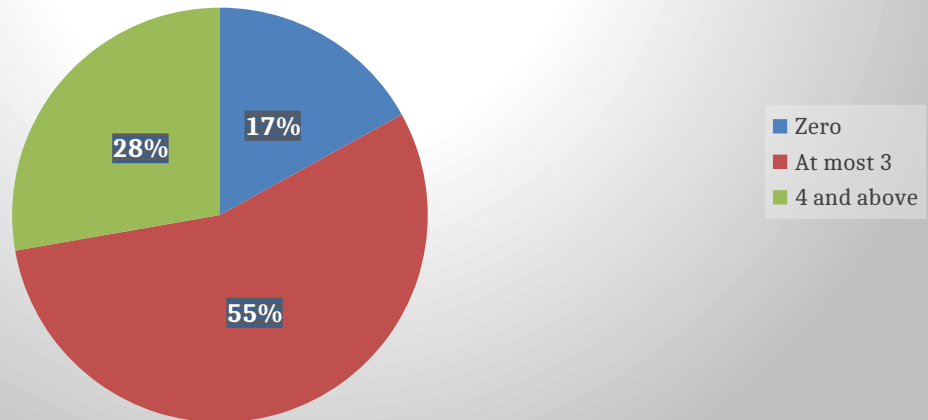


PAKISTAN



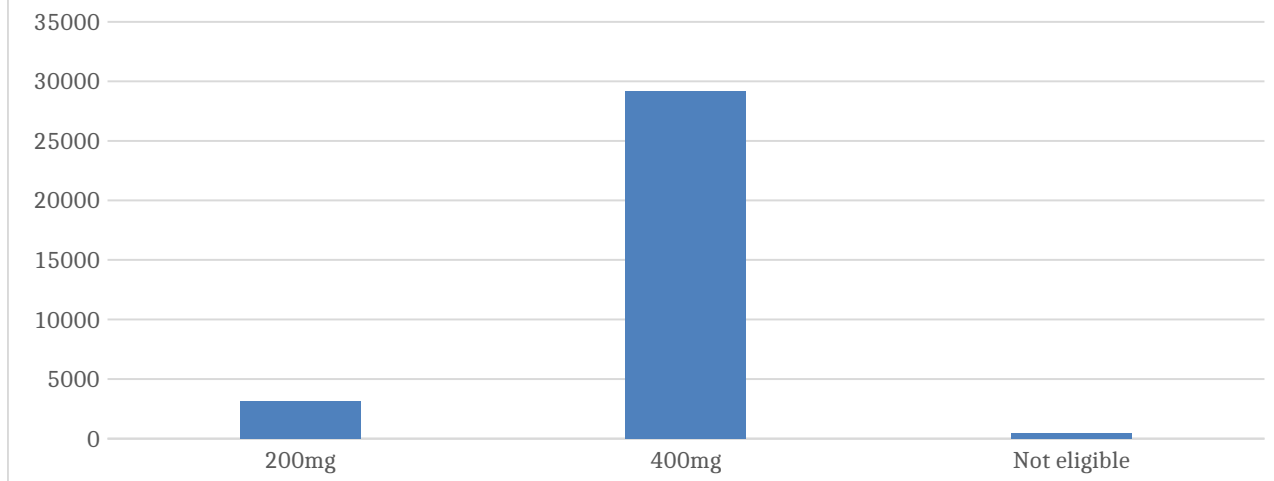
TURKEY

Vaccine received by children



NOTE: The vaccination includes BCG, Polio, measles, tetanus, diphtheria, meningitis pneumococcal_infection, rotavirus_vaccine, hib_vaccine, whooping_cough and others.

Albendazole eligibility by child age in months



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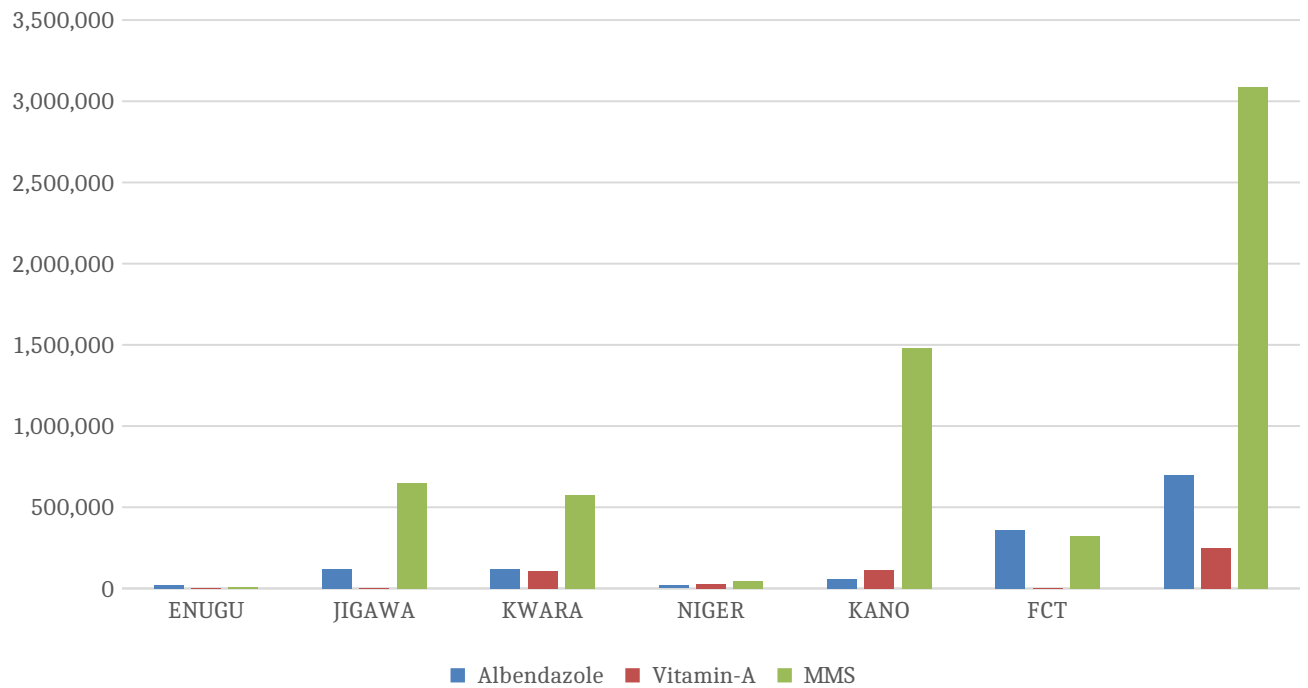


PAKISTAN



TURKEY

Commodity distribution by State



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INDONESIA



IRAN



MALAYSIA



NIGERIA



PAKISTAN



TURKEY



Community Assessment

During implementation surveys and focus group discussions with community members were conducted to understand their dietary habits and health needs. This was done in collaboration with local health officials and organizations to gather existing data on health and nutritional deficiencies in the target areas. Afterwards the collected data is analyzed to identify the most prevalent health and nutritional gaps and prioritize the needs of vulnerable groups, such as children and pregnant women.

Collaborations and Partnerships

- In the period of the medical mission D-8 HSP leveraged on existing partnerships with organizations such as the Planned Parenthood Federation of Nigeria (PPFN), Nigeria Medical Associations (NMA) Medical Women Associations, Association of Lab scientists.

Lessons Learned

- Frontline workers appreciated the app's comprehensive nature, particularly the screening questions.
- The app provided guidance through text and infographics, which was found to be highly informative.
- Once synchronized, the app functions as a digital register booklet. This eliminates the need for multiple physical record books, reduces the risk of data loss or damage, and ensures that data can be quickly and accurately retrieved and shared as needed.

Challenges

- Navigation Issues: In some instances, Health Workers faced difficulties navigating the application, leading to incomplete form submissions.
- Incomplete Form Submission: Some health workers had difficulties completing the required forms, impacting the quality of data collected.



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TURKEY



- Training and data Allowances: The health workers highlighted that the cost of transportation and the remuneration was slightly lower than expected.
- Incomplete Commodities: The commodities for the project should be complete before the project should commence. Recommendations
 - Need to conduct a situation analysis and plan properly for any medical mission going forward and as much as possible avoid a one-cap fits-all approach.
 - The project coordinator should be in the field with the health workers to enable them to navigate any problem that arises during the data collection processes.
 - Remunerations should match the basic minimum standard for the role in the Nigerian context.
 - The duration for training of health workers must be enough to allow a field trial exercise before the actual activity begins.
 - Enhance application validation to ensure that health workers follow the correct workflow and complete all required forms. Implementing additional checks and prompts within the application can help guide users and reduce errors.
 - All the commodities needed for the project should be provided before the start of the project.

Conclusion

The medical outreach to support the MNCH week in the selected States was a success. The study target for beneficiaries and distributing commodities was met. However, the study highlighted





significant areas for improvement. If the provided recommendations are adopted, the initiative can be successfully replicated in other states, contributing to improved health outcomes and better data management in Nigeria and other D-8 member countries going forward.



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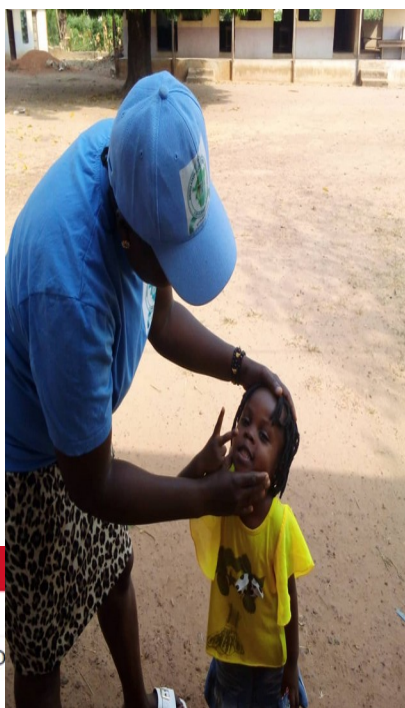
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PARTNERS



10. Annexes





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Participants Attendance sheet for Lanai Community Outreach Training of service providers

SR	Name	Address	Designation	Email	Phone number	Signature
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