



# Bauchi State PHC Program Review








## 2018 End of Year Review

November 19, 2018

*In close partnership with NPHCDA, WHO, USAID, MCSP, IHP, BA-N, GHSC-PSM, UNICEF, EU, Plan International, Canadian Embassy, CDC-AFENET, World Bank, NSHIP, eHealth Africa, ADF, BMGF, Chigari Foundation, TCi, CHR and Solina Group*

# Key milestones (2018)

 Completed
  Ongoing

MoU Milestone	Deadline	Status	Comments
<ul style="list-style-type: none"> <li>Finalize the MoU expansion to the broader PHC</li> </ul>	Mar '18		<ul style="list-style-type: none"> <li>PHC MoU signed</li> <li>Fully-costed harmonized PHC workplan developed</li> </ul>
<ul style="list-style-type: none"> <li>Implement revised LGA review meetings, supervision and quarterly RI-LQAS to <b>address data quality issues</b></li> </ul>	Mar '18		<ul style="list-style-type: none"> <li>Data interventions have contributed to 34% decrease in variance between administrative and survey data<sup>1</sup> between 2016 and 2018</li> </ul>
<ul style="list-style-type: none"> <li>Finalize and disseminate document on lessons learned from the RI program</li> </ul>	Mar '18		<ul style="list-style-type: none"> <li>Documentation of lessons learned from RI program finalized</li> <li>Production and dissemination of final product is ongoing</li> </ul>
<ul style="list-style-type: none"> <li>Fully implement community engagement strategy to ensure use of community-based registers</li> </ul>	June '18		<ul style="list-style-type: none"> <li>State-wide implementation of the strategy</li> <li>Monitoring and supervisory framework in place</li> <li>Strategy assessment currently ongoing</li> </ul>
<ul style="list-style-type: none"> <li>Strengthen and scale-up State-led vaccine deliveries to 6 LGAs by July 2018</li> </ul>	Jul '18		<ul style="list-style-type: none"> <li>Stock performance optimized from initial 13% to 3% stock out in pilot LGAs</li> <li>Penta 3 wastage rates declined to 5%</li> <li>Evaluation of insourced delivery performance in progress</li> </ul>

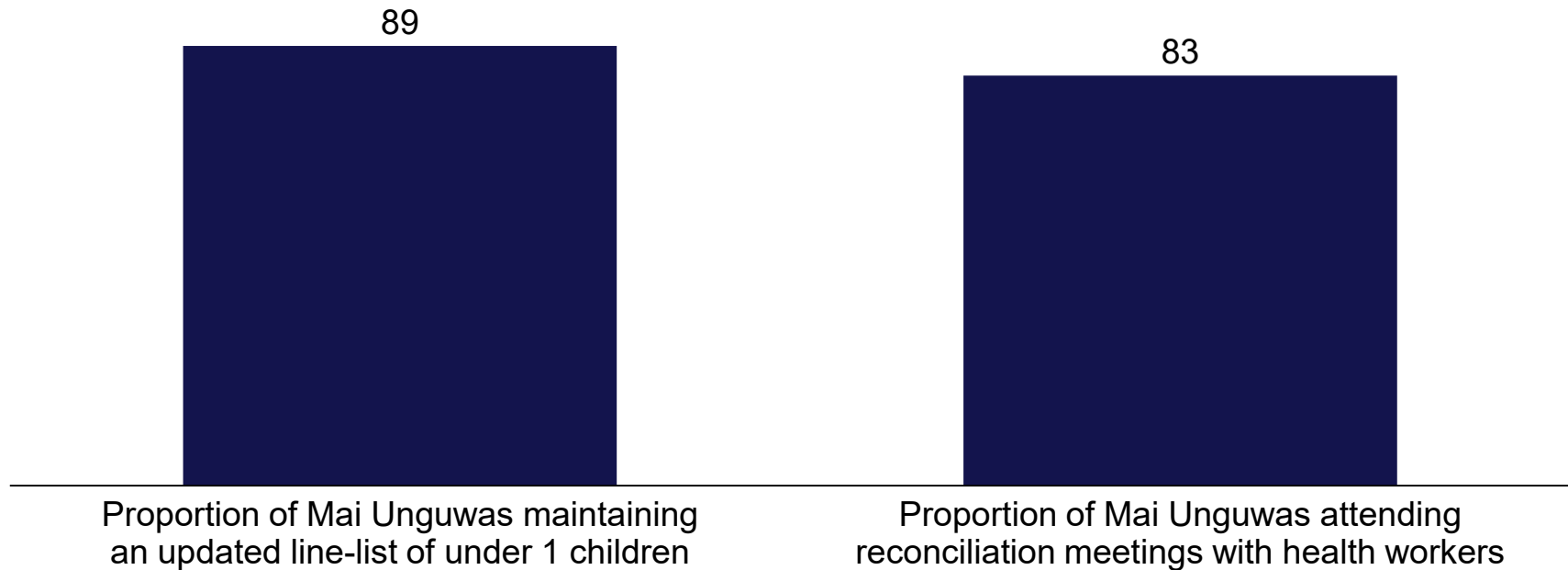
# PHC Program Achievements (1/2)

Theme	Updates/Achievements	Next Steps
<b>Leadership and Governance</b>	<ul style="list-style-type: none"> <li>Expanded the STFI and RI working groups to PHC focus</li> <li>Awarded best performing LGAs, health workers, SPHCDA staff and programs</li> <li>Adapted the costed Bauchi State Minimum Service Package</li> </ul>	<ul style="list-style-type: none"> <li>Optimize PHC WG functionality to improve coordination</li> <li>Set up standardized performance review framework for all PHC programs</li> <li>Implement MSP across all 323 focus PHCs for 2019</li> </ul>
<b>Health Financing</b>	<ul style="list-style-type: none"> <li>Expanded state basket fund from RI focus to PHC</li> <li>Conducted fiscal space analysis to obtain alternative funding sources for health and created BEHTFUND<sup>1</sup> and BASCHMA</li> <li>Aligned PHC workplan with SPHCDA budget</li> </ul>	<ul style="list-style-type: none"> <li>Expand existing RI accounts at LGA and HF level to PHC funding</li> <li>Strengthen Bauchi health systems financing via the new MDAs</li> </ul>
<b>Health Work Force</b>	<ul style="list-style-type: none"> <li>Engaged and deployed 35 basic and community midwives</li> </ul>	<ul style="list-style-type: none"> <li>Engage additional 105 midwives and 500 CHEWs in 2019 to reduce human resource gap</li> </ul>

Theme	Updates/Achievements	Next Steps
<b>Community Ownership and Participation</b>	<ul style="list-style-type: none"> <li>Commenced BASECCOH-led supervision of CE activities at various levels</li> <li>Mapped &gt;2000 government and partner CE resource persons to all health facilities</li> </ul>	<ul style="list-style-type: none"> <li>Evaluate impact of BASECCOH supervision on the CE implementation</li> <li>Strengthen engagement of mapped CRGs to track defaulters and refer newborns</li> </ul>
<b>Health Service Delivery</b>	<ul style="list-style-type: none"> <li>Deployed 9 mobile health teams to provide integrated services in 144 (of 765) HTR settlements</li> <li>Deployed 600 CORPs for Integrated Management of illnesses in 60 communities</li> <li>Commenced quarterly ISS mentoring visits to 165 HFs in 9 high burden LGAs</li> </ul>	<ul style="list-style-type: none"> <li>Train and kit additional 14 mobile teams to 521 HTR settlements</li> <li>Recruit additional 1200 CORPs</li> <li>Develop plans to address identified issues from Q3 ISS and conduct Q4 ISS</li> </ul>
<b>Health Information Systems</b>	<ul style="list-style-type: none"> <li>Conducted quarterly PHC scorecard reviews using Bottle-Neck Analysis (BNA) methods</li> <li>Trained 70 state and LGA M&amp;E officers and HF record clerks on data management</li> </ul>	<ul style="list-style-type: none"> <li>Support LGA M&amp;E officers to conduct monthly mentoring visits to the 323 HFs</li> <li>Track implementation of action points prior to conduct of Q4 BNA review</li> </ul>

# Progress with community engagement strategy implementation

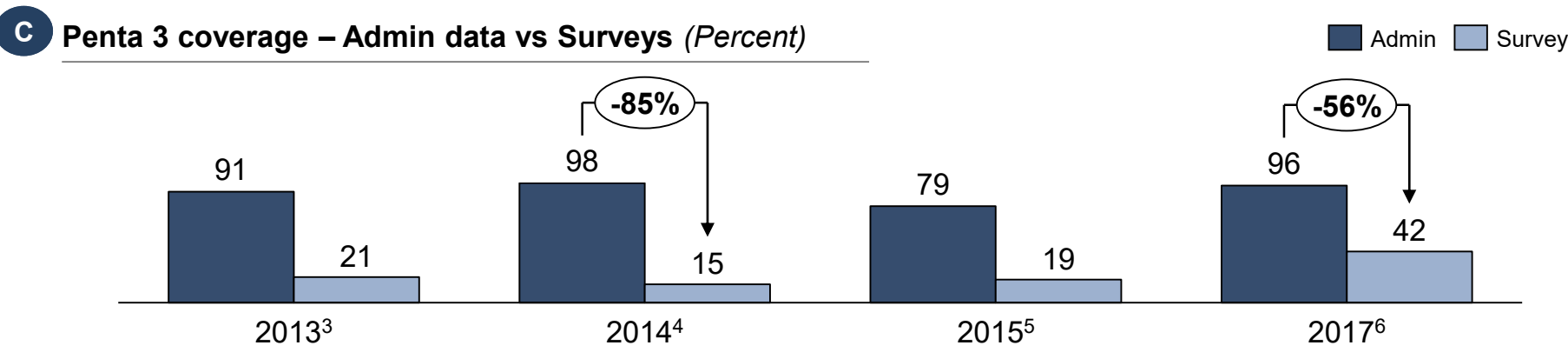
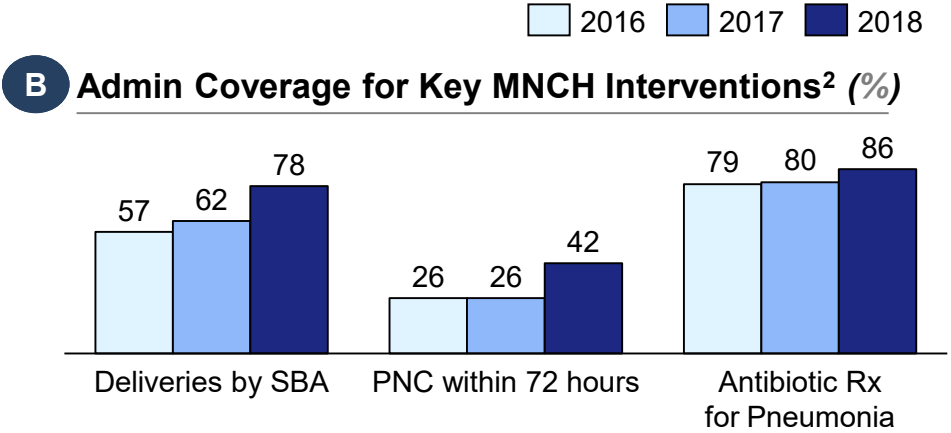
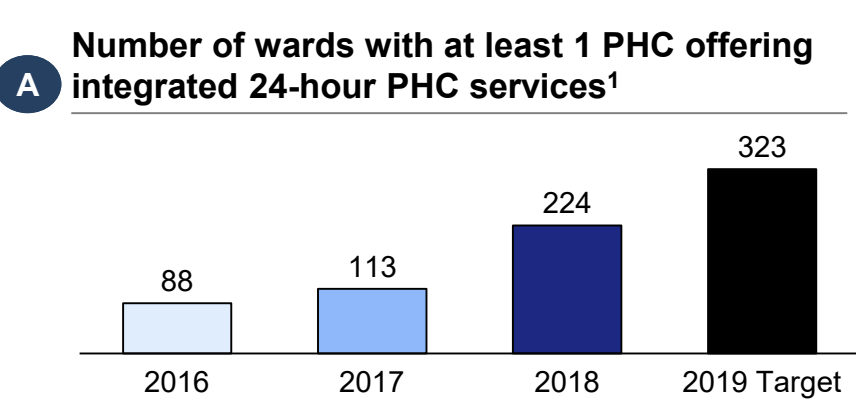
Status of implementation of community engagement activities as at September 2018<sup>1</sup> (N=6463)



- Implementation of the name-based strategy is affected by knowledge gaps of Mai'Unguwas, sub-optimal engagement of higher cadre traditional leaders, high-work burden on health workers and weak supervision of community engagement activities
- To mitigate this, BASECCOH and the SPHCDA jointly rolled out a supervisory framework at both traditional and health system levels to ensure close monitoring and mentoring of Mai Unguwas
- Engagement of Emirate councils and other community resource groups to improve the defaulter tracking aspects of the strategy is ongoing

1. Community engagement focal person reports, State community engagement dashboard

# Progress against core indicators



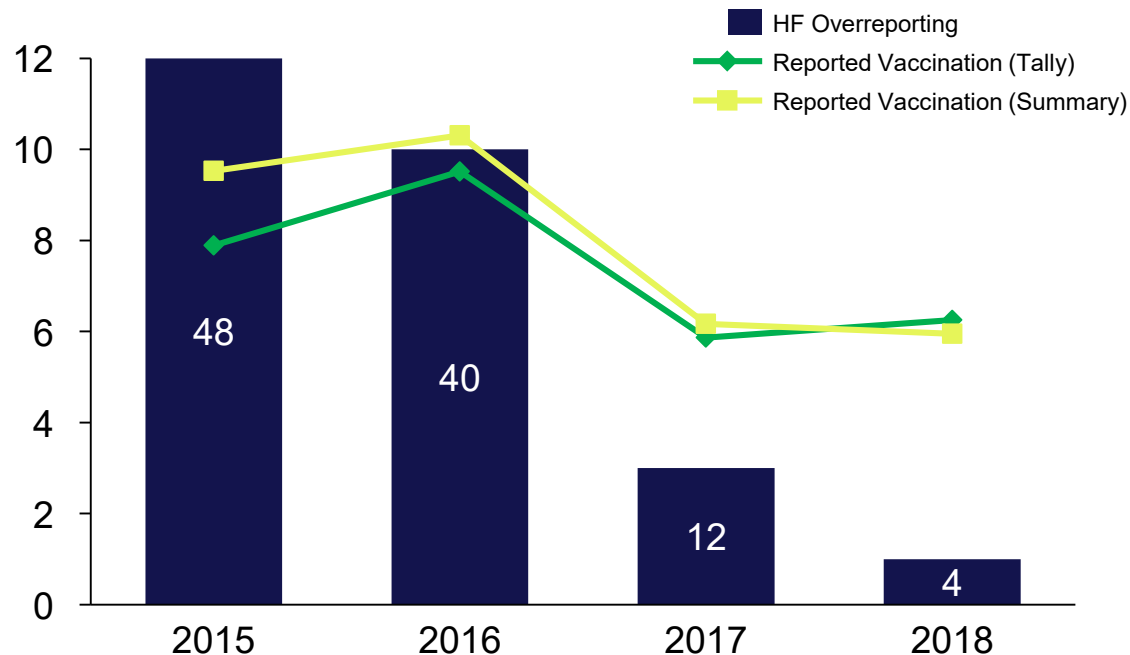
- All key indicators, especially Penta 3 coverage, Post-natal Care and Skilled Birth Delivery rates have significantly improved over the past year
- The gradual improvement trends in these indicators can be linked to the intensification of impactful interventions rolled out by the SPHCDA in the last 12 months
- The State will sustain this emergency approach to ensure further improvements in the primary health care outcomes

1. EU-UNICEF MNCH project 2. DHIS2 data 3. NNHS 2014 vs DVD-MT 2013 4. SMART 2015 vs DVD-MT 2014 5. DVD-MT vs NICMICS 6. NNHS 2018 vs DHIS2

6

# Program highlight : Data quality

## Trend of health facility overreporting RI data in Bauchi state (%)



## Data quality interventions implemented

1. **Peer-Peer data validation and mentoring during monthly LGA RI review meeting**
2. **Data amnesty to effect behavioral modifications**
3. **Intensified RI supportive supervision**
4. **Bi-annual data quality self-assessment exercise**

- These data quality interventions have led to improved accuracy between the tally sheets and summary sheets at the health facilities with a 91% improvement in accuracy ratio over the past 3 years
- The SPHCDA will sustain these efforts, especially as focus is expanded to other PHC services to keep program-wide data falsification at bay
- This will be done via behavioral change measures (i.e. reward of health facilities with good data integrity) and focus on service quality rather than quantity

# Using LQAS-RI to improve the quality of service delivery

Map showing LGA Lot performance from Q4 2017 to Q3 2018 LQAS-RI survey  
(N= 1200)

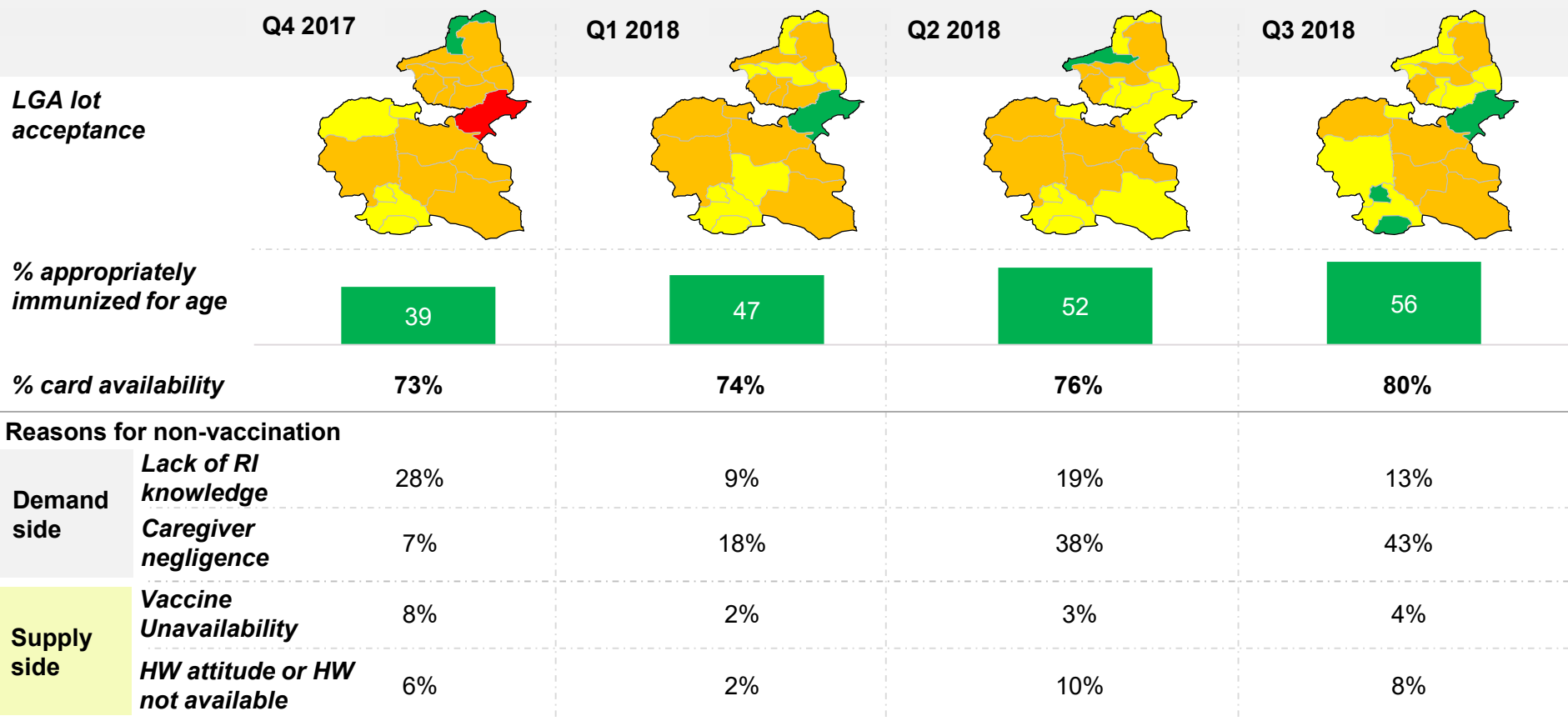
# Not-fully immunized for age

> 56

33 – 56

9 – 32

<=8



- Negligence and sub-optimal knowledge of caregivers on RI are the most recurring reasons for non-vaccination
- Intensified community engagement and integration of other PHC services with RI have been identified as success factors for observed improvements in RI performance
- This has spurred the state to deploy LGA-specific interventions to drive RI demand creation and also optimize integrated PHC service delivery



# Financial update

## Status of 2018 MoU financial contributions

**40%**

Contribution of total expected  
**NGN 662 Million PHC MoU  
funding commitments**

## Timeline for release of funds

Period	Release date	Delay (month)
Jan - Jun 2018	Jan '18	0
Jul - Dec 2018	Nov '18	5

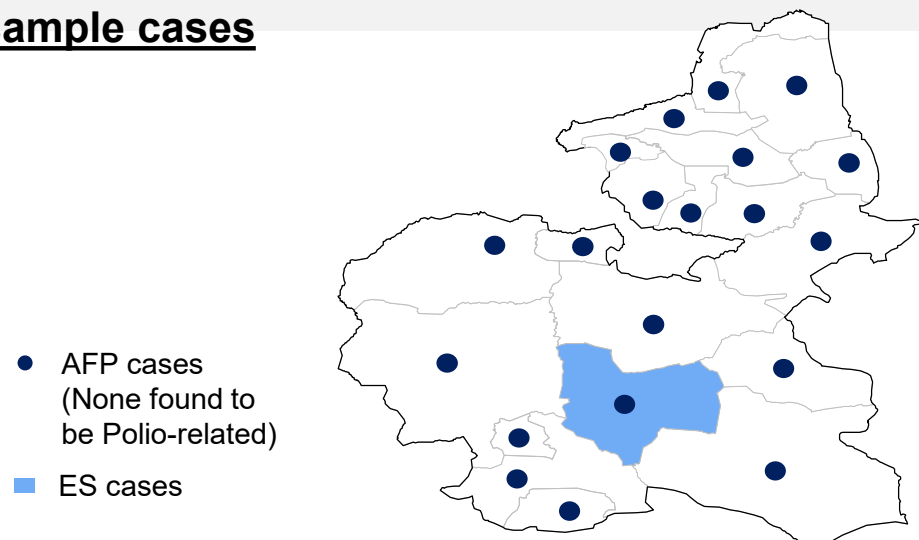
## Implications of late release and funding gaps

- Utilization of rolled over RI CapEx funds for priority OpEx activities
- De-prioritization of training and essential capacity building activities to allow for conduct of key operational activities
- Delay in funding to focus PHC services for health facility imprest and PHC service delivery
- Over-reliance on partner resources to carry out mobile integrated sessions in HTR areas and other core service delivery interventions such as supportive supervisory visits

- Overall, BSG has deposited a sum of NGN 256.7 million, equivalent to **100% of expected RI contributions** and 15% of expected PHC contributions
- The SPHCDA will explore negotiating for quarterly deposits of funds to ensure continuity of activities

# Polio update slide

## Distribution of all AFP and Environmental sample cases



- No wild polio case for over 60 months with continued active surveillance
- So far, 2018 AFP case detection rate is **15.4%**. **None** of the identified cases are polio-related
- Bauchi state confirmed 4 cases of **environment-derived cVDPV2** in Bauchi LGA

### ■ **cVDPV2 response :**

- Investigation and surveillance
- RI intensification in the LGA and OBR with mOPV2
- fIPV rounds in 9 high risk LGAs

### ■ **Additional mitigation measures in response to the cVDPV2 :**

- Retrospective AFP case search across settlements and all 100 HFs in Bauchi LGA
- Environmental sample sweep in rivers streaming to Bauchi LGA and in select LGAs in neighboring Jigawa state
- Sensitize communities on dangers of open defecation and other unhygienic practices

# Key program priorities for Jan – Jun 2019

- 1** Fully transition State Task Force on PHC and working groups to address all areas of PHC
- 2** Expand funding and financial management processes at LGA and health facility levels to the broader PHC activities
- 3** Strengthen community engagement strategy to improve demand for PHC services while improving newborn and defaulter tracking for RI
- 4** Scale up integrated 24-hour PHC service delivery from 224 to 323 main PHCs in line with minimum service package standards
- 5** Conduct in-depth review of insourced direct deliveries performance for decision making

# Our Prayers

## **Bauchi State Government:**

- Fulfil outstanding 2018 PHC contributions by December 31, 2018 and 485 million of the 2019 PHC MoU contributions by March 31, 2019
- Recruit additional health workforce to fill staffing gaps in PHCs

## **Bauchi State Emirates Council:**

- Strengthen implementation of the community engagement strategy to ensure ALL Mai Unguwas line-list newborns, attend reconciliation meetings and track defaulters
- Work with SPHCDA to expand RI CE strategy to other PHC services

## **NPHCDA/NERICC:**

- Intensify support for SERICC and LERICCs and continue commitments for vaccines supply

## **Partners:**

- **USAID** – Fully integrate all new implementing partners into existing state structures as we fully transition from MCSP to IHP
- **UNICEF** – Transfer Q1 PHC funding to the SPHCDA by end of January 2019 (Per request)
- **The Foundations** – Deposit RI basket funds by end of January 2019



# **THANK YOU**

## **Comments and discussion**