Kaduna State 2018
End of Year Review of PHC and RI MoU Implementation

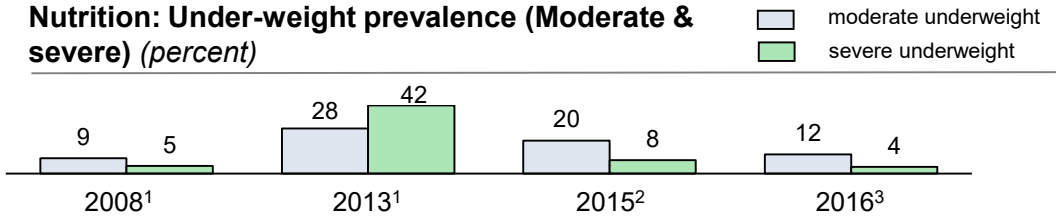
November 20, 2018

In partnership with NPHCDA, BMGF, ADF, DFID, WHO, CGPP, MNCH2, UNICEF, HSDF, Solina Group, Chigari Foundation, NURHI, PSA, CHAI, R4D-HSCL, PERL-ARC, PERL-ECP, AFENET - CDC - NSTOP, Rotary International, UNFPA,TCF.

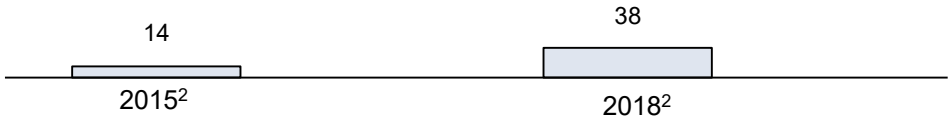
Kaduna PHC context

Indicators	2017
Population	**8,787,744**
Maternal Mortality (/100,000 live births)	**1,400**
Neonatal Mortality rate (/1000 live births)[3]	**28**
Infant Mortality rate (/1000 live births)[3]	**66**
Under 5 Mortality rate (/1000 live births)[3]	**82**
Wasting[3]	**11.7%**
Stunting[3]	**47%**
Health Budget as % total budget	**16%**
Out-of-pocket expenditure (Kaduna SHA2016)	**80%**

Nutrition: Under-weight prevalence (Moderate & severe) *(percent)*

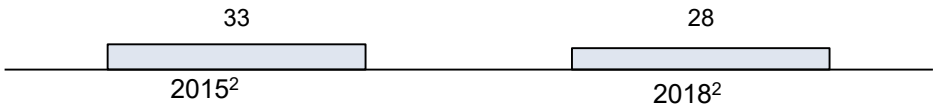


Nutrition: % of children (6-59 m/o) who received doses of Vitamin A supplements in the last 12 months

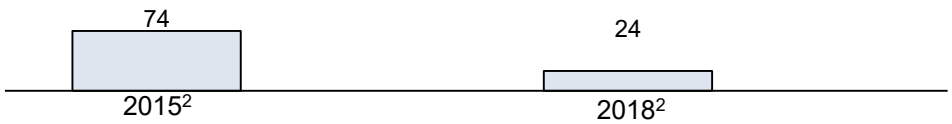


Reproductive Health: Contraceptive prevalence (any method) *(percent)*

MNHC: % of women whose last delivery was supervised by by skilled birth attendant



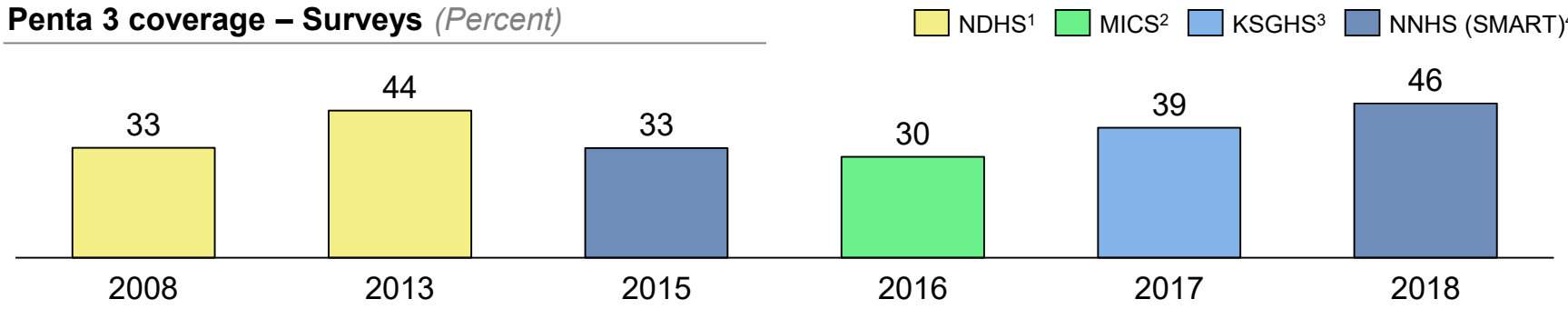
Malaria: Households that own mosquito nets (LLIN) *(percent)*



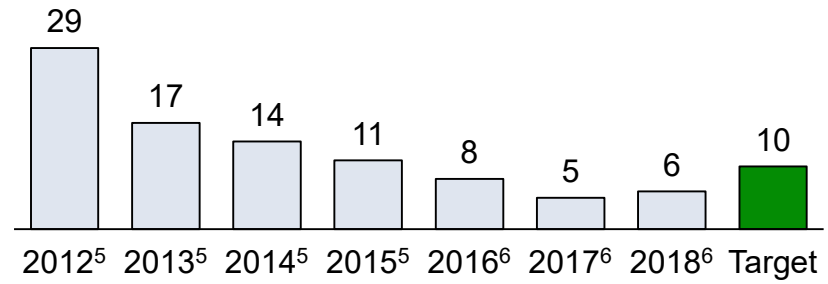
1. Nigeria Demographic Health Surveys 2008 and 2013
2. National Nutrition Health Surveys 2018
3. Multiple Indicator Cluster Surveys 2016/2017
4. 2006 census extrapolation (gr 3.07%)

Progress against core RI indicators

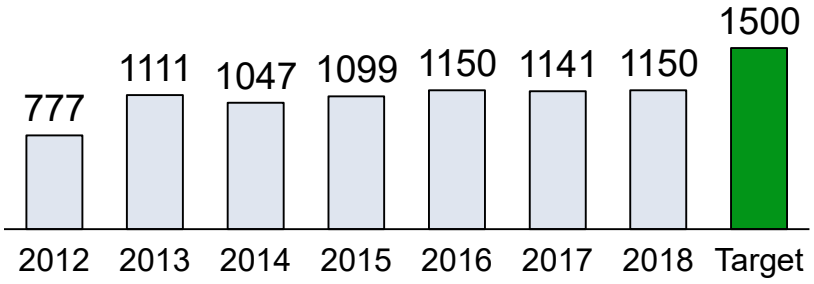
Penta 3 coverage – Surveys *(Percent)*



Penta1 to Penta3 drop-out rate *(percent)*



Number of health facilities[7] providing RI



- Kaduna state observed an improvement between the 2016/17 MICS survey & the 2018 SMART survey results & this can be attributed to the various strategies that were put in place within the time interval such as:
  - Implementation of the revised community engagement strategy
  - Expansion to daily RI sessions in urban PHCs, secondary & tertiary health facilities
- The KSPHCDA will prioritize the health facilities not conducting RI (especially private health facilities) for advocacy visits in the coming months

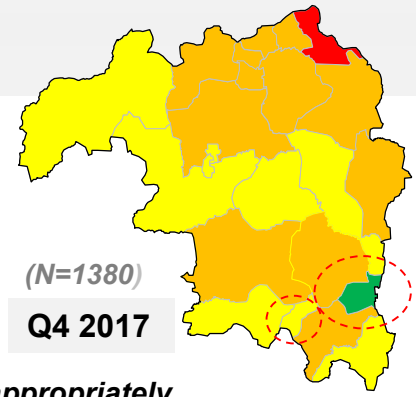
1.Nigeria Demographic Health Surveys 2.Multiple Indicator Cluster Surveys 3.Kaduna State General Household Survey 4.National Nutrition Health Surveys 5.WHO DVD-MT 6.DHIS2 7.State health facilities master list (Public and Private)

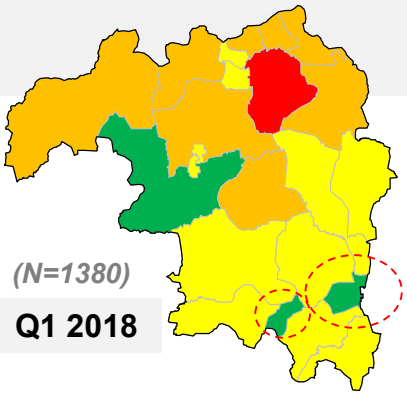
Kaduna LQAS – RI[1] performance

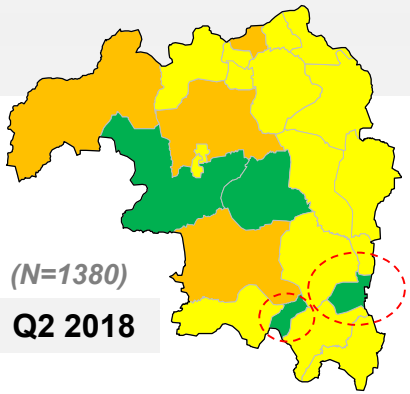
Map showing LGA Lot performance from Q4 2017 to Q3 2018 LQAS-RI survey

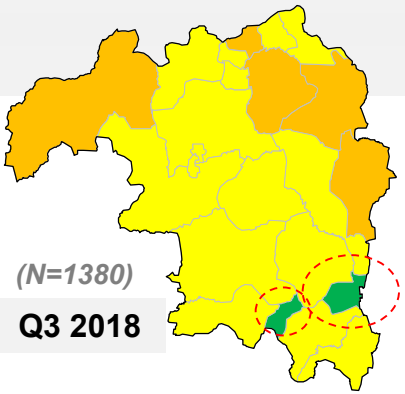
Not-fully immunized for age | focus

> 56 | 33 – 56 | 9 – 32 | <=8









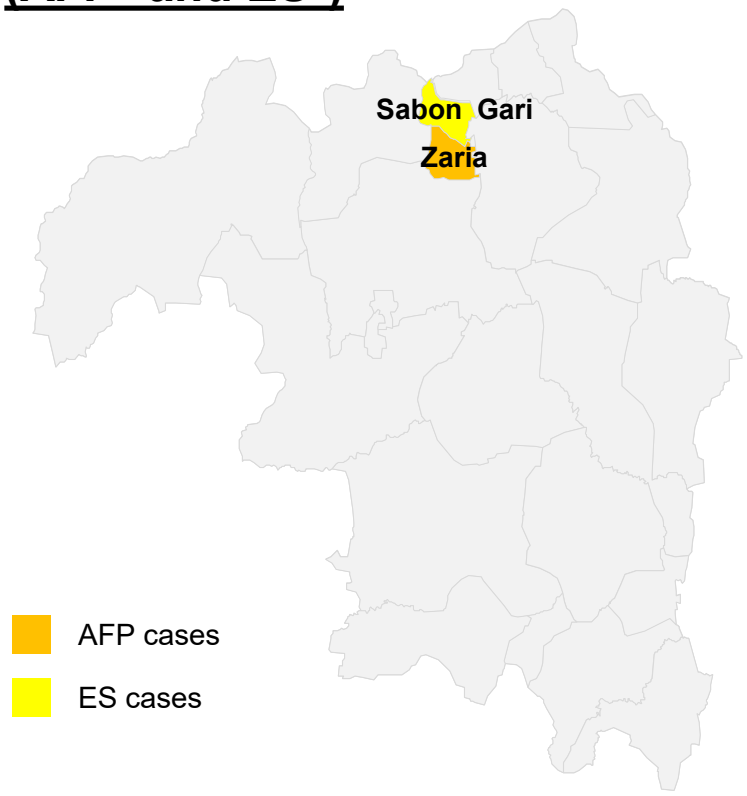
		Q4 2017	Q1 2018	Q2 2018	Q3 2018
	% appropriately immunized for age	41%	53%	61%	60%
	% card availability	67%	77%	83%	79%
Reasons for non-vaccination					
Demand side	*Caregiver unable to take child*	10%	27%	25%	33%
	Caregiver unaware of immunization	14%	7%	11%	12%
Supply side	*Health Worker unavailable*	5%	5%	5%	4%
	Vaccine unavailable	11%	10%	7%	6%

- *Kaura & Jaba LGAs have consistently shown great performance on the LQAS-RI survey & this is majorly due to the exceptional health seeking behaviour of the community & strong commitment of the health workers observed in the region*
- *Low demand for RI still remains the major reason for the poor RI quality observed & this made KADSERICC prioritize CE strategy strengthening in the state in Q4, 2018*
- *The state will also focus of implementing all the settlement, LGA & state specific action plans developed following the LQAS-RI*

SOURCE: Kaduna RI M&E WG 1. Lot Quality Assurance Sampling – Routine Immunization

Polio update

Distribution of all positive isolates (AFP[1] and ES[2])



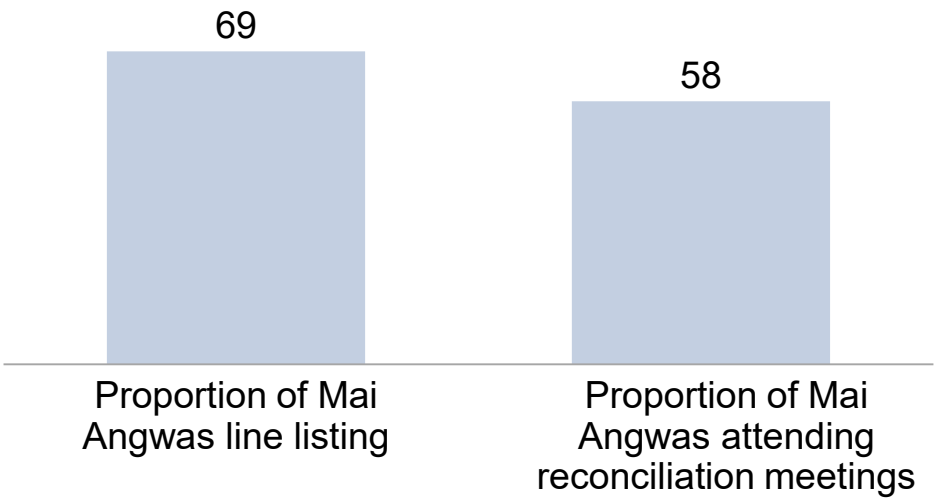
- *Number of positive isolates (2018) = 2*
- *Date of last reported positive isolate*
  - *WPV[3] – 2012*
  - *cVDPV2[4] – November 2018 (Human and Environmental sample in Zaria and Sabon Gari LGA respectively)*
  - *The state has planned 3 OBRs[6] with mOPV[7] & fIPV[8] starting November 24, 2018*
- *Low conduct of planned active case search visits to health facility level by LGA DSNOs[5]*
- *Zero non polio enterovirus isolation rate in 7 LGAs as at October, 2018*

1. Acute Flaccid Paralysis 2. Environmental Sample 3. Wild Polio Virus 4. Circulating vaccine-derived poliovirus type 2 5. Disease Surveillance and Notifications Officer 6. Outbreak Response 7. Monovalent Oral Poliovirus Vaccine 8. Fractional Inactivated Poliovirus Vaccine

Source: WHO National Polio Update as at October 5, 2018

Progress with community engagement implementation

Status of implementation of community engagement activities as at September 2018 (percent)



- The Community engagement working group conducts a quarterly meeting with the Kaduna state traditional leaders committee on health to review progress and challenges with implementation
- A joint monthly meeting is held at the state level between WHO LGA facilitators and LGA CEFPs to review monthly data and address challenges
- Spot check visits to randomly selected health facilities and communities to attend reconciliation meetings and community dialogue with traditional leaders

Challenges with the implementation of the Community engagement strategy

- Demand for incentives by the Mai Angwas for line listing
- Mai Angwas requesting for transport allowance to attend reconciliation meetings

Recommendations

- Commence monthly payment of stipends to Mai Angwas
- Annual non-monetary incentive award for best performing Mai Angwas to motivate other Mai Angwas
- Health workers are to conduct reconciliation with Mai Angwas during the conduct of outreach sessions
- Health facilities with only one facility staff available for all PHC activities will be supported by the ward community engagement focal person

SOURCE: Kaduna State Community Engagement Working Group

Key PHC/RI MoU milestones (July – December 2018)

Completed | Ongoing | Yet to commence

	MOU Milestone	Deadline	Status	Comments
1	Develop robust State Strategic Health Development Plan (SSHDP II) to support health partner alignment	▪ December, 2018		▪ Plan finalized and in use
2	Renovate focal 255 Primary Health Centers (PHC)	▪ December, 2018		▪ 150 completed and handed over
3	Establish clear health coordination mechanisms to align donor and partner activities/support to Health Sector	▪ December, 2018		▪ No. reduced from 31 to 13 and functional
4	Review Kaduna State Health Supply Management Agency (KADHSMA) law in alignment with State's vision for supply chain transformation	▪ December, 2018		▪ Bill before the House for passage
5	The Legislature to review Kaduna State Contributory Health Management Authority (KSCHMA) Bill to inform State direction on demand-side financing	▪ December, 2018		▪ Law passed, DG Appointed, work in progress for take off of the scheme
6	Conduct monthly State Task Force on Immunization (STFI) meetings	▪ December, 2018		▪ 45% of STFI meetings held
7	Provide adequate office space for the KSPHCDA[1]	▪ December, 2018		▪ Office space identified & negotiated but still awaiting payment
8	All wards have at least 1 functional solar refrigerator & direct-vaccine-delivery scaled up to all accessible wards	▪ December, 2018		▪ Currently at 86% (220 0f 255) ward cold chain equipment saturation ▪ Currently delivering vaccines directly to 84% (213 of 255) wards

SOURCE: KSMoH&HS, Kaduna State Primary Health Care Development Agency

MOU achievements

Governance	• Full transfer of PHC staff to the KSPHCDA from the LGAs completed • Institutionalized coordination of PHC activities through the 13 technical working groups
Service Delivery	• 1150 Health facilities now conduct fixed and outreach RI sessions once every week • Conduct of daily RI sessions in 96% (75 of 78) of Urban PHCs, secondary & tertiary health facilities
Supply Chain	• Supply chain revitalization scaled up to 92 PHC facilities and 20 SHC facilities • Reduction in order processing time from 36 to 5.5 days • Increased availability of essential medicines from 6% in 2015 to 70% in 2018
Data	• Establishment of a health sector, integrated data control room (IDCR) targeted at improving state-level DHIS data quality • Completion of first, State-instituted facility census, with key, baseline data collected at all public and private facilities
HRH	• Development of PHC staff employee performance review and training information systems to inform capacity-building plans, effective use of training slots/funds and a performance-based rewards system • Deployment of 23 Medical Officers of Health to the 23 LGAs
CE[1]	• Full scale engagement of traditional leaders on demand creation for RI in all LGAs • Appointment of State, LGA and ward community engagement focal persons for all LGAs and wards
Health Financing	• Baseline assessment on financial management done in 162 PHCs with the following results; only 51% of the PHCs had banks accounts, 26% having financial reports, 34% having financial management tools, and 35% having inventory management tools. • First state health accounts conducted showing: 7% of state GDP spent on health higher than national average of 3.6%. However, 80% of the expenditure is out of pocket • Establishment of Contributory Health Scheme which will help reduce high out of pocket expenditure

SOURCE: Kaduna State Primary Health Care Development Agency, Kaduna State Ministry of Health 1. Community Engagement

The Integrated PHC MOU is a 4-year agreement which builds upon the elements of the existing PHC & RI MOUs to better align and efficiently coordinate all health programs towards improving health outcomes for Kaduna State citizens

KEY FEATURES

- New MOU that is all-encompassing of PHC programs, including RMNCH, Family Planning, Nutrition, HIV, TB and Malaria
- State Strategic Health Development Plan (SSHDP) adopted as MOU framework, from which MOU milestones and results link to SSHDP priority areas and objectives
- State coordination structures (TWGs) to lead on implementation, monitoring and reporting of MOU
- Annual Operational Plan (AOP) is elevated to function as the MOU workplan, which outlines roles and responsibilities, funding streams, and prioritization of activities to which partners will align resources (technical and funding)
- Opening of dedicated PHC basket fund account in which multiple partners can contribute funds to PHC
- Multiple health donors join together as MOU participants

JOINT COMMITTMENTS

State

- Lead coordination, management and implementation of PHC activities
- ensure funding for PHC, including increase in budget releases for health programs, direct funding to facilities for operational expenses, and depositing matching funds to Participant contributions for program implementation
- Sustain funding and implementation of programs beyond life of MOU (from 2023)

Donor and technical partners

- Contribute direct funding and/or technical assistance to support implementation of health programs through MOU period.
- Coordinate with all State entities (e.g. TWGs, AOP), DCF) to streamline planning and implementation efforts and align their results to the State's priorities as reflected in the SSHDP

PHC & RI MOU FUNDING COMMITMENTS : 2019 - 2022

	State Government	BMGF	ADF	UNICEF
PHC	$ 2,500,000	$ 2,500,000	-	$ 1,000,000
RI	₦ 884,885,094	₦ 128,451,063	₦ 128,451,063	-

SOURCE: Kaduna PHC & RI Integrated MoU documents

Top priorities for January – June 2019

1. Completion of SPHCDA HRH biometrics and verification exercise, and conduction of facility productivity and utilization assessment to inform efficient workforce planning, capacity-building needs, and quality service delivery provision
2. Release of funding for operational expenditures to 255 Ward PHC Centers
3. End-to-end real time supply chain visibility of health commodities across at least 80% of the 255 Ward PHC Centers
4. Conduct Public Expenditure Tracking Survey (PETS) to better understand flow and use of existing funding for health at the service delivery point
5. Produce baseline budget execution rates for overhead to be used to track performance
6. Release of State 2019 Routine Immunization contribution to the MoU basket bank account domicile at KSPHCDA
7. Renovation and handing over of the remaining 105 PHC centers and SCTP[1] scale up in these facilities to achieve end-end real time supply chain visibility

Source: Kaduna State Primary Health Care Development Agency, Kaduna State Ministry of Health 1. Supply Chain Transformation Program

Appreciation

NPHCDA[1]

- Provision of technical assistance to the State in implementing its PHC program
- Timely supply of bundled vaccines to the state to make vaccines available at all times

Development Partners

- Increased and sustained commitment in supporting the State's PHC program
- Improved attendance and participation at Technical Working Group meetings

Traditional leaders

- Excellent collaboration with service providers in each settlement to update child registers, track left-outs and defaulters back to the facility to receive vaccination
- Improved demand for PHC services by promoting community participation and ownership

1. National Primary Health Care Development Agency

Thank you for listening