



# Kano State Health System Strengthening Program Review Meeting

2018 End of Year Review

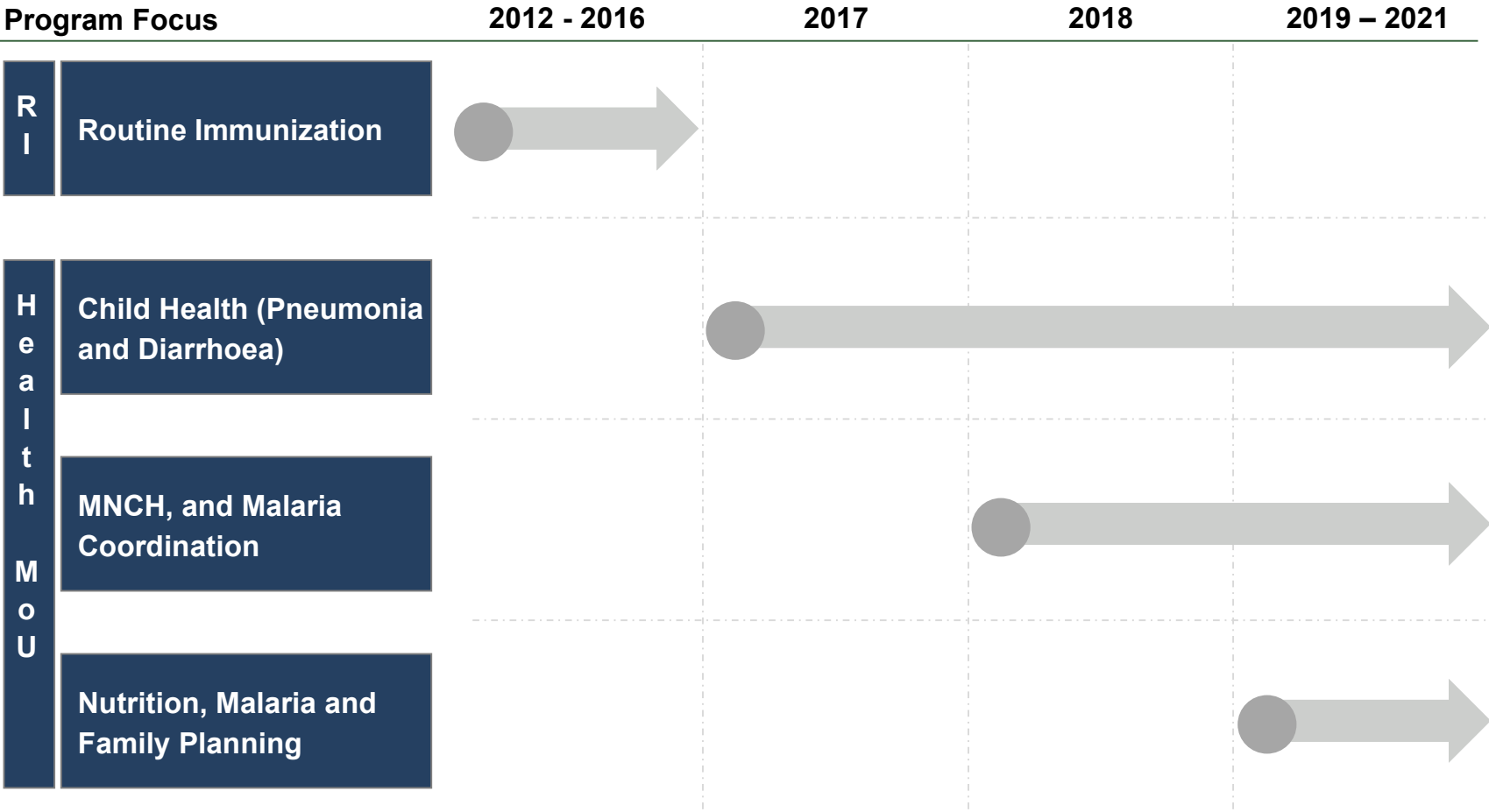
November 20, 2018



*In close partnership with FMoH, NPHCDA, Aliko Dangote Foundation, BMGF, CDC-NSTOP, CHAI, CGPP, Chigari Foundation, DFID, eHealth Africa, EU-SIGN, HSDF, MNCH2, Solina Group, UNICEF, WHO*

# Evolution of the Health program MoU

● Start year



- The MoU among the three partners has expanded from routine immunization to broader health sector focus
- 3 of 7 ministry agencies in the Kano State health sector are engaged in the MoU
- The state plans to expand the implementation of the MoU to cover the remaining MDAs by 2021

# Administrative and survey data are used as proxy to measure impact of the health program in Kano state







NA Not Available

	Indicators	2017 Admin	2018 <sup>1</sup> Admin	2015 Survey <sup>2</sup>	2018 Survey <sup>2</sup>
Pneumonia	Percentage of new cases of children under 5 with pneumonia given antibiotics within the reporting period	85%	87%	NA	NA
Diarrhoea	Percentage of children under 5 with diarrhea within the reporting period who received Oral Rehydration Salt (ORS) or Zinc.	85%	89%	52%	30%
Routine Immunization	Percentage of children 12-23 months who received Penta3 vaccination within the reporting period.	94%	64%	19%	36%
Malaria	Percentage of children under 5 with fever within the reporting period that had blood taken from a finger or heel for testing	NA	NA	4%	12%
	Percentage of children with fever within the reporting period who were given Artemisinin-based Combination Therapy (ACT)	NA	NA	6%	4%
Maternal and Child Health	Number of maternal deaths reported by facilities/100,000 live births	263	227	NA	NA
	Number of under-5 deaths reported by facilities/1000 live births.	16	20	NA	NA
Nutrition	Percentage of children 6-59 months who have received vitamin A supplementation in the last 6 months.	NA	86 <sup>3</sup>	20%	37%
	Prevalence of overall underweight status in children 0 – 59 months of age during the reporting period	NA	NA	27%	27%

- There have been nearly 100% improvements across core indicators in routine immunization and nutrition from the 2015 baselines to 2018, and decline in the diarrhoea indicator
- The gap between administrative and survey data has also declined indicating an improvement in data quality

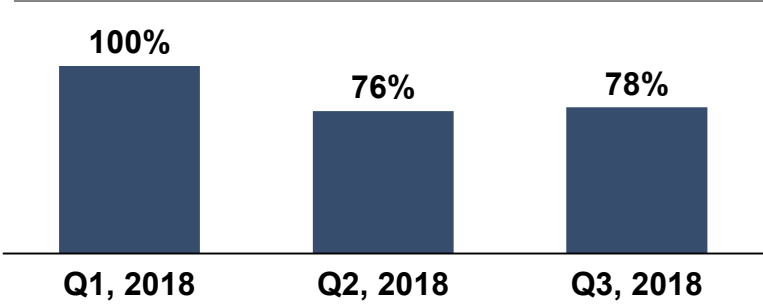
# 67% (4 of 6) of the agreed 2018 milestones for the Health program have been completed

 Done  Ongoing

Priority	Status	Remarks
1		<ul style="list-style-type: none"> <li>Funds for the Health program and Routine Immunization have been released to the respective accounts</li> </ul>
2		<ul style="list-style-type: none"> <li>MOV training conducted across all SHFs</li> <li>Additional 5,122 children have been immunized through MOV between July and Sept., 2018</li> </ul>
3		<ul style="list-style-type: none"> <li>CE strategy rolled out. 96% of Mai Unguwas in the state now line-list new-born and track unimmunized children in their settlements</li> </ul>
4		<ul style="list-style-type: none"> <li>Malaria and nutrition coordination activities included and implemented in work plan</li> </ul>
5		<ul style="list-style-type: none"> <li>30 PHCs have been fully renovated and will commence operations in January, 2019</li> <li>94% (655 of 699) of facilities implementing DRF now have functional accounts</li> </ul>
6		<ul style="list-style-type: none"> <li>2019 AOP has been developed and currently under review for finalization</li> </ul>

# We have recorded major achievements across three thematic areas of the Health program this year

## 1 Planned Integrated Supportive Supervision (ISS) visits conducted to primary & secondary facilities



Strike actions in May and September were responsible for the sub-optimal conduct in Q2 and Q3, 2018

### Major achievements recorded from the ISS visits

- i 2 (of 10) identified dilapidated secondary health facilities during the ISS visits have been renovated while the outstanding 8 have been included in the 2019 state's budget for renovation
- ii On the job training for clinical services conducted on ANC related and administrative services
- iii Reactivation of monthly of DRF meetings in health facilities operating DRF

## 2 Availability of essential drugs and equipment

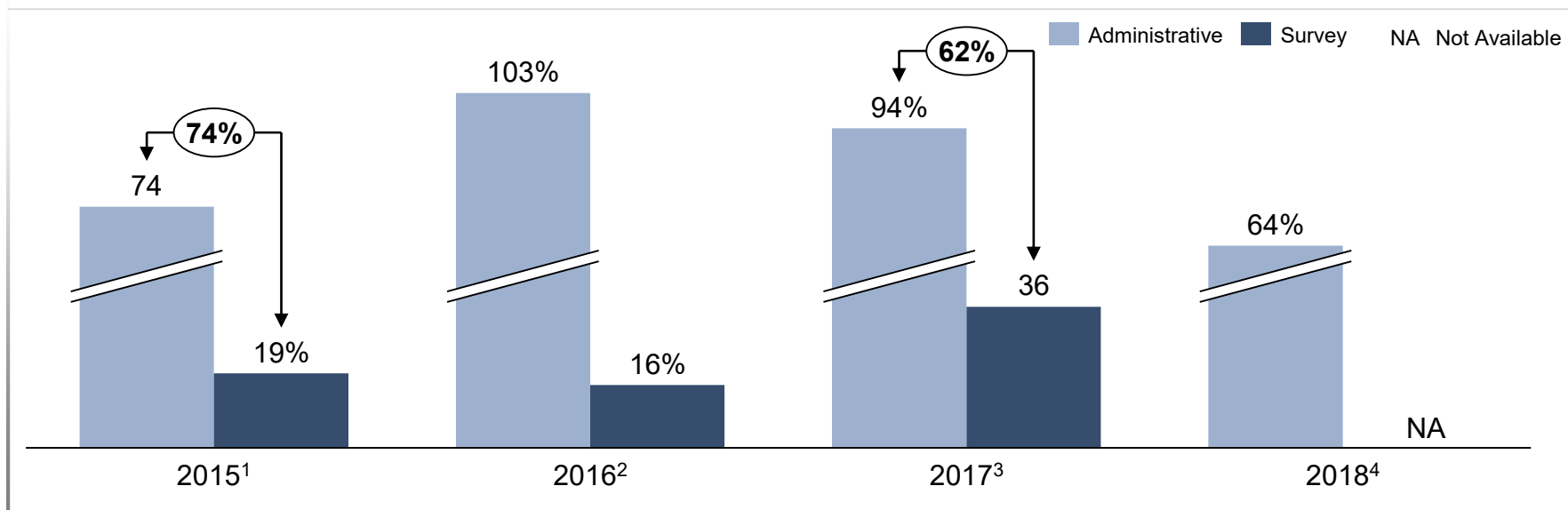
- i Completed renovation of 30 health facilities to commence DRF implementation
- ii 30 additional primary health facilities were capitalized for DRF under the Health Program increasing proportion DRF facilities from 57% to 60%
- iii 150 staff from SMOH, HMB and DMCSA were trained on use of automated recording keeping and management of drug commodities at SHF

## 3 Referral Network System (RNS) and Medical Field Unit (MFU)

- i Concluded RNS pilot in 12 Primary health care centres and 3 secondary health facilities
- ii Set-up Medical Field Units to coordinate referral across 36 secondary health facilities
- iii Commenced phased scale-up of RNS in 65 PHCs clustered around 14 secondary health facilities

# Survey data show improvement in Routine Immunization (RI) coverage and the overall quality of RI has also improved

Comparison between Penta 3 coverage based on administrative and survey data (percentage)



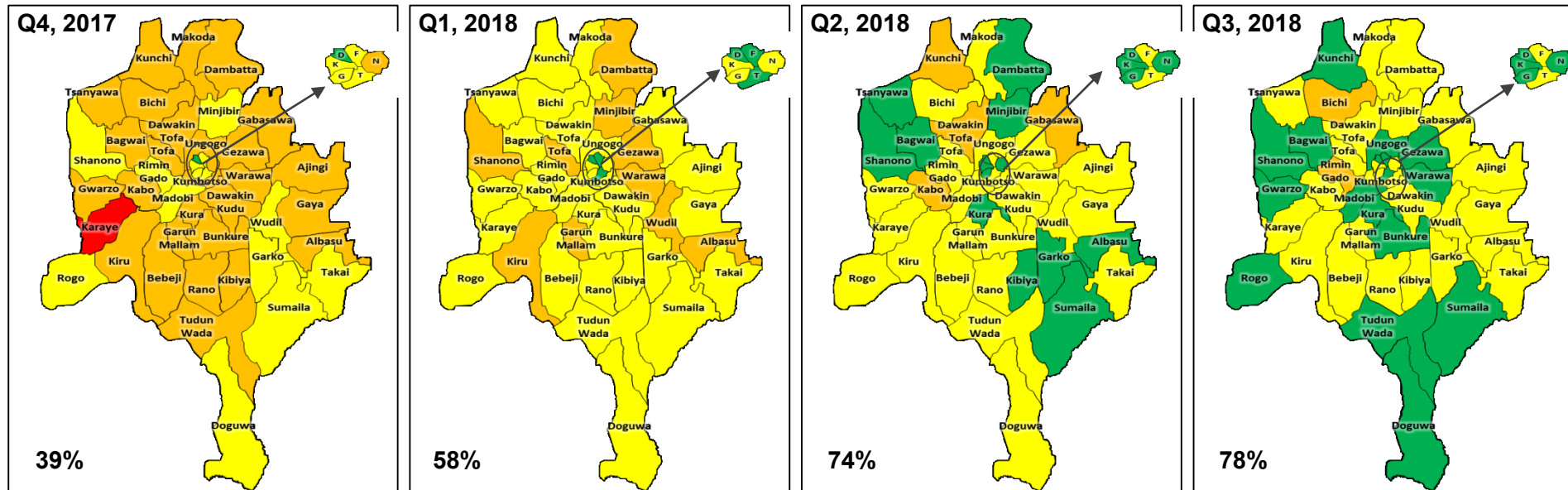
- There has been improvement in RI coverage since 2015
- Disparity between administrative and survey data have reduced from 74% in 2015 to 62% in 2017
- The disparities were tackled with interventions like removal of immunization targets, data amnesty, and regular conduct of Data Quality Survey (DQS)
- The disparity in survey and administrative data have declined but more work needs to be done

1. Nutrition Health Surveys 2015, 2. DHIS2 vs NICS/MICS 2016, 3. DHIS2 vs Nutrition Health Surveys 2017, 4. DHIS2 as at October, 2018

# There has been an improvement in the number of accepted lots in the RI Lot Quality Assessment (RI-LQAs) results

Comparison of Q4 2017 and Q1, Q2 and Q3 2018 RI-LQAS results for Kano State (Inset: Six metropolitan LGAs)

xx % fully immunized for age

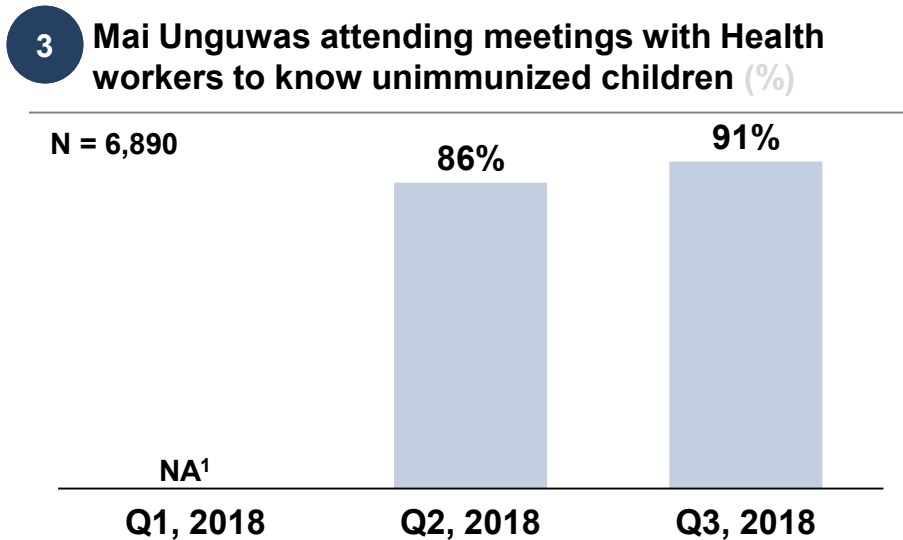
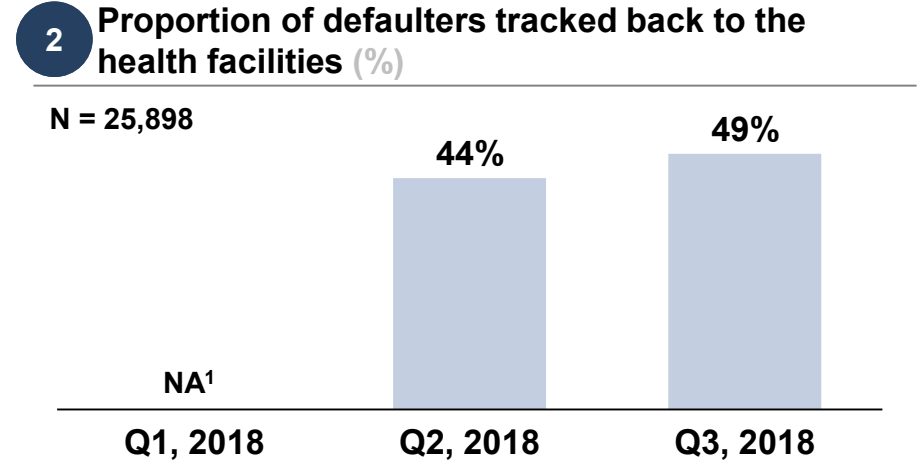
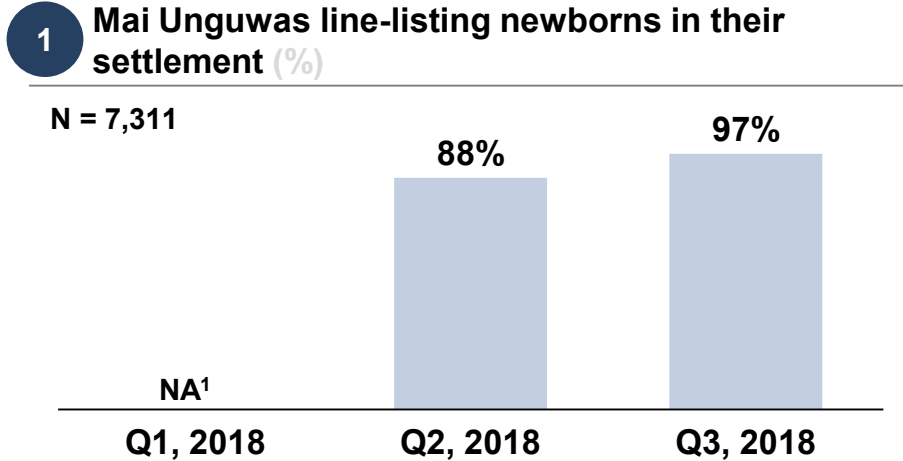


Score (%)	Color Code	Interpretation	Number of LGAs			
			Q4 '17	Q1 '18	Q2 '18	Q3 '18
80 - 100	Green	Lot accepted for coverage >=80%	1	3	14	17
50 - 79	Yellow	Lot accepted for coverage between 50 and 79%	14	31	26	25
25 - 49	Orange	Lot accepted for coverage between 25 and 49%	28	10	4	2
0 - 24	Red	Lot accepted for coverage < 25%	1	0	0	0

- The number of accepted lots increased from 1 of 44 in Q4 2017 to 17 of 44 in Q3 of 2018
- Dala LGA has consistently ranked the best performing LGA since commencement of the RI-LQAs exercise in Q4, 2017
- The state will recognize the traditional leaders and health care workers in Dala LGA to encourage others to contribute to improve RI
- The state has developed a response plan leveraging the Community Engagement strategy to drive demand for immunization uptake to ensure all lots are accepted in subsequent LQAs rounds



# 97% of Mai Unguwas have commenced reconciliation meeting across all 44 LGAs



- Despite progress made, challenges still exist around quality of meetings between traditional leaders and health workers, data quality, and defaulters tracking
- Kano State Emirate Council Committee on Health (KECCoH) will support and supervise the conduct of reconciliation meetings to improve its quality
- Community Resource Persons will be trained to support Mai Unguwas in line-listing new-borns and intensifying defaulter tracking
- The state is currently working to smartly integrate CE activities into the broader health sector activities



# Delayed development of the 2018 workplan affected release of funds for the Health Program

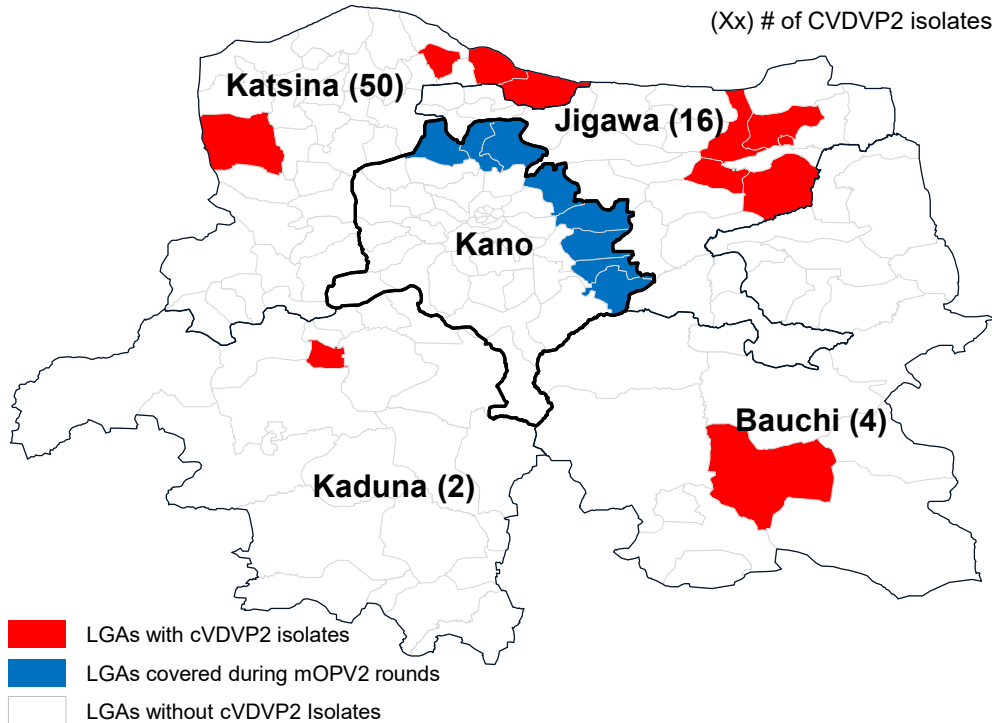
## Delay in disbursement of MoU funds into the Health MoU Account *(months)*

	State	BMGF	ADF
Q1, 2018	3	2	5
Q2, 2018	4	NA <sup>1</sup>	NA <sup>1</sup>
Q3, 2018	4	-	-
Q4, 2018	2	-	-

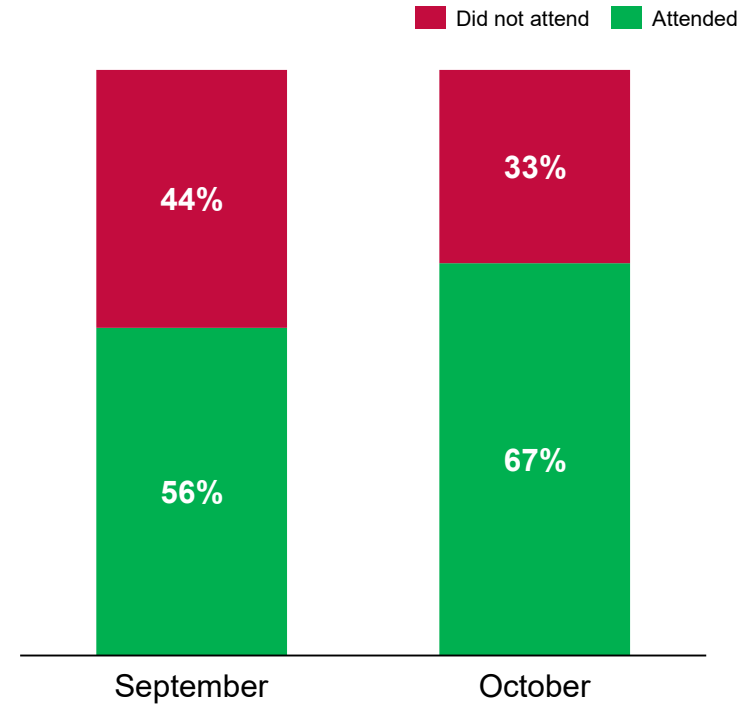
- The Health MoU work plan was completed in February 2018
- 100% of RI and Health Program funds have been released by the KNSG to the respective accounts
- Delays in the release of funds were due to late finalization of the work plan
- To address this gap, the 2019 work plans will be completed in November 2018, and a strict timeline will be set for quarterly request of funds by the Ministry of Health
- We request all MoU partners to prioritize the timely release of funds for Health program activities going forward.

# Kano State is implementing strategic interventions to prevent spread of cVDVP2 into the State

LGAs covered during the Sept. and Oct. mOPV2 rounds in Kano and LGAs with cVDVP2 isolates in neighbouring states



% of mOPV2 rounds where LGA Chairmen attended daily review meetings (*percent*)



## Strategic interventions to prevent spread of the cVDVP2 into Kano State

- Active AFP search in LGAs bordering Jigawa conducted
- Two ad-hoc environmental sampling sites were initiated in Nasarawa and Tarauni LGAs
- Establishment of Health camps in border settlements and border synchronization activities
- Fractional IPV and mOPV campaigns across 9 LGAs
- Increased focus on the uptake of IPV with Penta-3

# Priorities (January – June 2019)

Priority	Timelines
1 Scale up referral linkage between primary and secondary health facilities	May, 2019
2 Develop and commence implementation of the smart integrated community engagement plan for Health in all 44 LGAs	June, 2019
3 Develop and commence implementation of capacity building plan to support LGA teams to effectively manage RI program at their level	June, 2019
4 Decentralize SPHCMB Integrated Supportive Supervision (ISS) to LGA teams	June, 2019
5 Develop and initiate implementation of a concrete plan to radically improve quality of care	June, 2019

# Our Prayers

## Our Prayers

### Kano State Government

- Deposit Q1, 2019 RI and Health Program funds by December, 2018
  - Support development of joint workplan for the RI and Health Programs
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### Kano Emirate

- Continue and sustain the current leadership and partnership on the community engagement strategy
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### Development Partners

- Sustain on-going technical support to the SMoH, PHCMB, HMB and DMCSA in the implementation and monitoring of Health MoU Addendum work-plan while providing mentorship and capacity building of the staff on program management

## Our Prayers to the MOU Partners

### Bill and Melinda Gates and Aliko Dangote Foundations

- Deposit Q3 and Q4, 2018 Health Program funds by end of November, 2018
- Deposit Q1, 2019 Health program funds by January, 2019

## Our Commitment

### Participating Ministries Departments and Agencies (MDAs)

- State Ministry of Health will sustain oversight of the participating agencies for successful implementation of the Health MoU
- Participating agencies will continue to ensure smooth implementation of the annual operational work plans

**THANK YOU**  
**(Questions and discussion)**