

TARGETED STATES HIGH IMPACT PROJECT (TSHIP) Advancing Health in Bauchi and Sokoto States



PROJECT YEAR TWO ANNUAL PROGRESS REPORT

October 1, 2010 – September 30, 2011
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TSHIP Central Project Office, Bauchi
October 31, 2011

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ACTIVITY SUMMARY

Implementing Partner	JSI Research & Training Institute, Inc. (JSI)
Activity Name	Targeted States High Impact project (TSHIP)
Activity Objective	To increase the use of high impact integrated maternal, newborn and child health and family planning/reproductive health interventions
Life of Activity (start and end dates)	August 12, 2009 – August 11, 2014
Total Estimated Agreement Amount	\$85,453,015
Current Obligation	\$30,326,798
Current Pipeline Amount	\$7,335,074 ¹
Accrued Expenditures this Quarter (4th Quarter, FY11)	\$5,131,009 ²
Activity Cumulative Accrued Expenditures to Date	\$22,991,724 ³
Estimated Expenditure Next Quarter	\$5,500,000
Report Submitted By	Mr. Marc A. Okunnu, Sr., Chief of Party
Submission date	October 31, 2011

¹ Current pipeline amount includes funds that have been committed to sub partners and vendors for program activities and procurement.

² Accrued expenditure this quarter includes accrued field office expenses up to the end of September 2011 that have not yet been processed in the home office system.

³ Activity cumulative accrued expenditures to date includes accrued field office expenses up to the end of September 2011 that have not been processed in the home office system.

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ACRONYMS

ACT	-	Artemisinin Combination Therapy
AMTSL	-	Active management of third stage labor
ARH	-	Adolescent reproductive health
ARFH	-	Association for reproductive and family health
BACATMA	-	Bauchi State Agency for Control of HIV/AIDS, Tuberculosis and Malaria
BCC	-	Behavior change communication
BSPHCDA	-	Bauchi State Primary Health Care Development Agency
CAC	-	Community action cycle
CBO	-	Community-based organization
CEDPA	-	Center for Education, Development and Population Activities
CHEW	-	Community health extension worker
CIDA	-	Canadian International Development Agency
CLMS	-	Contraceptive logistic management system
COMPASS	-	Community Participation for Action in the Social Sectors
COP	-	Chief of Party
CSO	-	Civil society organization
DCOP	-	Deputy Chief of Party
D&G	-	Democracy and governance
DELIVER	-	USAID DELIVER Project
DSNO	-	District surveillance notification officer
DPRS	-	Director of planning research and statistics
DPT	-	Diphtheria, pertussis, tetanus
EmONC	-	Emergency obstetric and newborn care
FANC	-	Focused antenatal care
F&SS	-	Finance and support services
FMOH	-	Federal Ministry of Health of Nigeria
FOMWAN	-	Federation of Muslim Women Association of Nigeria
FP	-	Family planning
FSS	-	Finance and support services
GHAIN	-	Global HIV/AIDS Initiative-Nigeria
HDCC	-	Health Data Consultative Committee
HF	-	Health facility
HIV/AIDS	-	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HMIS	-	Health management information system
HSMB	-	Hospital Services Management Board
IEC	-	Information, education and communication
IMCI	-	Integrated management of childhood illnesses
IPD	-	Immunization Plus Days
IPT	-	Intermittent preventive treatment
ISS	-	Integrated supportive supervision
ITN	-	Insecticide- treated bed net
IUCD	-	Intra-uterine contraceptive device
JSI	-	JSI Research & Training Institute, Inc.
KMC	-	Kangaroo mother care
KM&C	-	Knowledge management and communication
LEAD	-	Leadership, empowerment, advocacy, and development
LGA	-	Local government area

LGASMC	-	Local government Area Social Mobilization Committee
LLIN	-	Long-lasting insecticide treated bed nets
MCH	-	Maternal and child health
MDA	-	(Government) Ministry, department, agency
MDG	-	Millennium Development Goals
M&E	-	Monitoring and evaluation
MIP	-	Malaria in pregnancy
MOH	-	Ministry of Health (or SMOH, State MOH)
MLG	-	Ministry of Local Government
MNCH	-	Maternal, newborn, and child health
MSA	-	Management Strategies for Africa
MSN	-	Marie Stopes Nigeria
MSS	-	Midwives service scheme
NDHS	-	Nigeria Demographic and Health Survey
NEI	-	Northern Education Initiative
NGO	-	Non-governmental organization
NID	-	National Immunization Day
NPHCDA	-	National Primary Health Care Development Agency
NPI	-	National program on immunization
NSHDP	-	National Strategic Health & Development Plan
NYSC	-	National Youth Service Corps
OPV	-	Oral polio vaccine
ORS	-	Oral rehydration solution
ORT	-	Oral rehydration therapy
PHC	-	Primary health care
PMP	-	Performance monitoring plan
RDT	-	Rapid diagnostic test
RH	-	Reproductive health
RI	-	Routine immunization
SDP	-	Service delivery point
SHDSP	-	State Health Development Strategic Plan
SMOH	-	State Ministry of Health
SHDP	-	Strategic health development plan
SP	-	Sulfadoxine Pyrimethamine
SPHCDA	-	State Primary Health Care Development Agency
TA	-	Technical assistance
TBA	-	Traditional birth attendant
TFG	-	The Futures Group International
TOR	-	Terms of reference
TOT	-	Training-of-trainers
TSHIP	-	Targeted States High Impact Project
UNICEF	-	United Nations Children's Fund
UNFPA	-	United Nations Fund for Population Activities
USAID	-	United States Agency for International Development
USG	-	United States Government
VDC	-	Village development committee
VHW	-	Village health worker
WHO	-	World Health Organization
YFS	-	Youth friendly services

EXECUTIVE SUMMARY

JSI Research & Training Institute, Inc. (JSI) presents this second annual Targeted States High Impact Project (TSHIP) progress report covering progress and accomplishments of the TSHIP consortium (JSI, Center for Development and Population Activities (CEDPA), Futures Group, Jhpiego, and MSA) during the period 1 October 2010 – 30 September 2011. During the year, TSHIP made significant progress supporting integrated maternal, newborn and child health (MNCH) and family planning/reproductive health (FP/RH) education and services promoting and protecting children, women and men in Bauchi and Sokoto states and addressing the leadership, organizational and management capacity development needs surrounding effective delivery of services.

Based on the TSHIP strategic plan developed in July 2010, interventions focused on five areas of action: i) capacity strengthening of health services executives, administrators and providers, ii) improvement (renovation and equipping) of primary and secondary health services delivery and related facilities, iii) community education and community-based services, activating and catalyzing ward development and social mobilization committees, iv) engagement of policy makers and traditional and religious leaders to develop and implement state-specific health policies and improve financing and other support for healthcare delivery and v) collaboration with implementing partners (other related USAID Implementing Partners, and other development projects and partners). TSHIP implementation activities were organized under the four sub-objectives, cross-cutting project support, coordination and collaboration, and finance and management.

Sub-Objective Activities

Sub-objective 1 - Institutional capacity building: TSHIP made remarkable progress in interventions, in close coordination and collaboration with other development partners. To address existing gaps in human capacity, 4,810 personnel of the health workforce in both states were trained on a range of MNCH and FP/RH topics. TSHIP provided technical assistance to all 20 local government area (LGAs) in Bauchi state for the development of 2011 work plans and budgets, supported both states to conduct an analysis of human resources capacity gaps, facilitated the establishment of multi-sectorial health data consultative committees (HDCCs) in both states, and provided year-long technical assistance to support the start up and functioning of the HDCCs. TSHIP supported 644 integrated supportive supervision (ISS) visits to primary and secondary health facilities in both states, provided technical assistance at the state and zonal level training of 42 health personnel on the revised national health management information system (NHMIS), and supported dissemination and distribution of 1,550 copies of NHMIS registers to the State Ministry of Health (SMOH) in both states. To complement capacity building efforts, TSHIP procured and distributed basic equipment and renovated a total of 80 secondary and primary health facilities in both states. The training and technical assistance provided in PY2 will be reinforced in PY3 through monitoring, mentoring and coaching, and ISS, to result in coverage of 80% of service providers in both states.

Sub-objective 2 – Increased access and utilization of MNCH and FP/RH services: Through the efforts of service providers trained under SO1, TSHIP supported the distribution of 107,344 doses of artemisinin combined therapy (ACTs) provided by the World Bank and the Bauchi State Primary Health Care Development Agency (BSPHCDA) and 73,950 ACTs provided by the Yakubu Gowon Center distributed in Sokoto state. The project supported vitamin A distribution during the two MNCH weeks reaching 3,184,617 children in both states. In addition, TSHIP supplied and distributed 259,200 zinc infant tablets to 123 health facilities in Bauchi and 273,600 to 50 health facilities in Sokoto. 171,000 oral rehydration solution (ORS) sachets were distributed and oral rehydration therapy (ORT) corners

established in both states. These efforts contributed to treating 123,462 children for diarrhea. Additionally, a total of 83,043 children in both states were tracked by traditional birth attendants (TBAs) representing 36 percent of the total number of children immunized during the period. TSHIP supported institutionalization of integrated supportive supervision (ISS) through training and facilitation of visits to 644 health facilities in both states, re-directed the course of adolescent and youth reproductive health (AYRH) program implementation in both states through the development of an AYRH strategy and, in Bauchi, the supply of 47 emergency trolleys loaded with essential medicines and supplies for preventing and managing high mortality complications of pregnancy and child birth. Thirty-nine (39) quality improvement teams (QITs) were formed in all general hospitals in both states to promote and implement activities to improve the quality of healthcare services. The number of FP service delivery points in both states increased from 401 to 756 at the end of PY2. TSHIP facilitated the supply of 40,000 maternity record booklets to improve documentation, and provided 13,900 job aids and behavioral change communication (BCC) materials including FP cue cards, BSC cards, wall charts and FP booklets. The engagement of 96 Islamiyya school teachers in Sokoto state provided a platform for reaching 716 women with information on FP/RH.

Sub-objective 3 – Community mobilization and participation: In PY 2, TSHIP increased the proportion of active ward development committees (WDCs) that are able to promote and support community-based advocacy and development initiatives. In both states, TSHIP facilitated reactivation or formation of 300 WDCs and conducted training of trainers (TOT) for 25 state trainers to facilitate the community-based health worker training scheduled for roll-out in PY3. In both states, TSHIP supported capacity building of 150 local government social mobilization committee (LGSMC) members, 31 town hall meetings which discussed and explored ideas for addressing priority health issues, and state social mobilization committee (SSMC) action on proactive engagement of the media. Additionally, the project facilitated the development and adaptation process for BCC materials which will be produced and distributed in PY3. TSHIP also supported WDCs to arrange a variety of community awareness events including dramas, theater, and community dialogues.

Sub-objective 4 – Policy, advocacy and financing: TSHIP supported capacity strengthening of MDAs in both states to adapt and adopt health policies, plans, guidelines, protocols and standards of practice. Overall, 28 policies in both states were worked on in PY2. Specifically, TSHIP supported the development, dissemination and ongoing implementation of the Bauchi and Sokoto states costed Strategic Health Development Plan (2010 – 2015). TSHIP provided technical assistance towards operationalization of these plans by supporting derivation of state MDA and LGA annual health work plans from the respective SSHDPs. TSHIP provided technical assistance for the development of the Bauchi State Drugs and Medical Consumables Management Agency (DMCMA) bill. TSHIP facilitated development of Bauchi and Sokoto Ward Minimum Health Care Packages (WMHCP) to guide primary health care service delivery at the LGA and community levels. Additionally, TSHIP supported the development of performance standards for quality of care in MNCH and FP/RH services for health facilities in both states and empowered a core group of advocacy ‘champions’ for improved commitment to FP/RH services in both states. At the federal level, TSHIP supported the development of the National Reproductive Health Commodity Security (RHCS) Strategic Plan (2010- 2015), which will be adapted in the two states in PY3.

Project support services

These comprises grants, operations research (OR), knowledge management and communications (KM&C) and monitoring and evaluation (M&E). In PY2, grant activities focused on setting-up systems to enable effective management of the grants program and properly monitoring and supervising grantee activities. Process for non-competitive grants was completed and TSHIP is awaiting USAID approval. Requests for proposals were issued for the competitive grants which will be awarded in PY3. In PY2, TSHIP facilitated establishment of Health Research Ethics Committees (HREC) in each of the states, conducted a study on operational barriers to insecticide treated nets (ITN) distribution in both states and

designed a study on factors influencing the use of long acting methods of contraception in hard-to-reach communities in Bauchi state. Additionally, the project developed and deployed a website and intranet to enhance internal and external information sharing and developed and distributed two issues of the TSHIP newsletter, *Advancing Health*. Through strategic engagement of the media, 71 reports were aired free of cost to TSHIP thus leveraging N1302,320. Two communities of practice (CoP) were established in the two states and will serve as active conduits for information and knowledge sharing at the state level in PY3. TSHIP M&E continued to support the sub-objective teams to collect, analyze and use data for strategic planning and decision making. The project supported grantees to develop their M&E plans, facilitated monthly state data review meetings, conducted monthly capacity building visits to LGAs and facilitated the formation of the State M&E technical working groups and HDCC in both states.

Coordination and collaboration

TSHIP dedicated considerable time and effort to systematic coordination and collaboration with USAID IPs and other development projects and partners, involving both the strategic and program levels. In all cases, the goal was joint action that leveraged needed resources and extended the geographic and population coverage of TSHIP beneficiaries and target groups with integrated MNCH and FP/RH services. Overall, approximately 16 joint activities were implemented with about 20 development partners. A tripartite MOU with TSHIP, BtM2 and NEI was implemented resulting in the integration of nutrition and FP/RH into economic and livelihood training for orphans and vulnerable children (OVC) care givers and other community-based workers. The first stage of efforts to improve the MNCH & FP/RH supply chains in Bauchi and Sokoto started with a stakeholders' meeting in July in Bauchi. The joint LEAD, NEI and TSHIP gender policy development and support to the Ministry of Women Affairs in Bauchi continued and LEAD and TSHIP initiated discussion on collaboration on a study to map resource inflows from the federal to the state and LGA levels. Discussion with the National Primary Health Cared Development Agency (NPHCDA) on a joint study on retention of health human resources in Sokoto state was initiated.

Finance and Support Services

At the strategic level, the second TSHIP strategic review and planning workshop was held in July 2010; it re-affirmed the overall strategic direction and program thrusts. Prior to the workshop and feeding into it, all the technical component strategies (OD, MNH, Child health, FP/RH, community mobilization, etc) were reviewed. Planned staffing was accomplished (the year ended with 115 central, state, and zonal staff), and program operations were consolidated and strengthened with procurement and installation of IT and communication equipment, and project vehicles, and re-location of the central and Bauchi state offices to more spacious accommodation. The FSS team facilitated program implementation by facilitating health facility improvements, procurement of medical equipment and materials, internal and external financial reporting, management of office and project logistics, set-up and operationalization of TSHIP six zonal offices and timely financial and administrative reporting.

Challenges and Opportunities

The political campaigns and the subsequent April 2011 elections and their aftermath affected implementation of the project in many ways. The governorship election in Bauchi was out of pattern with the rest of the country and this along with curfews instituted in the state prior to the Easter break affected staff movement and slowed down activities. A couple of weeks before the elections all political appointments including the Executive Council were dissolved and this created a vacuum in the leadership of the state thereby affecting project implementation. On the other hand, the large number of USAID IPs, and other development projects and partners continue to provide important opportunities for leveraging resources and for joint action. With the deferred governorship election in Sokoto, the situation there was more stable. The major opportunity for successful project implementation is the re-election (Bauchi) and continuation until 2012 (Sokoto) of the governments of the two states. Many of the political appointees remain in office; hence politically, TSHIP is expecting stability and continuity within the states.

INTRODUCTION

The Targeted States High Impact Project (TSHIP) is implemented under Cooperative Agreement No. 620-A-00-09-00014-00 between JSI Research & Training Institute, Inc. (JSI) and the United States Agency for International Development (USAID). Launched in 2009, it is a five-year project implemented in all 20 local government areas (LGAs) in Bauchi State and 23 LGAs in Sokoto State. Contributing to USAID Nigeria's Investing in People strategic objective, the overall objective of TSHIP is to increase the use of high-impact integrated maternal, newborn, and child health and family planning/reproductive health interventions. Box 1 highlights the four TSHIP sub-objectives.

To achieve substantial gains, TSHIP adopts a Tri-Focus Approach: 1) quality health services, 2) community engagement; and 3) effective health systems. The project provides a coherent and integrated package assisting state and local governments to improve primary healthcare services (FP, antenatal care (ANC+), complicated pregnancy and emergency and obstetrics care (EmOc), routine immunization (RI), vitamin A, immunization, and child health) by filling gaps in capacity, building on institutional strengths, improving each household's ability to protect and promote health and working to improve gender relations.

TSHIP completed its second year of implementation and focused interventions on five areas of emphasis during the year. i) improving the capacity of health policy makers, administrators and service providers, ii) improving access to quality healthcare services by renovating and equipping service delivery points, iii) expanding outreach and community-level activities through ward development and social mobilization committees, iv) engaging policy makers and traditional and religious leaders to develop and implement state-specific health policies, and improve financing and other support for healthcare delivery; and v) increasing collaboration with implementing partners (government ministries, departments, and agencies), other USAID projects, and other development partners.

This second annual report presents the activities implemented in relation to the specific indicators which they address based on the TSHIP performance management plan (PMP). It includes detailed comparisons between year 1 and 2 results and reviews performance based on the project goal, strategic framework and vision of success. The report also describes specific plans for consolidating gains and institutionalizing key successful approaches in program year three (PY3).

The following sections present details of TSHIP PY2 accomplishments, challenges and future plans, organized under nine headings: Annual Targets Charts (1 October 2010 – 30 September 2011); Narrative Sub-Objective Report; Project Support Services; Coordination and Collaboration; Finance, Management and Administration; Challenges and Opportunities; Success Stories; and Annexes.

Box 1: TSHIP Sub-Objectives

1. Strengthen state and local government capacity to deliver and promote use of high-impact MNCH/FP/RH interventions
2. Strengthen delivery and promotion of high-impact MNCH/FP/RH/ interventions at PHCs and establish essential referral levels
3. Strengthen roles of households and communities in promotion, practice, and delivery of high-impact MNCH/FP/RH interventions
4. Improve policies, programming and resource allocation at the state and local levels

TSHIP ANNUAL TARGETS CHART

Performance Indicators	States	Year 1 Results	Year 2 Quarter 1 – 4 Targets								Year 2 Targets	Year 2 Results	% achieved	Notes and Comments
			Q1		Q2		Q3		Q4					
			Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual				
<i>USAID Nigeria Strategic Objective 13: Increased use of social sector services</i>														
<i>Project Objective: Increased use of high-impact interventions in Bauchi and Sokoto</i>														
<i>Indicator 1: Number of children under 12 months who receive DPT3 through USG supported programs (IIP1.6.11)</i>	Bauchi	88,634	42,250	39,300	42,250	33,652	42,250	30,373	42,250	4,339	169,000	107,664	63.7%	Annual target was not achieved due to DPT vaccine stock-out in both states.
	Sokoto	105,626	33,288	38,988	33,288	36,422	33,288	33,031	33,288	14,497	133,152	122,938	92.3%	
	Total	194,260	75,538	78,288	75,538	70,074	75,538	63,404	75,538	18,836	302,152	230,602	76.3%	
<i>Indicator 2: Number of deliveries with a skilled birth attendant in USG assisted facilities (IIP1.6.4)</i>	Bauchi	14,212	7,925	9,195	7,925	12,772	7,925	14,497	7,925	14,477	31,700	50,941	160.6%	Target for the quarter was over achieved due to increase in HMIS reporting, and more service providers trained.
	Sokoto	5,693	2,750	3,719	2,750	3,021	2,750	4,993	2,750	4,753	11,000	16,486	149.8%	
	Total	19,905	10,675	12,914	10,675	15,793	10,675	19,490	10,675	19,230	42,700	67,427	157.9%	
<i>Indicator 3: Couple years of protection (CYP) in USG-supported programs (IIP 1.7.1)</i>	Bauchi	2,504	900	1,170	450	676	900	1,511	450	1242	2,700	4,599	170%	Expanded service delivery points (SDPs) by training and equipping service providers, and SDPs to provide a range of FP services.
	Sokoto	1,755	1,000	1,824	1,000	1020.56	1,000	1,513	1,000	5,046.4	4,000	9,404	235%	
	Total	4,259	1,900	2,994	1,450	1,696.56	1,900	2191	1,450	6,288.4	6,700	14,003	209%	
<i>Indicator 4: Modern contraceptive rate</i>	Bauchi	This indicator is measured at midline and end line particularly using the Nigeria Demographic Health Survey (NDHS). Meanwhile, Indicator 3 serves as proxy for tracking progress on contraceptive use.												
	Sokoto													
	Total													
<i>TSHIP Sub-Objective 1: Institutional Capacity Building</i>														
<i>Indicator 5: Number of people trained in FP/RH with USG funds (male and female)</i>	Bauchi	311	40	40 (M4, F36)	400	379 (M19, F360)	615	170 (M92, F78)	600	36 (M11, F25)	1,655	625 (M126, F499)	37.7%	Actual figure is lower than expected because training for 800 community based health workers (CBHW) was rescheduled to PY3 in order to finalize the CBHW strategy
	Sokoto	219	219	72 (M64, F8)	219	474 (M264, F210)	218	616 (M125, F491)	218	94 (M58, F36)	874	1,256 (M511, F745)	143.7%	
	Total	530	259	112 (M68, F44)	619	853 (M283, F570)	833	436 (M217, F569)	818	130 (M69, F61)	2,529	1,881 (M637, F1244)	74.38%	

Performance Indicators	States	Year 1 Results	Year 2 Quarter 1 – 4 Targets								Year 2 Targets	Year 2 Results	% achieved	Notes and Comments
			Q1		Q2		Q3		Q4					
			Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual				
<u>Indicator 6:</u> Number of people trained in malaria prevention or treatment (male and female)	Bauchi	437	125	202 (M138, F64)	0	9 (M0, F9)	250	216 (M56, F160)	125	218 (M143, F75)	500	645 (M337, F308)	129%	Same as above
	Sokoto	226	210	109 (M89, F20)	210	144 (M118, F26)	210	120 (M101, F19)	120	112 (M64, F48)	750	485 (M372, F113)	64.6%	
	Total	663	335	311 (M227, F84)	210	153 (M118, F35)	460	336 (M157, F179)	245	330 (M207, F123)	1,250	1,130 (M709, F421)	90.4%	
<u>Indicator 7:</u> Number of people trained in maternal/newborn health through USG-assisted programs (male and female)	Bauchi	244	50	66 (M37, F29)	50	96 (M66, F30)	50	35 (M6, F29)	50	72 (M0, F72)	200	269 (M109, F160)	134.5%	
	Sokoto	205	58	85 (M 20, F65)	58	190 (M36, F154)	57	137 (M12, F125)	57	20 (M0, F20)	230	432 (M68, F364)	187.8%	
	Total	445	108	151 (M57, F94)	108	286 (M102, F184)	107	225 (M18, F154)	107	92 (M0, F92)	430	701 (M177, F524)	163%	
<u>Indicator 8:</u> Number of people trained in child health and nutrition (male and female)	Bauchi	375	139	283 (M139, F144)	137	123 (M100, F23)	137	185 (M127, F58)	137	119 (M57, F62)	550	710 (M423, F287)	129%	<u>Sokoto:</u> Polio campaigns, MCH weeks and immunization mop-up campaigns engaged service providers who were to be trained.
	Sokoto	334	168	75 (M48,F27)	168	154 (M113, F41)	167	84 (M71,F13)	167	75 (M63, F12)	670	388 (M295, F93)	57.91%	
	Total	709	307	358 (M187, F171)	305	277 (M213, F64)	304	269 (M198, F71)	304	194 (M-120, F74)	1220	1098 (M718, F380)	90%	
<u>Indicator 9:</u> Percentage of HMIS indicators reported in a timely manner	Bauchi	45% HF 40% LGA	45% HF 40% LGA	57% HF 88% LGA	50% HF 88% LGA	60% HF 88% LGA	55% HF 88% LGA	60%HF 93% LGA	60% HF 88% LGA	66% HF 92% LGA	60% HF 88% LGA	66% HF 92% LGA		Figures represent completeness. The indicator definition will be revised to capture completeness in PY3. See Annex 2 for details.
	Sokoto	30% HF 26% LGA	45% HF 40% LGA	47% HF 94% LGA	50% HF 88% LGA	66% HF 88% LGA	55% HF 88% LGA	73% HF, 97% LGA,	60% HF 88% LGA	63% HF, 96% LGA	60% HF 88% LGA	63% HF, 96% LGA		
<u>Indicator 10:</u> Number of health facilities receiving	Bauchi	60	90	95	100	102	100	108	100	134	390	439	112.5%	Having the three-pronged approach of using the state, LGA
	Sokoto	23	30	25	40	55	50	100	20	25	140	205	146.4%	

Performance Indicators	States	Year 1 Results	Year 2 Quarter 1 – 4 Targets								Year 2 Targets	Year 2 Results	% achieved	Notes and Comments
			Q1		Q2		Q3		Q4					
			Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual				
at least one supportive supervision visit during the quarter with observation of clinical skills included	Total	83	120	120	140	152	150	208	120	159	530	644	121.5%	and HMB to conduct the ISS has contributed to achieving the targets and surpassing it.
<i>Sub-Objective 2: Increased access and utilization of MNCH & FP/RH services</i>														
Indicator 11: Number of counseling visits for FP/RH as a result of USG assistance (male and female)	Bauchi	13,725	7,875	8,271	7,875	8,725	7,875	11,532	7,875	11,068	31,500	39,596	125.7%	Target is over achieved due to expansion in FP services (see indicator # 12) and improved completeness in HMIS reporting.
	Sokoto	9,104	4,900	7,095	4,900	8,663	4,900	16,445	4,900	10,762	19,600	42,965	219.2%	
	Total	22,829	12,775	15,366	12,775	17,338	12,775	27,977	12,775	21,830	51,100	82,561	161.5%	
Indicator 12: Number of USG-assisted service delivery points providing FP or counseling services	Bauchi	284	284	284	284	291	304	291	304	292	304	292	96%	Number of providers trained and the use of dispensaries for FP services is responsible for the rapid expansion witnessed.
	Sokoto	195	108	206	109	357	109	409	108	464	434	464	106.9%	
	Total	479	392	490	393	648	413	700	412	756	738	756	102.4%	
Indicator 13: Number of ANC visits by skilled providers from USG-assisted facilities	Bauchi	105,090	52,300	80,219	52,300	96,610	52,300	104,366	52,300	96,489	209,200	377,684	180.5%	Target was over achieved due to improved MNCH services and HMIS reporting. In addition, in some LGAs where WDCs have been activated, outreach programs are encouraging women to access health facilities.
	Sokoto	43,551	21,500	28,491	21,500	41,519	21,500	40,759	21,500	27,656	86,000	138,425	160.9%	
	Total	148,641	73,800	108,710	73,800	138,129	73,800	145,125	73,800	124,145	295,200	516,109	174.8%	
Indicator 14: Number of pregnant women who attend at least one antenatal care (ANC1) visit	Bauchi	34,651	22,100	27,216	22,100	36,371	22,100	41,876	22,100	39,334	88,400	144,797	163.8%	Same comment as indicator #13
	Sokoto	14,720	7,500	11,257	7,500	13,768	7,500	16,989	7,500	11,391	30,000	53,405	178%	
	Total	49,371	29,600	38,473	29,600	50,139	29,600	58,865	29,600	50,725	118,400	198,202	167%	
Indicator 15: Number of women receiving active management of third stage of labor	Bauchi	2,915	2,377	1,287	2,377	5,492	2,377	6,089	2,379	5,212	9,510	12,868	135.3%	Same comment as indicator #13
	Sokoto	1,323	687	2,975	688	906	688	1,498	687	1,426	2,750	6,805	247.4%	
	Total	4,238	3,064	4,262	3,065	6,398	3,065	7,587	3,066	6,638	12,260	19,673	160.4%	

Performance Indicators	States	Year 1 Results	Year 2 Quarter 1 – 4 Targets								Year 2 Targets	Year 2 Results	% achieved	Notes and Comments
			Q1		Q2		Q3		Q4					
			Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual				
through USG-supported programs														
<u>Indicator 16:</u> Number of newborns cared for in USG-supported programs	Bauchi	6,147	2,377	1,287	2,377	6,514	2,377	8408	2,378	6804	9,510	16,209	170%	Same comment as indicator #13
	Sokoto	2,145	687	2,975	688	906	688	1,498	687	1,426	2,750	6,805	247.5%	
	Total	8,292	3,064	4,262	3,065	7,420	3,065	9,906	3,065	8,230	12,260	23,014	187.7%	
<u>Indicator 17:</u> Number of children under 5 years-of-age who received vitamin A through USG-supported programs	Bauchi	1,085,650	540,000	873,776	0	0	540,000	881,238	0	0	1,080,000	1,755,014	162.5%	TSHIP facilitated the implementation of MNCH week by providing technical assistance. MNCH week serves as data source for this indicator.
	Sokoto	573,858	187,245	841,021	187,245	0	187,285	588,582	187,246	0	748,981	1,429,603	190.8%	
	Total	1,659,508	727,245	1,714,797	187,245	0	727,285	14,69,820	187,246	0	1,828,981	3,184,617	174.1%	
<u>Indicator 18:</u> Number of cases of childhood diarrhea treated in USAID programs	Bauchi	16,279	8,875	14,423	8,875	12,223	8,875	13,472	8,875	13,571	35,500	53,689	151.2%	Additional ORT corners were established and TSHIP supported distribution of zinc tablets.
	Sokoto	33,377	5,325	22,386	5,325	16,359	5,325	14,658	5,325	16,370	22,300	69,773	312.8%	
	Total	49,656	14,200	36,809	14,200	28,582	14,200	28,130	14,200	29,941	57,800	123,462	213.6%	
<u>Indicator 19:</u> Rate of non-polio AFP cases	Bauchi	7.3	2.0	6.8	2.0	5.4	2.0	10.50	2.0	11.1	5.4	11.1	-	Data for this indicator is collected from 'WHO' and TSHIP confirmed from that the data cannot be consolidated as a result of different figures in population group of < 15 and number of reported cases.
	Sokoto	10	2.0	10.0	2.0	11.4	2.0	8.2	2.0	9.3	2.0	9.3	-	
<u>Indicator 20:</u> Number of wild polio virus cases in USG assisted states	Bauchi	0	0	0	0	0	0	0	0	0	0	0	-	-
	Sokoto	1	0	3	0	0	0	2	0	0	0	0	-	
<u>Indicator 21:</u> Number of women who receive IPT in prenatal care	Bauchi	63,487	5,201	25,018	5,202	37,219	5,201	23,191	5,201	13,248	50,000	138,995	277.9%	Bauchi: TSHIP worked with world bank RBM project and trained service providers on case management of malaria and mobilize SP commodities. The SP commodities are provided by the World
	Sokoto	5,042	5,201	1,100	5,201	1,644	5,201	15,983	5,201	17,452	20,805	36,179	173.9%	
	Total	68,529	10,402	26,118	10,402	38,863	10,402	39,174	10,402	30,700	70,805	175,174	247.4%	

Performance Indicators	States	Year 1 Results	Year 2 Quarter 1 – 4 Targets								Year 2 Targets	Year 2 Results	% achieved	Notes and Comments
			Q1		Q2		Q3		Q4					
			Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual				
														Bank
Indicator 22: Number of cases of malaria in children treated with ACT	Bauchi	98,294	28,250	13,341	28,250	20,493	28,250	16,219	28,250	15,394	153,000	90,346	59%	Bauchi: The 4th quarter figure constitutes only July data, August and September data were reported late to the state and TSHIP is currently working with BACATMA to capture the data. There was an incidence of ACT commodity (for under 5 years) stock out during Q3 and Q4. Sokoto: Commodity stock-out very acute in the state in Q4.
	Sokoto	16,377	14,750	13,978	14,750	15,626	14,750	9,720	14,750	694	59,000	40,018	67.8%	
	Total	114,671	43,000	27,319	43,000	36,119	43,000	25,939	43,000	16,088	212,000	130,364	61.5%	
Indicator 23: Number of ITNs distributed or sold with USG funds	Bauchi	1,493,303	0	0	0	0	0	0	0	0	0	0		ITN Distribution is based on states' plan. Currently TSHIP or any USAID-funded IPs are neither distributing or purchasing ITNs
	Sokoto	1,300,000	312	0	312	152	312	23	312	0	1,248	175	14%	
	Total	2,793,303	312	0	312	152	312	23	312	0	1,248	175	14%	
<i>Sub-Objective 3: Community mobilization and participation</i>														
Indicator 24: Proportion of ward development committees (WDCs) that are active during the reporting quarter	Bauchi	9%	12% (38 out of 323)	16% (52 out of 323)	24% (76 out of 323)	28% (92 out of 323)	35% (114 out of 323)	44% (143 out of 323)	48% (154 out of 323)	54% (175 out of 323)	48% (154 out of 323)	54% (175 out of 323)	54% (175 out of 323)	More WDCs were reactivated/formed in PY2.
	Sokoto	16%	16%	31% (76 of 244)	16%	31% (77 of 244)	16%	34% (84 WDCs were active)	16%	65% (160 of 244)	64.8% (158 of 244)	65% (160 of 244)	65% (160 of 244)	
	Average	12.5%	14%	23.5%	20%	29.5%	20.5%	44%	32%	55.4% (314 out of 567)	57.4%	55.4% (314 out of 567)	55.4% (314 out of 567)	
Indicator 25: Percentage of people who report attending health services due to exposure to	Bauchi	0%	0%	0%	0%	0%	5%	-	5%	-	5%	-	-	Client exit interview survey will be conducted in PY3. Furthermore, the CBHW program was rescheduled to PY3
	Sokoto	0%	0%	0%	0%	0%	5%	-	5%	-	5%	-	-	
	Total	0%	0%	0%	0%	0%	5%	-	5%	-	5%	-	-	

Performance Indicators	States	Year 1 Results	Year 2 Quarter 1 – 4 Targets								Year 2 Targets	Year 2 Results	% achieved	Notes and Comments
			Q1		Q2		Q3		Q4					
			Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual				
community awareness and education activities														
<i>Sub-Objective 4: Policies, advocacy and financing</i>														
Indicator 26: Number of policies that are developed or adapted to support improved RH/FP/MCH services	Bauchi	5	10	10	11	11	12	12	12	13	12	13	108.3%	Please see annex 4 for more detail on individual policies.
	Sokoto	5	3	2	2	5	1	15	2	2	5	15	300%	
	Total	10	13	12	13	16	13	27	14	10	17	28	164.7%	
Indicator 27: Number of local organizations provided with technical assistance on institutional capacity-building to leverage additional resources for RH/FP/MCH information and services	Bauchi	79	25	36	25	23	25	30	25	18	100	107	107%	Within the year, CSOs were trained in proposal writing and limited organization development (OD) interventions were undertaken in selected organizations
	Sokoto	7	7	8	8	19	8	0	7	0	30	27	90%	
	Total	86	32	44	33	42	33	30	32	18	130	134	103%	

PROGRAM ACTIVITIES AND ACCOMPLISHMENTS

Background

Nigeria accounts for less than 1% of the world's population, but contributes 10% of the global infant, child and maternal mortality. The worst situations are consistently found in the North West (NW) and North East (NE) regions, where health outcomes are shockingly bad. Under-five mortality in Bauchi, in the NE, is 260/1000 and in Sokoto in the NW, it is 269/1000 live births. Maternal mortality in Bauchi is 1549/100,000 live births and in Sokoto reaches 1500/100,000. The contraceptive prevalence rate (CPR) is lowest in the north, with the lowest regional attainment in the country in the NW (2.5%)³. Support for family planning is low in the NW (25.7%) and NE (29.2%). CPR in the north is lower due to these and other factors, including traditional gender norms, but there is significant unmet need that can be addressed.

Six conditions are responsible for 90% of maternal deaths: hemorrhage, infection, obstructed labor, hypertension, malaria and anemia. Neonatal deaths are primarily caused by prematurity, sepsis and birth asphyxia and exacerbated by the heightened risks associated with early marriage. Fewer than 20% of children are exclusively breast fed, and only 36% of deliveries are attended by a skilled birth attendant. Four diseases account for 90% of under-five child mortality: pneumonia, malaria, diarrheal disease, and measles, and all are compounded by malnutrition. High-impact actions that prevent children's deaths are not effectively implemented; for example, 80% of children with diarrhea do not get oral rehydration therapy and 60% of children with pneumonia never receive antibiotics. Fewer than 10% of children sleep under insecticide treated bednets (ITNs). Only 29% of children under five with fever in the NE receive an appropriate anti-malarial.⁴ The percent of children who received DPT3 immunization by age 12 months is a mere 1.6% in Bauchi and 1.2% in Sokoto (based on survey results reflecting 2005-2006 coverage). The situation is compounded by the challenges in health service delivery, systems, and communication.

To address the situation, TSHIP since PY1 has been facilitating and supporting government efforts and complementing the programs of other local and international development partners and civil society organizations in the two states in implementing evidence-based low-cost interventions in both Bauchi and Sokoto states. Activities implemented in PY2 build on and strengthened the many accomplishments of the first year by scaling-up interventions to increase coverage of both states. The TSHIP strategic framework as approved by USAID guided program and management activities during PY 2. During the year, TSHIP continued efforts to move both states from their documented baseline situation towards the vision of improved situation in which the capacity for developing, delivering and promoting MNCH and FP/RH services is stronger, at state, LGA, community and household levels, and access to and utilization of MNCH and FP/RH services significantly increases. T

Indicator 1: Number of children under 12 months who receive DPT3 through USG supported programs (IIP 1.6.11)

TSHIP continued to strengthen the routine immunization systems in the two states in PY2. Specifically, technical assistance was provided to improve cold chain, vaccine security and other aspects of immunization services management. The project facilitated peer review meetings among local government areas (LGAs) to inspire positive action among weaker LGAs in Bauchi state. Also in Bauchi, 378 service providers and local government immunization officers received training on a range

³ National HIV/AIDS & Reproductive Health Survey (NARHS), Nigeria 2005.

⁴ Multiple Indicator Cluster Survey (MICS), UNICEF, Nigeria 2007.

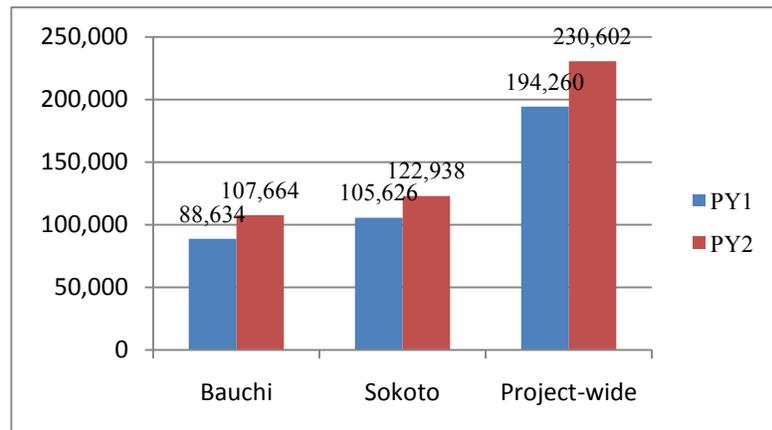
of topics including documentation of immunization activities, polio eradication and appropriate management of immunization services respectively (*please see indicator 8 on breakdown of training by type and sex*). This improved their understanding of the reaching every ward (REW) strategy and their capacities in mobilizing communities to health facilities, documenting immunization activities and supervising the implementation of immunization plus days (IPDs) and MNCH weeks.

TSHIP’s approach to child health and nutrition is based on the five principles of the REW approach: (i) planning and management of resources, (ii) improving access to immunization services, (iii) supportive supervision, (iv) monitoring for action and (v) linking services with communities. To this end, 75 service providers in Sokoto state received training on REW which is applied nationally for strengthening routine immunization. The training updated knowledge and skills of state trainers and service providers in the state towards strengthening routine immunization.

Overall, **230,602** children (Bauchi – **107,664**, Sokoto – **122,938**) received DPT3 when compared with **194,260** in PY1. TSHIP supported traditional birth attendants in the two states to refer newborns and track defaulters for immunization services. **83,043** children (Sokoto - **37,000**, Bauchi – **46,043**) representing 36 percent of the total number of children immunized for PY2 were through defaulter tracking and referral by TBAs.

In Sokoto, TSHIP supported the SMOH supervisory team to conduct two rounds of supportive supervision in 202 Primary Health Care (PHC) facilities in the 23 LGAs during the year. The major gaps noticed during supportive supervision were on data management and analysis. Hence, TSHIP implemented focused trainings for 75 service providers, 23 LGA immunization officers and 23 cold chain officers on vaccine management and proper documentation to ensure adequate availability of high-quality vaccines for immunization service delivery. Following the training, the second round supervision

Figure 1: Number of children immunized with DPT3 PY1 and PY2 comparison



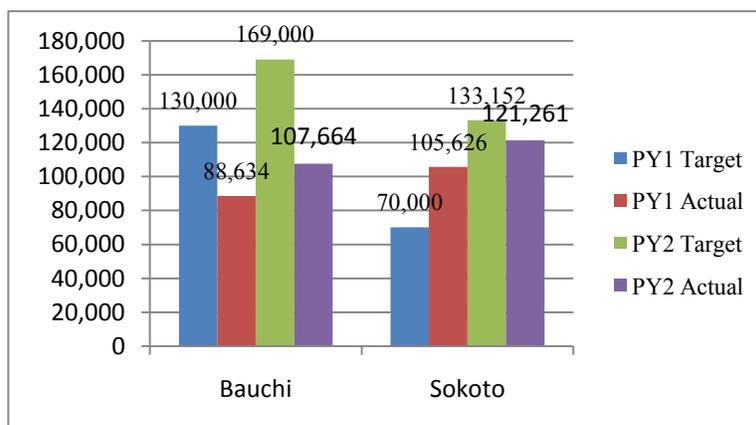
showed improvement in the quality of services and management system when compared with the first round. The result of the 1st round supportive supervision shows improvement from the baseline in areas of cold chain and vaccine management - use of ledger, availability of vaccine distribution plan and use of temperature monitoring chart, cold chain inventory and availability of backup generator with funds for fuelling. Additionally, TSHIP supported the state to increase the number of health facilities providing routine immunization services from 432 to 466 in PY2. Specifically, the project built the capacity of service providers on routine immunization including appropriate documentation, provided registers, supported the providers to develop facility-specific immunization session schedules in close consultations with communities and linked them with the state to obtain vaccines.

During the two MNCH Weeks conducted in November 2010 and June 2011, TSHIP sponsored radio jingles and discussions, and supported WDCs) to mobilize households towards boosting uptake of immunization services. Technical assistance was also provided during planning meetings and training of state-level resource persons. These complemented efforts by other development partners leading to

immunization services delivered to **183,434** children in Bauchi (**93,047**) and Sokoto (**90,387**). The figure represents both DPT and OPV. Other activities by TSHIP towards improving immunization coverage include sponsoring baby shows to coincide the MNCH weeks, and supporting health talks on the importance of completing the immunization schedule.

Despite the slight increase of 34,666 (17.8%) in the number of children immunized in PY2 when compared with PY1, Bauchi achieved only 63.7 percent of the state PY2 project target while Sokoto achieved 91 percent. The low figure in Bauchi could be attributed to over five months of stock-out in the state thus affecting the total number of children immunized at the end of the year. In Sokoto, the progress was slower than anticipated since the community component of the training in quarter 1 was rescheduled.

Figure 2: DPT 3 coverage - comparison between PY1 and PY2 targets and actual



Because of the importance of vaccine availability to the success of the immunization activities, TSHIP is working with the state team in both states to improve documentation and the availability of vaccines.

Indicator 2: Number of deliveries with a skilled birth attendant in USG assisted facilities (IIP 1.6.4)

The low level of skilled assisted delivery to reducing complications continued to be the bane of TSHIP interventions in PY2. The project continued to work with the SMOH in both states by improving the capacities of 412 (female – 340, male – 72 frontline health care providers (Bauchi – 269, Sokoto – 143) in conducting safe delivery, preventing essential and emergency newborn care and managing problems associated with low birth weight and preterm babies. The resumption of midwives under the Midwives Service Scheme (MSS) in both states presented the opportunity for TSHIP to improve their life saving skills (LSS) and train them on the new Helping Babies Breath (HBB) approach for newborn resuscitation targeting the prevention and immediate management of birth asphyxia. TSHIP is collaborating with the federal and both state governments in addressing the inadequate manpower by building the capacities of midwives transferred to both states under the MSS. The MSS mobilizes midwives, including those newly qualified from Nigerian Schools of Midwifery and retired midwives for deployment to health facilities in rural (hard-to-reach) communities to undertake one year community service. This is to increase skilled attendance at birth so as to facilitate reduction in maternal, newborn and child mortality and morbidity. This year, TSHIP trained 70 midwives out of 124 in Bauchi state and trained 88 out of 138 in Sokoto state. Additionally, TSHIP provided technical assistance to NPHCDA during trainings, provided job aids, ISS and on-the-job training to the midwives.

To improve linkages between health facilities and community members, QITs were established to strengthen community involvement and participation in health care delivery. The establishment of QITs was led by WDCs and the effort is also to support mobilization of women for ANC, health facility deliveries and to ensure good referral systems. Other interventions by the project include health facility improvements, provision of basic equipment, provision of emergency trolleys and a range of community mobilization activities to improve client flow to health facilities. Through the range of support mentioned above, TSHIP supported health facilities to register **67,427** deliveries (Bauchi –

50,941, Sokoto – 16,486) in PY2. This represents a significant increase when compared with 19,905

Figure 4: PY1 targets and actual deliveries compared with PY 2 (Sokoto)

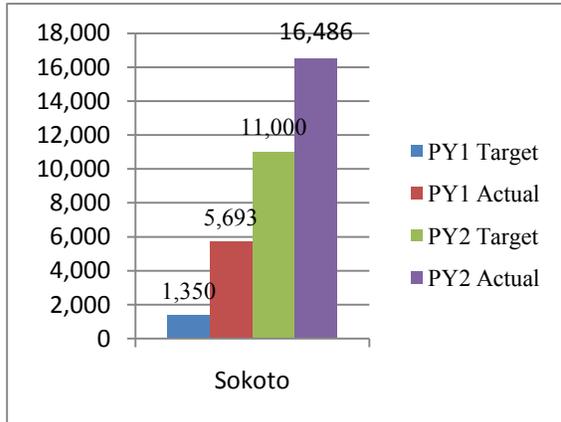
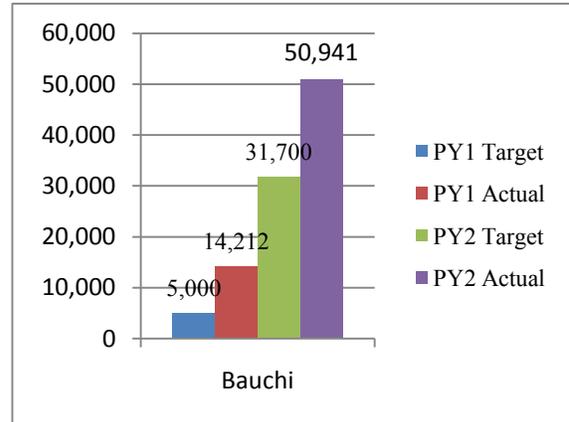


Figure 3: PY1 targets and actual deliveries compared with PY 2 (Bauchi)



deliveries registered in PY1.

TSHIP exceeded the project target for the period by 143 percent.

In Sokoto, the free supply of mama-kits to some health facilities by the state government and NPHCDA (through the MSS facilities), though often in short supply and frequently exhausted, is motivating pregnant women to visit the health facilities for deliveries. TSHIP is facilitating an ongoing advocacy to the SMOH and the Ministry of Local Government Affairs (MoLG) to boost the regular supply of mama-kits to all facilities where deliveries take place.

Indicator 3: Couple years of protection (CYP) in USG-supported programs (IIP 1.7.1)

CYP is the estimated protection provided by contraceptive methods during a one-year period, based upon the volume of all contraceptives sold or distributed free of charge to clients during that period⁵.

In PY 2, TSHIP supported the state to scale-up training for service providers on family planning updates, contraceptive logistic management systems (CLMS), interpersonal communication and counseling skills. The project linked trained providers with the SMOH for provision of seed stocks following each training as well as continuous replenishment of commodities during bi-monthly review meetings with FP managers and the state RH coordinator. (Please refer to sub-objective 1 for more details on capacity building). Additionally, TSHIP facilitated joint monitoring of health facilities with SMOH officials and the LGA RH coordinators. 14,003 CYP (Bauchi – 4,599, Sokoto – 9,404) was registered in PY2, representing an increase of 10,002 when compared with 4001 in PY1. The cumulative and state specific targets for both states were also exceeded. Nonetheless, efforts will be intensified to ensure sustained availability of contraceptives at service delivery points. Both Bauchi and Sokoto states exceeded in PY2 targets by 1,899 and 5,404 respectively.

⁵ http://www.usaid.gov/our_work/global_health/pop/techareas/cyp.html

Indicator 4: Modern contraceptive rate

All TSHIP FP interventions contribute to increasing the modern contraceptive rate in both states. The package of assistance to both states include training for different cadres of service providers on a range of FP methods, technical assistance and collaboration with JSI/DELIVER as well as other agencies (including the Federal Ministry of Health (FMOH) and the NPHCDA to address issues of stock-out and improve availability of contraceptives, supporting WDCs to educate and mobilize households on the importance of FP, working with Islamiyya school teachers to educate women on FP and facilitating health facility improvements including partitioning to ensure privacy for FP clients during counseling and provision of basic equipment. This indicator refers to the number of women of reproductive age (WRA) (15 – 49) (both married and unmarried) who report that they are using a modern method of contraception when compared with the total number of women of reproductive age surveyed⁶. The method of data collection for this indicator is through the Nigeria Demographic Health Survey (NDHS). 19% and 2% were recorded as the baseline data for Bauchi and Sokoto respectively⁷. In addition to the NDHS, TSHIP intends to measure results for this indicator at end line.

Sub-objective 1: Strengthen state and local government capacity to deliver and promote use of high impact MNCH and FP/RH interventions

TSHIP committed considerable resources to institutional capacity building since inception in 2009. In PY1, the major focus of attention by TSHIP was on organizational management of health services in Bauchi and Sokoto states. Efforts were aimed at improving the sustainable capacity to manage the health system by developing capacity for strategic and operational planning, strengthening intra- and inter-organization coordination, establishing and maintaining functioning management systems and generating and using knowledge and evidence for decision-making. As TSHIP was not able to directly support the quantitative aspect of Human resource for Health (HRH), efforts focused on the qualitative areas: strengthening human, managerial and technical capacity with an emphasis on HR for service delivery. Along with service delivery HR training and development, TSHIP focuses on improving infrastructure for service delivery (renovations and equipment) and commodities security required for service provision, including contraceptives. It is expected that more than 80% of the capacity building and training of service providers would be completed by end of PY3 whereas gains achieved will be consolidated through intensification of supervision, monitoring, mentoring, coaching, quality improvement activities, exit strategy and sustainability plans.

In PY2, the scope of efforts widened to include organizational development support to LGAs and selected health facilities, supporting the establishment of key institutional structures such as the state level HDCC and health research ethics committee (HREC) to strengthen processes of policy-making, planning and implementation. Other key activities included more health facility improvements and associated equipping of these with essential medical equipment and kits that improve the quality of care and client satisfaction that eventually reinforces utilization of MNCH/FP services at health facilities. Another major contribution is the strengthening of health management information system (HMIS) through computerization of data collection in Sokoto and the compilation, analysis and rolling out of the revised NHMIS tools in both states. This facilitated the process for clearing backlog of data from June 2010, reporting of data and transmission to the state level as required by national standards.

The cumulative number of service providers trained in PY1 and PY2 is progressively addressing gaps in capacity of the health workforce in both states based on findings of the health facility assessment conducted by TSHIP in PY1. As the project scales up to cover more health facilities in PY3, additional trainings will be implemented through TSHIP's support. The project will also support the state to

⁶ WRA using modern contraception divided by WRA surveyed multiply by 100

⁷ 2008 NDHS

provide continuous on-the-job training and mentoring to service providers trained in PY1 and PY2 respectively.

Indicator 5: Number of people trained in FP/RH with USG funds (male and female)

TSHIP continued to support the SMOHs to improve the capacity of the health workforce in providing FP/RH services in both states. This year, **1,881** service providers (female – 1,244, male – 637) including nurses/midwives, doctors and community health extension workers in both states improved their capacities in a range of FP/RH services.

In Bauchi, training on long-term methods (LTM) of contraception was provided to 164 service providers. The training was in response to gaps identified through service data and a situation analysis conducted in collaboration with both states in PY1 that highlighted the need for improved capacity on LTM. The training included a session on practicum to allow the participants to provide hands-on services to clients following which they were certified. In Sokoto, 61 midwives received training on LTM of contraception. However, only about 60 percent and 40 percent for implanon and intra uterine contraceptive device (IUCD) were certified respectively. Based on the training curriculum, the providers are expected to participate in practicum sessions by inserting at least 10 each of both methods before they can be certified. The outstanding certifications as well as kits will be issued upon completion of the required insertions in the first quarter of PY3.

690 service providers from both Bauchi and Sokoto states received training on contraceptive logistics management as a key step in improving logistics management and provision of family planning services. The training was facilitated by master trainers and included sessions on interpersonal communication and counseling (IPCC), administration, and commodity stock management of oral pills, injectibles and male condoms. Additionally, **279** service providers in Bauchi state were trained on FP including sessions on IPCC and balanced counseling strategy (BCS) to strengthen their performance in providing practical, interactive and client-friendly services.

In Sokoto, **96** Islamiyya school teachers (female – 43, male – 53) received orientation on how to provide FP/RH information, education and referrals to young women (particularly those aged between 12 and 25 years) in the state. During the orientation, the benefits and types of FP/RH services available were discussed. Following the orientation, the teachers reached **716** women with appropriate FP/RH information and educated them on the importance of seeking first-line care as an important step in reducing maternal mortality.

In Bauchi, **150** men selected from 50 WDCs received training to enable them to function as male community champions (MCCs) of family planning. Content of the training focused on addressing major myths about FP, traditional gender roles and attitudes of men in FP and provided them with information and education on available FP options for both men and women. The training also equipped the MCCs on basic community mobilization skills to assist them in promoting health gender equity and discourage gender-based violence. A situation analysis study conducted in two communities⁸ in PY2, showed a high acceptability of the cadres by the community and also revealed a high commitment and understanding of the MCC role in improving health outcomes in the community. Additionally, community members, particularly men were favourably disposed to child spacing due to their interaction with the MCCs⁹. TSHIP will scale-up this intervention in PY3 to involve additional MCCs and LGAs.

Additionally, **225** service providers in Bauchi state, including midwives (60) and CHEWs (165) participated in a workshop that advocated for compliance with the policies of volunteerism and

⁸ Yelwa and Bara LGAs

⁹ Expanded male as partners initiative in northern Nigeria: a case of Bauchi state, TSHIP, June 2011

informed choice. Three variables for ensuring compliance: i) preventive actions; ii) corrective actions and iii) monitoring were discussed. TSHIP will support the SMOH in conducting post-training supportive supervision using developed FP checklists to monitor compliance. Also in Bauchi, 30 service providers received training on infection prevention and injection safety. The training aimed at improving the quality of care and strengthening the health system as well as limits the transmission of pathogens during service delivery.

TSHIP supported representatives of the SMOH to participate in a study tour to the College of Health Technology Makarfi in Kaduna state to learn the process for establishing the new College of Health Technology at Ningi in Bauchi state. The decree establishing the college was passed by the State Assembly in October 2010. Following the decree, the SMOH constituted an advisory committee to recommend the necessary changes required to upgrade the school to a college. A key finding and recommendation by the committee is that there is a need for a change in organizational structure. The committee will present their findings and recommendations to the SMOH. TSHIP will continue to facilitate this process to improve the quality of pre-service education in Bauchi state.

20 tutors (12 male, 8 female), including faculty staff and clinical preceptors from all three pre-service institutions in Bauchi state, improved their training skills through a training facilitated by TSHIP. TSHIP will support state core trainers from SMOH to provide periodic supportive supervision to ensure implementation of the training skills in the schools and practicum sites. With improved training skills, the tutors are better positioned to pass on the appropriate knowledge and skills to the students so they can provide quality health care services upon graduation

Indicator 6: Number of people trained in malaria prevention or treatment (male and female)

TSHIP on behalf of the state trained **1,130** service providers (female – 421, male – 709) in both Bauchi (645) and Sokoto (485) states in malaria prevention and treatment. This is to curb malaria through prevention and early diagnosis and treatment strategies and to facilitate compliance to the national antimalarial treatment guideline and policy requirements. The trainings were conducted in clusters and emphasized the requirement that malaria be treated using the artemisinin combination therapy (ACT). Other sessions of the trainings focused on ways of identifying and documenting malaria correctly, provision of intermittent preventive treatment (IPT), directly observed therapy (DOTs) and identifying complicated cases and referring them to secondary health facilities. The trainings built on earlier interventions such as the distribution of Hausa-translated versions of the national policy on malaria and treatment guidelines and were conducted on a quarterly basis.



A cross-section of participants during the training of service providers on case management of Malaria.

To jumpstart the implementation of community-directed intervention (CDI) for malaria, TSHIP facilitated the training of **26** doctors and tutors from health institutions, nurses/midwives, laboratory scientists and state health personnel in both Bauchi and Sokoto states. CDI is a multi-pronged strategy aimed at improving access to pre-packed, quality, antimalaria medicines within 24 hours of the onset of fever and includes education campaigns and community engagement. This is in addition to the re-establishment of

community directed treatment intervention providing home management of malaria, the key in addressing the wide gap in capacity for the appropriate malaria management in both states and in line with the malaria treatment guidelines and policy of the Federal Republic of Nigeria. Following the master training, cascade training was conducted in quarter 4 for 100 LGA personnel. CDI also supports the integration of malaria prevention and child illness danger signs with ANC and integrated maternal and child health (IMNCH) activities. Implementation of the training was led by the state in partnership with LGAs, health facilities, communities and TSHIP. The project will continue to facilitate the process for CDI roll-out with ward and health facility trainings and full-scale implementation in year 3.

Training on malaria treatment guidelines was conducted for nine pharmacists on the national policy and guidelines for the prevention and treatment of malaria as well as malaria commodity logistics management systems. The training was in response to a request from the Bauchi State Agency for the Control of Malaria and HIV/AIDs (BACATMA) and was conducted in collaboration with the World Bank. In Sokoto, 23 Roll Back Malaria (RBM) focal persons received training on malaria diagnosis using the rapid test kit to facilitate timely and effective diagnosis of malaria and helped to prevent death and complications associated with the disease. Additionally, 12 master trainers participated in a one-day orientation on the use of rapid diagnostic test (RDT) for diagnosis of malaria. In limited resource settings such as Bauchi and Sokoto states, RDT assist in the diagnosis of malaria by providing evidence of the presence of malaria parasites in human blood as an alternative to diagnosis based on clinical grounds or microscopy.

The total number of persons trained in PY2 (1,130) in both states almost doubled persons trained in PY1 (663) and represents an achievement of **90.4%** of the year's target. The increase in number of persons trained is attributed to the scale-up of TSHIP's interventions to additional health facilities in both states in the year. In year 3, more resources will be devoted to community-based trainings, on-the-job supportive supervision and mentoring as well as trainings for service providers who were not previously trained.

Indicator 7: Number of people trained in maternal/newborn health through USG assisted programs (male and female)

TSHIP on behalf of the SMOHs improved the capacity of **701** (female – 524, male – 177) doctors and nurse-midwives in Bauchi (269: female – 109, male – 160) and Sokoto (432: female – 364, male – 68) to better prevent and manage common pregnancy-related complications (postpartum hemorrhage, eclampsia and sepsis). The trainings focused on evidence-based interventions and best practices in preventing and managing complications and improving skills for active management of third stage of labor (AMSTL), resuscitation and management of patients with eclampsia. Action plans were developed by each participant and they include ideas for conducting step-down training and advocating for support at health facility and LGA levels to ensure full implementation of AMSTL. TSHIP is providing ongoing technical assistance to the service providers to ensure implementation of the action plans.

Co-trainers, tutors and preceptors (Bauchi – 12, Sokoto – 11) improved their capacities in Kangaroo Mother Care (KMC). Following the master training, service providers from Bauchi (46) and Sokoto (222) received training in essential newborn care (ENC) and KMC. KMC is a baby-friendly and low technology routine solution to hypothermia among low birth weight infants. These types of care helps keep the baby warm, protect it from danger, and make it thrive better. This technique has proven to be very effective in low resource setting where there are no incubators. Additionally, in Sokoto state, 20 MNH trainers including nurses, midwives and CHEWs received a training update on the new models procured for newborn resuscitation to better deploy training to service providers in the state. In Bauchi, TSHIP updated the skills and knowledge of 11 doctors and midwives on EmONC using a competency-based participatory and humanistic methodology. The training targeted providers working in secondary health facilities where major problems associated with pregnancy and delivery are managed. The

training complements previous interventions by TSHIP through the provision of emergency trolleys and introduction of maternal mortality audits in the health facilities to track and document the reasons for maternal deaths. The documentation will inform specific planning and decisions by the state.

Also during the year, 50 National Youth Service Corps (NYSC) members from Bauchi (28) and Sokoto (22) states improved their knowledge and skills on evidence-based methods in emergency obstetric and neonatal care. Components of the training include AMTSL, KMC, the use of pantograph, treatment of pre-eclampsia with magnesium sulphate, management of post-partum hemorrhage (PPH) with misoprostol and the use of anti-shock garment. With the training, the service providers are positioned to apply the knowledge and skills in their area of primary assignment.

24 midwives from Sokoto state received training on LSS. LSS is an evidence based practice of saving mothers and babies' lives. The training is in support of the SMOH and National NPHCDA in order to improve the quality of healthcare service delivery and skilled birth attendance. Similarly, 18 CHEWs from Bauchi state received training on modified life saving skills (MLSS) which exposed them to practices in MNCH and appropriate referral of complicated cases and linkages to the community for required support.

TSHIP facilitated the orientation of project implementation unit members, RBM managers and M&E officers on focused antenatal care (FANC). IPT of malaria in pregnancy as part of FANC and the role of the family in minimizing mosquito breeding and bites were also discussed. Prevention of malaria is an important component of FANC, through the use of Sulfadoxine Pyrimethamine (SPs) and ITNs.

To foster integrated management of pregnancy and childbirth, 20 principal medical officers (PMOs) from Sokoto state received training on management of pregnancy and childbirth. The knowledge and skills acquired is improving their capacities to manage pregnancy complications and newborn care in the general hospitals which serve as referral sites at the LGA level. In Sokoto, 25 core trainers improved their capacity in clinical skills and have expressed a lot of satisfaction with the training and an increased self-confidence in their abilities to pass on the learned skills. At the end of the training, some of the participating pre-service tutors from the Schools of Nursing and Midwifery and the Usman Dan Fodio University recommended that the course be extended to the schools.

Also in Sokoto, TSHIP improved the capacity of 15 service providers on Post Abortion Care (PAC) and use of misoprostol in managing hemorrhage. The challenges of providing PAC services in the benefitting facilities include the non availability of MVA kits and supplies for the procedure.

Indicator 8: Number of people trained in child health and nutrition (male and female)

1,098 service providers (female – 380, male – 718) from both states (Bauchi – 710, Sokoto – 388) received training on the appropriate treatment of diarrhea using oral rehydration therapy¹⁰ (ORT) and zinc supplementation. Through the training, TSHIP supported the states to expand the scope of child health services which are provided in the health facilities from a focus on routine immunization services. Following the training, TSHIP on behalf of the states, established 225 ORT corners (Bauchi – 105, Sokoto – 120), to integrate with other delivery of child survival interventions which a child can get on a single visit to a health facility.

In Bauchi, 52 members of Zaki (24) and Gamawa (28) WDCs as well as TSHIP staff participated in a training on polio eradication. The training focused on opportunities and approaches for creating demand

¹⁰ Oral rehydration therapy (ORT) is a simple treatment for dehydration associated with diarrhea. ORT consists of a solution of salts and sugars which is taken by mouth

for polio vaccination within the community with emphasis on tracing zero dose cases (a newborn child who has never received oral polio vaccine (OPV)). During the training, the role of WDCs in referral, counseling, resource mobilization and demand creation was highlighted. TSHIP will monitor the performance of the WDCs and support the implementation of their specific action plans.

Additionally, the Bauchi state core team members received training as resource persons for the implementation of the maternal, newborn, and child health week. The training improved the skills of the SRPs in mobilizing communities to the health facilities, implementing and documenting activities during the MNCH week activities in all 20 LGAs. Services supported by TSHIP during the week include immunization, vitamin A supplement, and deworming services. *(Please refer to section on MNCH wee under sub-objective 2 for details on children and women reached)*

Also in Bauchi, TSHIP facilitated training for state technical facilitators (STFs) and supportive state technical facilitators (SSTFs) to improve their technical skills and knowledge on polio eradication activities towards improving the effectiveness of supportive supervision during the implementation of Immunization Plus Days (IPDs).

84 service providers selected by SMOH from health facilities in the three senatorial zones received training on the appropriate treatment of diarrhea using ORT and zinc supplementation. Through the training, TSHIP is supporting the State to expand the scope of child health services which are provided in the state's health facilities in addition to routine immunization services. TSHIP has developed plans to provide basic supplies for establishing more oral rehydration therapy (ORT) corners in quarter 4 of PY3, to integrate with other delivery of child survival interventions which a child can get on a single visit to a health facility.

Indicator 9: Percentage of HMIS indicators reported in a timely manner

TSHIP provided technical assistance at LGA, state and national levels towards full implementation of the NHMIS by participating in the monthly meetings with LGA Disease and Surveillance Notification Officers (DSNOs), M&E and HMIS officers in both states. At this meetings, monthly routine immunization data and integrated disease surveillance data (both needed by TSHIP for its reporting purposes) are collated and discussed. This forum provides a platform for interacting with all stakeholders and reviewing program data, identifying gaps and proffering solutions.

Also at the state level, the project facilitated meetings of the health data producers and users meetings in both states. The meetings were held immediately after the national meeting to keep state stakeholders abreast of the current situation on data collection and use in the country. Issues raised at the dissemination meeting are usually followed up locally at the state level.

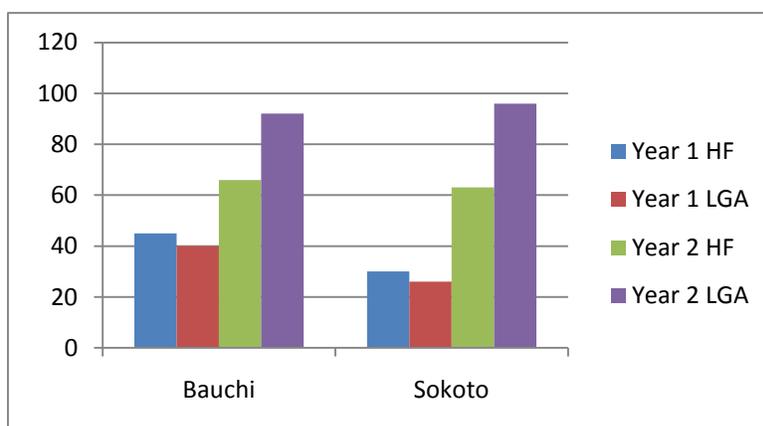
TSHIP supported the establishment of state multi-sectorial HDCCs in both states. Throughout the year, TSHIP supported quarterly meetings of the HDCC which is charged with the responsibility of ensuring cooperation, collaboration and coordination in health information system especially in the area of health data collection, flow, custody and release/disseminations. Members of the committee are representatives of ten stakeholders including government M&E personnel, donor agencies and developmental projects. The HDCC works closely with the M&E technical working group (M&E TWG) which was also established with technical support from TSHIP. The SMOH Permanent Secretary chairs the committees in demonstration of the state's commitment to improve health systems. *(Please see M&E section for constitution of the committees and technical working group)* Additionally, a review of the state health facility directory was conducted to serve as a denominator for assessing the outcome of interventions. This provided an up-to-date list of health facilities and a corresponding list of services provided.

TSHIP contributed to the development of a uniform training package for all states of the federation following the finalization of the harmonized NNHMIS tools. The package development was under the auspices of the NPHCDA and the FMOH. 1,590 copies of the revised NHMIS booklets (nine sets each) were printed to improve the quality of health data in both states (Bauchi – 840, Sokoto – 750¹¹). Additionally, TSHIP was invited by the NPHCDA and FMOH to facilitate a TOT for 42 national and zonal trainers.

Subsequently, 109 health personnel (female – 34, male – 75) from the Sokoto SMOH and LGAs received training on the harmonized NHMIS tools which was facilitated by TSHIP. In Bauchi, 54 LGA-level personnel (female – 9, male – 45) received training on the new NHMIS forms. The step-down training was conducted for 325 service providers (female – 96, male – 229) selected from six LGAs in Bauchi state. The step-down training for service providers in Sokoto is scheduled for PY3.

TSHIP is supporting the states in their plan to systematically introduce the use of NHMIS in all health facilities through cluster training for all providers. Following the training, TSHIP supported the service providers to begin recording and reporting data using the revised data capturing tools. Based on findings during internal and external data quality assessment (DQA), TSHIP will support the SMOH to conduct supportive supervision to ensure the full use of the revised NHMIS registers. Additionally, the HDCC meetings will be used as a platform for ongoing engagement to ensure compliance.

Figure 5: completeness of HMIS data reported at both health facility and LGA levels



Additionally, 49 M&E and HMIS officers at the SMOH and LGAs in Sokoto improved their skills in data capturing through the use of the HMIS software. During the training, 25 computers (LGA – 23, SMOH – 2) pre-installed with the NHMIS software were provided to the participants. Following the training, TSHIP supported the M&E and HMIS

officers to capture backlog of data from June 2010 to September 2011 thus enhancing the accessibility of HMIS data through the computerized rather than manual system. Based on the successful experience in Sokoto, TSHIP will replicate the computerized HMIS system in Bauchi in PY3.

To improve data management and reporting, TSHIP supported the M&E units in the 20 LGAs in Bauchi state to conduct DQAs. During the assessments, the team checked specific data quality standards (validity, integrity, precision, reliability and timeliness) and discovered that: i) most of the facilities did not have dedicated personnel for data collection and ii) some LGAs were not trained on the revised NHMIS tools. TSHIP will support the SMOH to conduct regular monitoring and supervision using the ISS checklist to ensure that all health facilities are supported to report data based on quality standards. During the DQA, the team provided on-the-job training to improve the capacities of service providers at the facility level, and managers at state and LGA levels.

¹¹ 13 sets in Bauchi, 9 sets in Sokoto

In Sokoto, the project supported 23 LGA M&E officers to conduct on-the-job training on filing and documentation in 155 health facilities to improve accessibility and retrieval of data. During the initial phase of support, three files (i) community linkages, ii) HMIS and iii) integrated disease surveillance and response) were created in 155 selected health facilities to improve accessibility and retrieval of data. This level of support will be scaled-up to cover other health facilities in the state subsequently.

All the interventions mentioned above contributed significantly to increasing the completeness of HMIS indicators reported in PY2 when compared with PY1. Figure 5 above shows a progressive increase in the completeness of HMIS data reported at both health facility and LGA levels.

Indicator 10: Number of health facilities receiving at least one supportive supervision visit during the quarter the observation of clinical skills included

The health facility baseline assessment conducted in PY 1 showed that while the majority of facilities in both states did report visits, there is a need to further analyze the extent of the support in these visits and the related follow up involved. The visits were largely vertical and not integrated. In PY1, TSHIP began supporting the states to institutionalize regular and integrated supportive supervision. The project supported the review and adaptation of ISS tools, supported the training of different cadres on the tools and supported the composition of the ISS teams.

In PY 2, TSHIP supported the SMOH to conduct 439 ISS visits to 399 health facilities in Bauchi state. This provided a platform to identify gaps in service delivery and develop action plans to address them. The gaps identified included: unsanitary environment in some health facilities, lack of organogram, shortage of manpower, lack of job descriptions, inadequate IEC materials, lack of good toilet facilities, shortage of water and electricity supply and shortage of essential drug supplies. On-the-job training was provided on AMTSL, ENC, malaria case management and counseling. Health facilities were assisted to develop action plans to address gaps that were identified during the visit. By the second visit, some providers were observed conducting AMSTL and ENC based on quality standards. A report documenting improvements over the two visits will be disseminated in quarter 1 of PY3. In Sokoto, 205 ISS visits were conducted by the State ISS team with support from TSHIP. Both project states supported ISS visits to a total of 644 thus exceeding project target of 530 (Bauchi – 390, Sokoto – 140) significantly.

The improvements observed at the end of the year could be attributed to the training for healthcare supervisors at the states and LGA levels. Overall, 206 supervisors were trained in both states (Bauchi – 170, Sokoto – 36) as a key step in ensuring effective supervision to health facilities. The training provided participants with the opportunity to jointly develop schedules for ISS.

Building on interventions in PY1, TSHIP conducted a Standards-Based Management and Recognition (SBM-R)¹² performance standards baseline assessment in 22 general hospitals in the first quarter of PY2 in Bauchi state and 17 general hospitals in Sokoto state. The assessment was focused on the use of performance standards developed by stakeholders and experts as a key step in improving the quality of health care services in both states. Results of the assessment presented a baseline of quality of care which was used to guide the technical intervention in the 12 areas of service delivery¹³. Some of the

¹² Standard Based Management and Recognition (SBM-R) is the most effective quality improvement approach that uses a practical management approach for improving performance and quality of health services based on the use of operational, observable performance standards for on- site assessment, which consist of four basic steps

¹³ Birth spacing/family planning, Focused Antenatal Care, Normal Labor, childbirth and Immediate Newborn Care, Postpartum Care, Management of Antenatal, Intrapartum and Postpartum Care, Sick Newborn Care, Sick Child Care, Routine Immunization, Facility Management, Drug Supplies Management, Behavioral Change Communication, and Infection Prevention

findings of the SBM-R assessment include dilapidated structures, shortage of staff, lack of commodities, poor or no supervision and lack of electricity and water supply.

TSHIP is supporting SMOHs to institutionalize the use of SBM-R as one of the approaches for improvement of quality of health care services. To this end, linkages were established between health facility quality improvement teams and WDCs to strengthen community involvement and participation, ensure good referral system and sustainability of activities. TSHIP is piloting SBM-R in 39 general hospitals in both states thus providing the opportunity for WDCs to define and participate in improving the quality of care from the community perspective. Thereafter, the teams were supported to develop and begin implementing work plans to address the gaps identified during the baseline assessments.

Following the baseline assessments, 68 service providers in Bauchi and 12 in Sokoto were trained as facilitators to promote and institutionalize the use of SBM-R for quality improvement in health facilities. 29 (female – 10, male – 19) of them were trained on SBM-R module which focuses on strengthening the process of quality improvement using the performance standards. At the end of the training, participants developed action plans.

The first follow-up internal assessment was conducted in the 22 secondary health facilities in Bauchi state following eight months of implementation of activities and showed significant improvement in the quality of health care services provided in all 12 service delivery areas¹⁴ when compared with baseline. (Figure above provides a breakdown of increase for each service area in comparison with baseline figures).

Based on a successful pilot, TSHIP will scale-up SBM-R to 36 MSS-supported health facilities in Bauchi state in PY 3. The first internal assessment is scheduled for the first quarter of PY3 in Sokoto.

Sub-objective 2: Increased access and utilization of MNCH & FP/RH services

This project year witnessed the review of the overall TSHIP child health strategy to properly focus its intervention to meet with the needs of the people and bridge existing gaps in child health service delivery in the states. ORT corners were extended to 345 HFs from the 120 in PY1. Capacity building for service providers also continued with more staff benefiting from the trainings in child health service delivery both in clusters and on the job. Support to improving immunization services continued with integration of RI service delivery with FP and ANC in order to reduce missed opportunities and increase access to care givers. 850,000 child health cards were produced to help ensure availability of the cards at the facilities and counseling of mothers and care givers including facility and community based sensitizations were carried out to ensure card retention. MNCH week was celebrated twice in this reporting period (November 2010 and June 2011) during which integrated child and maternal health services were delivered both at HF and community level including Vitamin A supplementation and deworming of children under 5 years.

The interventions in the MNH/FP/RH in both states focused on increasing service access and utilization of quality services to reduce morbidity and mortality in the various communities across the state. This year has witnessed remarkable improvement as more pregnant women visited antenatal clinics, delivered in health facilities and more women of reproductive age had increased access to family planning services as more delivery points were created. There was improved working environment for the service providers and clients in all LGAs across the state through facility improvement and

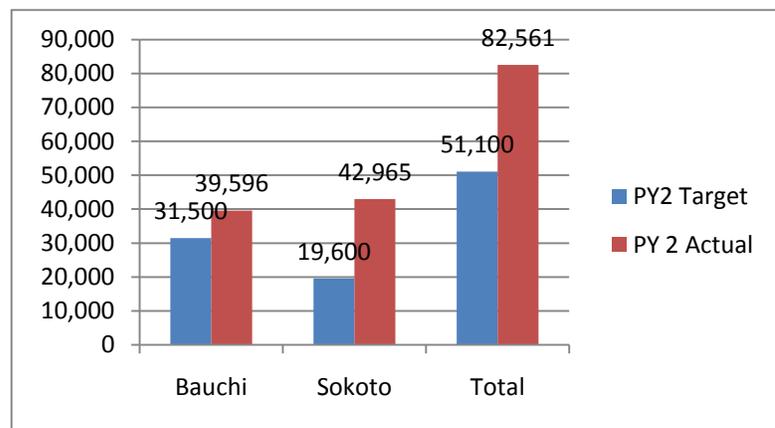
¹⁴ Birth spacing/family planning, Focused Antenatal Care, Normal Labor, childbirth and Immediate Newborn Care, Postpartum Care, Management of Antenatal, Intrapartum and Postpartum Care, Sick Newborn Care, Sick Child Care, Routine Immunization, Facility Management, Drug Supplies Management, Behavioral Change Communication, Infection Prevention

increased commodity and equipment supply. The multiple access points (MAP) approach building on the existence of a large number of dispensaries and the experience of CHEWs in routine immunization and other outpatient services made it easier to leverage the CHEWs' technical expertise to introduce a number of MNH/FP/RH services in the state. The new HBB module introduced as part of the essential newborn care to address birth asphyxia and KMC for premature and low birth weight babies have improved newborn care, the increasing availability of MSS midwives/CHEWs and engagement of the male CHEWs in MNH/FP/RH contributed to the improvement in newborn care, ANC visits, deliveries in facilities, FP counseling visits and expansion of delivery points for MNH/FP/RH services in Sokoto state.

Indicator 11: Number of counseling visits for FP/RH as a result of USG assistance (male and female)

Overall, **82,561** counseling visits were registered in Bauchi (39,596) and Sokoto (42,965) states in PY2. Figure below provides a comparison between PY2 targets and actual figures. TSHIP provided technical support to the SMOH and health facilities in the states to increase the use of FP/RH services. Content of technical support include training of doctors and midwives on LTPM, provision of information, education and counseling (IEC) and BCC materials, ISS and information dissemination to married and unmarried women through Islamiyya teachers.

Figure 6: PY2 targets for counseling visits compared with actual



Indicator 12: Number of USG-assisted service delivery points providing FP or counseling services

This year, TSHIP supported **756** service delivery points in both Bauchi (292) and Sokoto (464) states to provide FP and counseling services. The content of support includes supportive supervision, training, provision of job aids and IEC materials, community mobilization and media campaigns.

Through collaboration with JSI/DELIVER, contraceptives were distributed to service providers in 211 service delivery points (SDPs) in Bauchi state. Additionally, to ensure the availability of FP commodities in all SDPs in the state, TSHIP in conjunction with FMOH and JSI/DELIVER, in April 2011, secured free FP commodities which were distributed to all health facilities based on their requirements using the streamlined CLMS to guide quantities of supplies. The free supply of commodities aided by the streamlined CLMS will ensure uninterrupted supplies of contraceptives at the various health facilities within the State.

In Sokoto, TSHIP expanded access to FP services following training for service providers including nurse/midwives and CHEWs from selected health facilities and dispensaries in the three senatorial zones in the state. The training included FP update and technology, CLMS and IPCC. The training and engagement of male CHEWs from dispensaries assisted in the expansion of SDPs from 195 in PY1 to 464 by quarter 4 of PY2. By the end of PY2, TSHIP had contributed to increasing SDPs significantly especially in Sokoto state by expanding the range of services available at the dispensary level. Prior to TSHIP's intervention, the dispensaries mostly provided routine immunization. However, following TSHIP's intervention, they now provide non-prescriptive FP services as well.

In Bauchi, the project increased SDPs marginally from 284 in PY1 to 292 in PY2. Additionally, the project supported the SMOH to set-up 39 additional SDPs for the provision of long-term family planning services to improve the method mix and range of contraceptive options. Following training of service providers, TSHIP provided specialized equipment which included IUCD and implant kits to 39 health facilities while bilateral tubal ligation (BTL) equipment were provided to five health facilities (secondary – 1, tertiary – 4) thus leading to eight BTLs performed in PY2. Meanwhile, five clients desirous to have vasectomy have been placed on a waiting list pending training for selected providers.

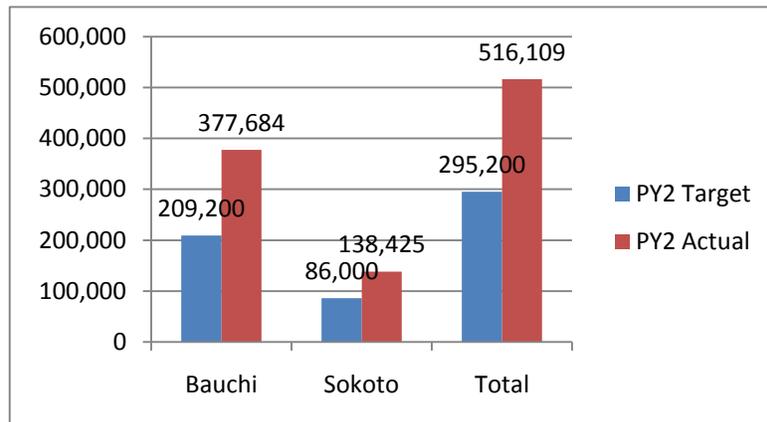
Furthermore, arrangements have been concluded for the initiation of community-based FP services. So far, the training manual has been finalized and TOT conducted. Cascade training will be conducted in the first quarter of PY3.

In addition to ISS, TSHIP and JSI/DELIVER facilitate bimonthly review meetings with participation from the service providers, LGA MCH Coordinators and State RH Coordinators to share experience and lessons learned, review consumption and stock levels and replenish stocks.

Indicator 13: Number of ANC visits by skilled providers from USG-assisted facilities

516,109 visits were registered in supported health facilities in Bauchi (377,684) and Sokoto (138,425) states in PY2 through technical assistance from TSHIP. Content of technical assistance included provision of job aids, facilitation of review meetings, capacity building, media campaigns, and support to traditional and religious leaders in order to include key messages in sermons and referrals and supportive supervision.

Figure 7: PY2 targets for ANC compared with actual



Additionally, TSHIP support the SMOHs to conduct MNCH weeks which strove to reduce missed opportunities for key interventions such as tetanus toxoid immunization for pregnant women, malaria prevention through the use of ITNs and IPT, appropriate health seeking behavior and increase in the number of women attending ANC and delivering in health facilities, birth preparedness and skilled birth.

The increase in ANC attendance could be partly attributed to the free maternal care policies in both states and the community mobilization activities of WDCs.

Indicator 14: Number of pregnant women who attend at least one antenatal care (ANC1) visit

Through the package of interventions mentioned above, TSHIP is facilitating an increase in the number of women who attend ANC for the first time. In PY 2, **198,202** women in Bauchi (144,797) and Sokoto (53,405) attended ANC1 sessions. In PY3, TSHIP will intensify technical assistance to WDCs to increase grassroots mobilization for health care services including FANC. Additionally, the community-based health workers (CBHW) program which will begin in quarter 1 of PY 3 as well as the activities of grantees is expected to increase the number of women attending ANC for the first time.

Indicator 15: Number of women receiving active management of third stage of labor through USG-supported programs

The number of women receiving AMSTL increased significantly in PY 2 to **19,673** (Bauchi – 12,868, Sokoto – 6,805) when compared with 4,238 in PY 1. AMSTL is an evidence-based intervention proven to be successful in the prevention of PPH, a leading cause of maternal mortality globally and in Nigeria, approximately 30 percent of direct maternal deaths worldwide are due to hemorrhage, mostly in postpartum period. AMSTL reduces the incidence of PPH by about 66%, the quantity of blood loss and the use of blood transfusion and is recommended by the WHO and the International Confederation of Midwives (ICM) recommend that AMSTL should be offered to all women having vaginal delivery and that every attendant at birth needs to have the knowledge, skills and critical judgment needed to carry out AMSTL. In both states, TSHIP supported SMOH in competency based training of health providers on EMoNC including the prevention and management of PPH. To ensure appropriate application of knowledge and skills, ISS was conducted and job aids on PPH distributed. These efforts have contributed to an increase in the number of women who received AMSTL during delivery in PY2.

In Sokoto, the number of health facilities offering delivery services increased from 56 in PY1 to 157 in PY2 resulting in an increase in the use of this intervention to reduce maternal deaths. With continued supportive supervision, the use of AMSTL is expected to increase. It is also expected that the provision of maternity record booklets for appropriate documentation and tracking of the use of life saving interventions in the general hospitals and PHCs such as pantographs and AMSTL will improve in the coming year. TSHIP is working with both states to ensure that by the end of Year 5, all deliveries taking place in health facilities are expected to benefit from AMSTL thereby reducing the number of women dying from PPH significantly.

Indicator 16: Number of newborns cared for in USG-supported programs

To reduce infant mortality, **23,014** newborns in Bauchi (16,209) and Sokoto (6,805) received ENC through TSHIP's support to the SMOH. This shows an increase in the appropriate care of newborns attributable to training, on-the-job support through supervision and the newly introduced HBB approach designed to improve the newborn resuscitation skills of providers for birth asphyxia. Also KMC module was introduced to provide incubator-like care by mothers to their low birth weight babies. Additionally, service providers in all maternities and PHCs are being supported technically and materially to offer ENC through supportive supervision, on-the-job support and facility improvements including equipment support. While immunization is being strengthened, the integration of all the needed care for newborns from birth is TSHIP's focus.

Indicator 17: Number of children under-5 years of age who received vitamin A through USG-supported programs

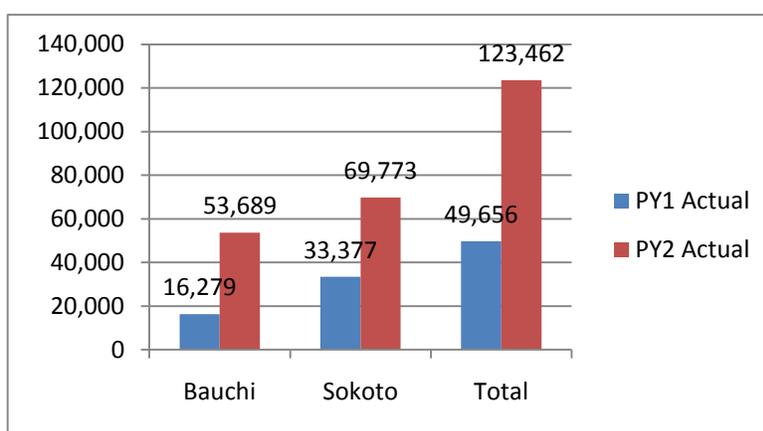
3,184,617 children 6-59 months received vitamin A supplementation at ward and health facility levels during the two MNCH weeks held in both Bauchi (1,755,014) and Sokoto (1,429,603) states. TSHIP provided technical support in the planning and supervision, and supported the production of data tools to capture vitamin A stock at the health facilities and LGAs during the period. For the first time in Bauchi, the state documented interventions during the MNCH week using a database largely due to the technical support provided by TSHIP. The project also supported food demonstrations to educate and reinforce early referral of malnourished children to the service delivery points for registration, and management.

Indicator 18: Number of cases of childhood diarrhea treated in USAID programs

The appropriate management of diarrhea with ORT significantly increased in PY2 with the establishment of 225 additional ORT corners in health facilities in both Bauchi (105) and Sokoto (120) states. Training on the appropriate management of diarrhea was conducted for service providers in the two states with TSHIP's technical assistance. The project also produced and aired jingles as well as practical demonstrations on hand washing and the use of ORS at the facility level reaching about 75 percent of the target population in both states. Additionally, TSHIP supported the distribution of ORS sachets as well as salt and sugar seed stock to 120 health facilities with ORT corners in Bauchi state. The SMOH provided 16,000 sachets of ORS, three vehicles (including drivers and support staff) for delivery of the commodities while TSHIP provided seed stock of salt and sugar as well as stipends for the personnel involved in the distribution.

In Sokoto state, hand washing using soap and water and preparation of salt sugar solution (SSS) for management of diarrhea was demonstrated to 8,462 care givers (6,549 females, 1,913 males) across the state during the MNCH weeks. 185 service providers received training on how to demonstrate hand washing and preparation of ORS as well as the appropriate management of diarrhea with ORS and zinc/fant. With well stocked ORT corners and training, service providers are better positioned to demonstrate the preparation of ORS to caregivers in the event of diarrhea at home as first aid before reaching the facility. This will greatly reduce childhood morbidity and mortality due to diarrhea.

Figure 8: PY1 childhood diarrhea cases treated compared with PY2



TSHIP's package of interventions described above contributed to an increase in the number of childhood diarrhea cases treated of **123,462** in PY 2 when compared against a project-wide target of 57,800. This represents an increase of 73,806 cases of childhood diarrhea treated in PY2 when compared with 49,656 PY1 as presented in figure 9 above.

Indicator 19: Rate of non-polio AFP cases

Increased awareness and early reporting of cases due to community-based sensitization supported by TSHIP led to early identification of acute flaccid paralysis (AFP) cases. 69 AFP cases were picked in Bauchi but none confirmed as wild polio virus (WPV) with a non polio AFP rate of 11.1¹⁵.

Throughout the year, TSHIP facilitated active surveillance through its polio teams in both states. Additionally, the TSHIP continued in its engagement of traditional birth attendants in identifying and immediate reporting of AFP cases and sensitized traditional and religious leaders on surveillance system for immediate case reporting. The project also supported border synchronization meeting and immunization to ensure that border settlements were properly covered during the IPDs to prevent the

¹⁵ Data for this indicator is collected from WHO

transmission of WPV from neighboring states. The Chairman of the Bauchi state social mobilization committee, Emir of Dass, Alhaji Usman Bilyaminu Usman was instrumental in awareness creation activities at the community level especially in the seven LGAs of Gamawa, Itas Gadau, Bogoro, Tafawa Balewa and Dass, ensuring a report of AFP within the stipulated seven days.

Indicator 20: Number of wild polio virus cases in USG assisted states

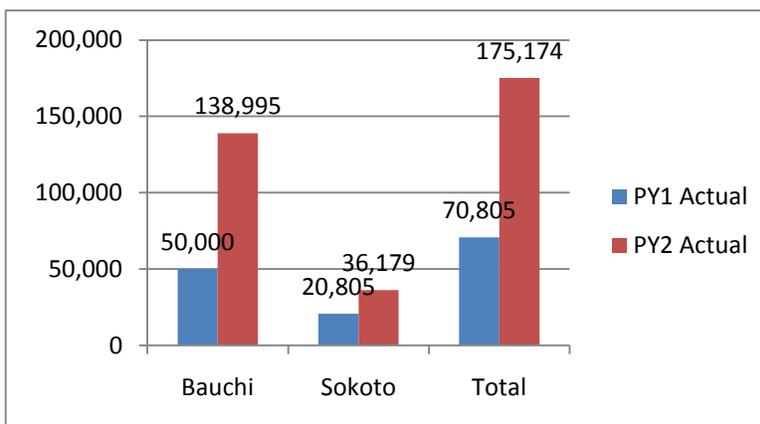
In Sokoto, five wild polio virus (WPV) cases were reported in PY2. The viruses were mainly orphan and were detected in Wurno, Wamakko, Sabon Birni and Isa LGAs. Nine rounds of polio campaigns were held this reporting period with TSHIP providing support in terms of community sensitization through WDCs, engagement of traditional leaders and the media. In compliance with the directives of the NPHCDA, TSHIP supported the Bauchi SMOH to conduct emergency mop-up in all LGAs bordering WPV states. TSHIP also facilitated an emergency state technical team meeting and developed emergency plan for the conduct of mop-up in the bordering LGAs of Gamawa, Zaki, Itas Gadau and Jama'are. Additionally, the project proactively included the mop-up exercise to include Tafawa Balewa and Bogoro LGAs based on the high risk index for the transmission.

Indicator 21: Number of women who receive IPT in prenatal care

The increased need to prevent malaria in pregnant women through the use of (SP for IPT is being met with increased TSHIP support for mobilization of stakeholders and sponsorship of the state RBM meetings to improve SP supply to all health facilities.

Challenges were experienced in the provision of SP to Sokoto state and efforts were made by SMOH and all relevant partners to cushion the stock out effect especially in the last two quarters of PY2. In Bauchi, TSHIP supported BACATMA in distributing 932,038 SPs to 365 health facilities. This is in addition to the 22,158 doses distributed during the MNCH weeks. Additionally, TSHIP supported

Figure 9: Number of women who received IPT in PY1 compared with PY2



the production and airing of radio jingles with key messages on the importance of IPT to pregnant women among other malaria control and prevention jingles to promote ANC attendance and compliance to IPT services.

TSHIP contributed to the increase in the number of women who received IPT from 68,529 in PY1 to 175,174 in PY2. Figure below provides a breakdown for Bauchi (138,995) and Sokoto (36,179) states.

The stock out experienced in Sokoto state was widespread due to irregular supply by the global funds program of the Yakubu Gowon Center. An increasing unmet need for IPT is anticipated in the state as more pregnant women are mobilized to attend ANC. TSHIP is however working with the state and other partners to cushion the stock out in PY 3 by getting support for commodity supply.

Indicator 22: Number of cases of malaria in children treated with ACT

In addition to training and supporting supervision, TSHIP supported SMOH to distribute 47,253 doses of ACTs to 365 health facilities in Bauchi state. The project also supported BACATMA to conduct on-

the-job mentoring in selected health facilities following the cluster training of service providers in the 16 clusters across the zones on the appropriate case management of malaria using the National Malaria Treatment Guideline. In Sokoto, the project supported the distribution of 73,950 doses of ACTs to 230 health facilities and supported the state to provide on-the-job training to service providers.

The total number of cases of malaria treated with ACT in PY2 was **130,364**. This represents an increase in the number of malaria cases treated based on standard guidelines when compared with PY1. There was inadequate supply of ACT in Sokoto state during the year, the number of cases treated (40,018) showed a shortfall when compared with the state target of 59,000. Similarly, 90,346 cases were treated with ACTs in Bauchi when compared with the state target of 153,000. Data reported for Bauchi represents only July; August and September data were not available at the time of preparing this report. The data will be consolidated and reported in the next quarterly report. TSHIP will continue to work with both states to improve the availability of ACTs.

Indicator 23: Number of ITNs distributed or sold with USG funds

In Sokoto, 175 ITNs were distributed during this reporting period. These were at some health facilities and were distributed to women during ANC. These were the few nets outstanding from the campaign in 2009. ITN distribution is based on plans developed by both states¹⁶. Throughout the year, the project concerted efforts on sensitizing the communities on the importance and appropriate use of ITNs. Awareness creation efforts by WDCs on the use of ITNs were supported during the MNCH weeks and World Malaria Day activities. The support package also included airing of jingles reaching over 1,900,000 persons in over 4000 communities. Additionally, five slots of 45-seconds radio jingles (per week) were aired reaching about 80% of community members and sustained for three months in PY2.

Sub-objective 3: Community mobilization and participation

In PY 2, TSHIP increased the proportion of active WDCs that are able to promote and support community-based advocacy and development initiatives. In both states, TSHIP reactivated or formed 300 WDCs and conducted TOT for 25 state trainers to facilitate the community-based health worker training scheduled for roll-out in PY3. TSHIP built the capacities of 150 LGSMC members, supported 31 town hall meetings which discussed and explored ideas for addressing priority health issues and supported the SSMC on the proactive engagement of the media. Additionally, the project facilitated the development and adaptation process for BCC materials which will be produced and distributed in PY3. TSHIP also supported WDCs to arrange a variety of community awareness events including dramas theater and community dialogues.

Indicator 24: Proportion of ward development committees (WDCs) that are active during the reporting quarter

An increasing proportion of WDCs in both states are actively promoting and participating in maternal and newborn health. 55.4 % of WDCs (Bauchi – 54%, Sokoto – 65%) representing a total of 314 out of 567 WDCs were active in PY2. In Bauchi state, 175 WDCs out of 323 (representing 54%) that exists in the state, reported conducting at least an activity relating to advocacy, community mobilization and household education, resource mobilization, and facility support within PY2. In Sokoto state, 160 WDCs out of 244 (representing 65%) were active.

¹⁶ Both states distributed ITNs in 2009.

In both states, TSHIP formed/reactivated 300 WDCs in PY2 (Bauchi – 140, Sokoto – 160). The reactivation process included series of events leading to public inauguration. To ensure their effectiveness, TSHIP improved their capacities in community mobilization through the Community Action Cycle (CAC) approach. Following the training, each WDC developed workplans for community engagement activities.

Equipped with the necessary skills, WDCs began addressing priority maternal and newborn health issues. For example, Sakwa WDC resolved issues of absenteeism among health facility staff by advocating to the LGA, Nasaru A WDC conducted orientation for 21 village development committees (VDCs), and Gar WDC successfully advocated to the government to finalize construction of its PHC. Additionally, five WDCs (Yuli, Pali West, Kungibar, Dan and Gar) established emergency transportation team to provide free transportation to women attending ANC and delivery services. The program has so far transported 123 women, 187 children (under-five) and two adults. This experience is being understudied by the BSPHCDA for possible replication in other wards. In Sokoto, 54 WDCs conducted outreach activities to educate members of their respective communities on home management of minor illnesses and key household practices. Also, the Tambuwal WDC sensitized 23 pregnant women on exclusive breast feeding (EBF) through home visits.



One of the happy nursing mothers attending the Launching of the Emergency Transport Team by 5 WDCs in Alkaleri LGA

Additionally, 58 WDCs conducted advocacies to policy makers, traditional and religious leaders and other stakeholders on a range of issues. Silame WDC successfully advocated for accommodation for service providers to enable them stay within the health facility and attend to emergency cases. Eight other WDCs conducted 13 advocacy activities in Ningi and Warji LGAs. Additionally, a network of five WDCs in Alkaleri LGA conducted advocacy visits to BSPHCDA, Yankari Transport Company, Nigerian Medical Association, ATBU Teaching Hospital, Millennium Development Goals (MDGs), Bauchi Radio Corporation all in an effort to elicit support in the effective implementation of their ETS.

WDCs in both states leveraged resources to facilitate developmental activities in their communities. In addition to personal contributions, they sourced financial and in-kind support from prominent individuals through advocacy. Sakwa WDC in Bauchi state established resource mobilization strategy for a drug revolving program. The 100 women groups under Zungur and Wonu south WDCs established 'Asusu' for their self sustenance. Asusu is a loan system established by the group to address priority needs of the members to improve self sustenance.

In Bauchi state, the activities of WDCs in support of facility improvements include sanitation and provision of toilet facilities (Wanka maternity), construction of drainages and gate repairs (Gadan Maiwa maternity), renovation of dispensary (Amarmari WDC), reactivation of health facility borehole and renovation of toilet facilities (Gumai WDC), and repair of PHC roofs (Madara). In Sokoto state, the WDCs provide water, wells, burn and bury sites, toilet repairs, detergents, and security to the health facilities. Additionally, in both states, QITs were linked with the general hospitals to promote use of skilled health services, and implement and institutionalize SBM-R.

Indicator 25: Percentage of people who report attending health services due to exposure to community awareness and education activities

This indicator will be measured through a client satisfaction survey/exit interviews in PY3. Meanwhile, about 2,587,208 people in Bauchi and 2,600,000 in Sokoto state were reached with information on MNCH/FP/RH in PY2¹⁷. TSHIP engaged radio and newspaper agencies to create awareness on maternal and newborn health issues. Federal Radio Nigeria Globe FM 95 Bauchi consistently runs a weekly series on immunization, maternal health and malaria. Kirown Lafiya Daga Tushe (health forum from the grassroots) is aired to convey messages, dialogues and events of the SSMC during IPDs, MNCH weeks and World Malaria Day. The program is aired thrice weekly. Bauchi Radio Corporation and Jigawa Radio aired 1232 slots of jingles addressing the use of LLINs, promoting ACTs, home management of fever and SPs on dot.



Demonstration of LLIN use during the flag-off ceremony in commemoration of the 2011 World Malaria Day in Bauchi

In Sokoto, TSHIP supported the state to air 13 episodes of Uwa-maba-da-nono, a weekly radio magazine program on Rima radio to discuss the importance of ANC, hospital delivery, child spacing, malaria prevention and control, community engagement and participation. Over 115 slots of jingles were aired to inform the public about danger signs in pregnancy, focused ANC, birth spacing and ORS. Additionally, TSHIP produced and supported the airing of 40 slots of radio jingles for publicizing free health screening at the Specialist Hospital in collaboration with the MTN Foundation. Rima Radio complemented TSHIP's efforts by airing 84 slots of jingles within one week after the expiration of an earlier sponsored jingle in early October 2010. Zairen Mai Anguwa (Village head forum), another popular weekly radio discussion aired by Rima Radio is supported by TSHIP. The total cost share leveraged through media engagements in Bauchi as mentioned are is **N5,102,054** (34,014 USD). The cost shared leveraged through similar efforts in Sokoto is being compiled and will be reported in the next quarterly report.

TSHIP in collaboration with SMOH, LGAs and other development partners (WHO, UNICEF, NPHCDA) celebrated MNCH week through series of mobilization activities reaching 1,800 community members across 18 wards in six LGAs in Sokoto state with information on the importance and benefits of attending ANC and hospital delivery FP, EBF, malaria prevention and control, immunization, malnutrition and treatment of diarrhea and how to prepare ORS. The World Malaria Day commemoration was aired by Bauchi Radio Corporation with 75% coverage of the entire state, leveraging cost-share of N210,000 (US1,615). DanAmar A WDC in Bauchi LGA hosted the state flag-off of the World Breast Feeding Week and mobilized nursing mothers and pregnant women to participate at the event. Other activities by WDCs during special events include organizing baby shows, facilitating community dialogues and general awareness creation.

Distribution of materials developed in PY1 was completed this year. Other key materials have been identified and in the process of production. The materials include counseling charts for CBHWs, FP poster and leaflets, birth preparedness, KMC, ENC, home management of malaria, emergency trolley

¹⁷ Coverage estimates by the radio stations

and nutrition. The process for developing the new materials included a three-day consensus building workshop held with the participation of all stakeholders in both states. The workshop was attended by 59 participants representing SSMCs, traditional and religious leaders, NGOs, FBOs, SMOH, MOLG, Information SPHCDA, health providers and other implementing partners. During the workshop, 74 types of IEC/BCC materials and job aids were reviewed under the thematic areas of FP, adolescent reproductive health (ARH), malaria, MNH, RI, nutrition, ORT, EBF, vitamin A supplementation and safe motherhood. In PY2, TSHIP reproduced and distributed Tiahr poster (Hausa – 1000 copies), birth spacing methods booklets (English – 150, Hausa – 150), FP cue cards (1000), ‘Ni da matata muna bada tazara’ posters (100) and infection prevention posters (100). The new materials were pre-tested in September and will be finalized and produced in the first quarter of PY3.

The technical concept for the CBHWs was finalized and a TOT conducted for 29 core trainers (female – 8, male – 21) during which a six-month workplan was developed for training the CBHWs. Meanwhile, several WDCs have already instituted core volunteers who are supporting facilities with minimal services. Wornu South in Toro LGA (Bauchi state) has ten volunteers attached to the maternity who register clients conduct weighing of children and provide sanitation services. WDCs Ningi, Yanda, Garuza, Dagauda, Yayari, Gwaram, Akuyam, Nainawa, Masuri, Gunciguni, Maimaderi conducted household activities to demonstrate hand washing with soap and ORT preparation during the cholera epidemics, addressing malnutrition, and non-compliance during IPDs.

Other social mobilization activities include capacity building for LGA and State Social Mobilization Committees, town hall meetings organized by WDCs to discuss priority health issues, and the formation of 100 women groups in several wards in both states.

Sub-objective 4: Policies, advocacy and financing

TSHIP continued to strengthen the capacities of the Ministries of Health, health related agencies and boards in both states to adapt and adopt health policies, plans, guidelines, protocols and standards of practice. Overall, 28 policies were worked on in PY2. Specifically TSHIP supported development, dissemination and ongoing implementation of the Bauchi and Sokoto states costed Strategic Health Development Plan (2010 – 2015). TSHIP provided technical assistance towards operationalization of these plans through the derivation of annual health work plans by the SMOH, all its agencies and health department of various LGAs in both states. TSHIP provided technical assistance to the design and development of the Bauchi State Drugs and Medical Consumables Management Agency (DMCMA) bill. The implementation of the bill would ensure the attainment of one of the key area of health systems – sustainable medical supplies, vaccines and new technologies. The project also facilitated the development of Bauchi and Sokoto Ward Minimum Health Care Packages (WMHCP) to guide primary health care service delivery at LGA and community levels. Additionally, TSHIP supported the development of performance standards for quality of care in MNCH/FP/RH services for health facilities in both states, empowered a core group of RAPID advocacy ‘champions’ for improved commitment to FP/RH services in both states, and at the federal level, TSHIP supported the development of the National Reproductive Health Commodity Security (RHCS) Strategic Plan (2010- 2015). This will be adapted in the two states in PY3.

Indicator 26: Number of policies that are developed or adapted to support improved FP/RH/MCH services

In 2009, Sokoto State Government promulgated an Edict establishing the State Primary Health Development Agency to plan, manage and coordinate primary health care services in the state. However, the Agency could not take-off owing to a number of challenges. To ensure that the Agency became fully operational to discharge its responsibilities, TSHIP during PY2 facilitated a stakeholder forum involving all stakeholders on its take-off. TSHIP readily provided the Agency with technical

support to develop its 2011 operational plan, planning and organization of Development Partners' meetings.

TSHIP in collaboration with UNICEF and WHO supported the Bauchi SMOH to finalize, validate and print its costed State Strategic Health Development Plan using participatory approaches involving key players within the health sector, private providers and civil society groups. In December 2010, the project supported a finalization workshop to review the draft document and to cost it at a three days meeting in Kano. Thereafter, the final draft was validated by the State steering committee for the plan development at two days meeting in Bauchi. TSHIP also supported the printing of 1,500 copies of the approved document which was disseminated in March 2011. The public presentation of the SSHDP document was witnessed by national, state, LGA, civil society, international development partners (WHO, UNICEF, CIDA, World Bank HSDP II, FHI/GHAIN, TSHIP, MSF and Acquire Fistula Care project), religious and traditional leaders, WDCs and media organizations. USG was represented at the dissemination by USAID-Nigeria Deputy Mission Director, Ms Michelle Godette. As part of technical support to ensure implementation of the SSHDP, TSHIP supported the SMOH to derive its 2011 annual work plan using the sector-wide approach.

The Sokoto SSHDP (2010 – 2015) is meant to provide strategic direction for health sector interventions in the next five years. With potentials for improving maternal, new born and child health care services in the state, TSHIP during PY2 supported the State Ministry of Health to develop and print the Strategic Plan; assisted the state to operationalize the plan facilitating integration of its work-plan into the plan and supported institutional and individual capacity building (including procuring and distribution of data capturing tools, documentation and filing at LGA offices) to be able to provide MNCH/FP/RH services.

During the year, TSHIP supported the Bauchi State Primary Health Care Development Agency (SPHCDA) to adapt, review, finalize and print 2,000 copies of Bauchi State Ward Minimum Health Care Package. This guideline document provides the desired guidance for the implementation of IMNCH/FP/RH services at the primary health care levels in various communities. Apart from TSHIP, other development partners that played technical roles in facilitating the domestication of the guideline document to Bauchi State include WHO, CIET-CIDA, FHI/GHAIN & NPHCDA. The printed document will be disseminated to all LGAs and WDCs working in various communities of the State.



Cutting of tape and unveiling the strategic health development plan.

Also in PY2, TSHIP supported the Bauchi SPHCDA to adapt the Minimum Primary Health Care Package and to ensure its proper implementation. TSHIP also initiated the move through the Primary Health Care Agency to re-categorize existing primary health care facilities according to the national standards. The National Ward Minimum Primary Health Care Package (2007 – 2012) outlines key areas of concern in ensuring equitable primary health care delivery, the set of interventions deemed necessary to achieve equity and significant reductions in morbidity and mortality within the general populace and the minimum package of resources required for the implementation of each intervention. In addition, the document outlines the broad strategies to be utilized, the main objectives to be achieved and a time frame for the establishment of the minimum package in wards across the country.

Again, to ensure that health service providers comply with the new national policy on malaria diagnosis and treatment in the state, TSHIP supported additional procurement (1,000 copies) and dissemination of

the policy. Over 634 health facilities were supplied with copies to guide their operations. Through the training on malaria case management (see section on trainings) and ISS, TSHIP is facilitating implementation of the policy on malaria diagnosis and treatment.

In order to reduce some of the delays encountered in accessing quality health care services especially among pregnant mothers and children, TSHIP is facilitating the development of a State referral guidelines document. A consultant was engaged by TSHIP to support Bauchi state develop the referral guidelines. So far a draft referral guideline has been developed and shared with technical officers within the health sector for review. A finalization meeting is planned for the first quarter of PY3 before it is printed and disseminated. In addition, referral focal persons and transport managers in charge of ambulances will be trained on referral and linkages within the health sector.

During the reporting period, TSHIP in collaboration with other USAID projects (LEAD & NEI) and CSOs in Bauchi State facilitated a gender gap assessment and analysis. The project has strengthened the State Gender Technical Working Group (TWG) under the auspices of the State Ministry for Women Affairs and Child Development (SMWACD) with a clearly defined term of reference. Collaborating partners have engaged consultants to facilitate the gap analysis that would inform the development of Bauchi State Gender Policy. Ultimately, TSHIP will support printing and dissemination of the gender policy in PY3 and ensure roll-out implementation particularly in areas of FP/RH, women empowerment and participation, equity and access to MNCH services.

In PY2, TSHIP supported the SMOH and all its agencies to conduct a situation assessment of available work force within the health sector of Bauchi state and LGAs. Two consultants were engaged by TSHIP to support this assessment. Analysis of data from the field is still on-going. However, findings from the assessment will be shared with key stakeholders which will ultimately inform the development of the State human resource for health policy and plan. In PY3, key players in the health sector of the State will participate at the policy development workshop with medium term plan for implementation.

Availability drugs and medical consumables in health facilities reinforce the completeness of any health care system. To ensure availability of cost-effective drugs and consumables in all public health institutions in Bauchi State, TSHIP is advocating for the establishment of the DMA that would be responsible for procurement, warehousing, distribution and financing of drug needs for the entire health system of the State. During the period, TSHIP supported exchange visit to similar establishment in Kano in partnership with UK AID-funded PATHS2 project. The project has also supported the State in drafting the agency bill for passage by the State assembly. As prelude to the establishment of the agency, USAID Deliver is collaborating with TSHIP on logistics management and supply chain system for essential MNCH/FP/RH drugs and commodities in Bauchi State.

To ensure sustainable availability and financing for FP/RH commodities at the National level, TSHIP in collaboration with UNFPA and USAID Deliver project supported the family health division of FMOH in the review of the previous strategic plan (2001 – 2005) and the development of the new RHCS strategic plan (2011 – 2015). TSHIP facilitated the participation of state-level players in FP/RH at the national workshop. Some of the supported participants include Permanent Secretary SMOH and the Executive Secretary, SPHCDA. The final strategic document was shared for further review, comments and inputs. In PY3, TSHIP domesticated similar document to Bauchi and Sokoto States.

Also in Bauchi state, TSHIP collaborated with the Nursing services department of the SMOH and CIET-CIDA project, to outsource the development of State Midwifery policy to a consultant. Data have been collected on the available mix of skilled birth attendants working in the public sector of the State and LGAs. A consensus building meeting was held with key stakeholders and community leaders on the need to put in-place a midwifery policy that would be able to address the gaps in skilled birth delivery and promote willingness to work in rural areas.

TSHIP supported the child health division of FMOH at a five-day workshop to review and update the current IMI guidelines. Two consultants were engaged by the project to facilitate the review and update meeting. Aside TSHIP, other partner agencies that supported the review process include Save the Children UK, DfID-funded PRRINN-MNCH project, FHI/GHAIN and UNICEF. There are plans to field test the reviewed draft document in Bauchi in the first quarter of PY3. Key areas that were improved upon in the document include PMTCT at PHC level, ACT in malaria, nutrition and newborn care.



Some of the family planning advocates brainstorming on implementation strategies

In PY2, TSHIP supported the SMOH and HMB to develop performance standards for quality care in MNCH/FP services in secondary health facilities. The standards were based on international SBM-R tools used in MNCH services. TSHIP engaged international and local consultants who facilitated the development process. Skilled health providers from secondary health facilities were trained on the performance standards and quality improvement teams established in such facilities. The final document has been endorsed by the State as tools for supportive supervision in General hospitals. Limited copies (1500 per State) of these standards are being printed for distribution to secondary health facilities in Bauchi and Sokoto States. A similar standard is planned for primary health care institutions in PY3.

During the year, TSHIP in collaboration with UNICEF and CSOs working in Bauchi State supported the SPHCDA to develop draft AYRH strategy that would be implemented in Bauchi State. An Expert facilitated initial brainstorming meetings with key stakeholders and later strategy development workshop. The first draft document was reviewed at a workshop in September 2011. Inputs were received from participants from SMOH, SPHCDA, Rahama, Fahimta, PPFN, UNICEF, Religious leaders, traditional institutions and youth organizations. The outcome of this intervention was the second draft document which will be reviewed in PY3 for finalization and adoption by the State. With the AYRH strategy, more married and unmarried adolescents and youth will be targeted with FP/RH services.

In PY2, TSHIP finalized the RAPID advocacy model for increased commitment towards FP/RH services and information. The Resources on Awareness of Population Impact on Development (RAPID) is an evidence-based advocacy model used primarily to get the buy-in of policy makers to introduce policies and programmes aimed at increasing demand for and supply of family planning services. It is also an advocacy tool for expanding the constituency of supporters/champions for the promotion of family planning services.

In PY2, TSHIP supported the state to develop the RAPID Model and through the SPHCDA, it selected and trained sixteen 'family planning champions' on presentations of the RAPID model. It further 'Champions' were trained on RAPID advocacy presentation at a five days workshop in Yankari. With the knowledge base provided, the champions have been able to reach-out to 84 policy makers and decision taker with messages of population, development and quality of life. Some of the institutions reached include Bauchi State House of Assembly, Permanent Secretaries and Traditional rulers from Bauchi Emirate. In Sokoto, TSHIP supported the state to develop the RAPID Model and through the SPHCDA, it selected and trained sixteen 'family planning champions' on presentations of the RAPID model. It further supported the team to make RAPID presentations to the Alumni Association of the Othman Danfodiyo University, Sokoto. The team also presented it to the Hon. Commissioner of Health

in the state. Efforts will continue to reach women groups, first ladies of the State and LGA Chairmen in PY3.

To remedy pervasive drug and medical supply shortages in a sustainable manner, TSHIP collaborated with USAID Deliver project on strengthening the overall logistics system in the State. TSHIP supported workshops for facility managers at State and LGAs as well as health decision takers to explore and assess existing systems of drug procurement and supply management, identify bottle necks and weaknesses. Based on findings from the logistics assessment, appropriate system design for essential drugs and commodities will be developed.

One critical area of the State Health Strategic Plan (2010 -2015) is promotion of Public - Private Partnership for health services. The partnership aims at increasing private sector involvement in the provision of MNCH/FP/RH services in the state. During PY2, TSHIP translated this state dream into action through the initiation, preparation and signing of a Memorandum of Understanding (MoU) among six partners for the provision of maternal, new born and child health services at Wajeke Clinic, in Wamakko LGA of Sokoto state.

During the year, TSHIP conducted direct assessment of the three pre-service education sites and 45 clinical practicum sites existing in the State using the SBM-R tool. Findings from the study constituted the baseline indicator for TSHIP's engagement with the pre-service institutions. The report of the baseline also expressed the need for a well fashioned-out approach to improve the clinical skills, knowledge and capacities of the products of these institutions particularly in areas of MNCH/FP/RH services. Based on this, TSHIP supported the development of the pre-service education strategic action plan. A consultant was engaged to facilitate a five-day plan development workshop with full participation of educators from the institutions, clinical preceptors, nursing and midwifery council, LGA MCH co-ordinators and CSOs. The outcome this processes is the draft strategic action plan. In PY3, this will be further reviewed and validated with the State for implementation.

Indicator 27: Number of local organizations provided with technical assistance on institutional capacity building to leverage additional resources for FP/RH/MCH information and services

TSHIP provided technical assistance to a total of 134 local organizations in PY2. In Sokoto, the issue of inadequate resource allocation for MNCH/FP/RH services by the two tiers of governments raises a lot of concern in the State. To address this issue, TSHIP in PY2, collaborated with the USAID/LEAD project to set up a budget technical working group for the State. TSHIP actively participated in all TWG meetings that culminated in a health sectoral allocation of 14.7% of the overall 2011 state budget.

Also, to ensure that local governments have consistent plan for MNCH/FP/RH interventions in the state, TSHIP in PY2 facilitated the development of a costed-work-plan in six local governments. The plan provided for activities to be undertaken and the amount of money to be spent on each activity throughout the year.

Based on the State Strategic Health Plan and Ward Minimum Health Care Package, TSHIP supported all 20 LGAs in Bauchi state to develop and costed customized annual operational health plans for 2011. The operational plans were developed on zonal basis in a participatory manner involving key players from the Local Government PHC department, WDCs and community representatives. Activities in the plans were developed based on the peculiarity of LGA and priorities for implementation during this fiscal year. TSHIP will in the first quarter of PY3 support all the LGAs to review progress made in the implementation of the 2011 plans, and subsequently provide TA to develop the 2012 accordingly. It is expected that the LGAs will imbibe the culture and practice of program planning before implementation.

TSHIP in collaboration with the state ministry of Health conducted an organizational capacity assessment within the public health sector key partners. These MDAs include: Ministry of Health (SMOH), State primary Health care development Agency (PHCDA), HMB, Bauchi state Agency for control of AIDS, BACATMA, MOLG and Local Government Service Commission (LGSC). The assessments reports/ key findings were both validated and disseminated to the relevant stakeholders and recommendations on how to bridge identified gaps at the different levels were developed. Capacity gaps/ findings have continued to form basis for intervention and support from TSHIP. Consequently, OD based interventions and follow up activities with the state level partners are based on identified gaps. OD capacity building roll out trainings will commence in earnest in PY3. The assessments were conducted using the revised MSA Organization Development Capacity Assessment Tool (ODCAT).

TSHIP understands clearly the role of civil society organizations in Health system strengthening. PY2 witnessed the conduct of a state-wide organizational capacity assessment of 22 civil society organizations in Bauchi state. Reports from this activity have since been validated and shared. Action plans developed by participating organizations. The underlying aim of the assessment is to enhance capacity of the civil society organizations for program and organizational effectiveness and sustainable impact. Organizational Capacity Assessment Tool used focused on 10 critical OD areas, namely: governance, leadership and structure, program development and management, human resources, management systems, monitoring and evaluation including management information system, partnership and collaboration, strategic and operational planning, resource mobilization, financial management and infrastructure, materials and equipment. Follow up visits for coaching and mentoring have indicated significant progress recorded by a number of organizations leading to organizational effectiveness and results oriented programming.

In the year under review TSHIP has conducted a four-day skills building and training for 24 senior level management members of the state social mobilization committee on proposal development and other resource mobilization strategies. The main objective of the SSMC is to increase awareness and participation of individual, households and communities on the need for increased use of health care services. The training familiarized participants with resource mobilization framework, concept and strategies, enhanced participants' conceptualization and design of acceptable standards for fundable proposals and strengthened participants capacity to develop and implement resource mobilization plans for organizational sustainability. Participating committee members departed the venue with two written draft proposals for further review and fine tuning to meet donor standards. TSHIP will follow up on this effort to ensure additional funding to leverage health activities planned by the SSMC.

TSHIP organized a 5-day technical workshop to review, analyze, prioritize and categorize accordingly, appropriate technical assistance suitable for capacity gaps identified. The capacity building guide covered areas such as governance, leadership and structure, program development and management, human resources management, management systems, monitoring and evaluation, management information systems, partnership and collaboration, strategic and operational planning, resource mobilization, financial management and infrastructure. The technical workshop had 18 senior level participants in attendance; these were drawn from the health sector MDAs, CSO chief executives, TSHIP ODs and LGADC staff. The product of the technical workshop has led to the development of an organizational capacity development training guide targeting mid level management cadre of both public and CSO sectors. A Training of trainers (TOT) has been conducted for 15 (5 per zone) selected state and LGA level trainers who will partner with TSHIP LGDC staff to roll out support to TSHIP partners namely: PY3 will witness massive technical support to ensure organization effectiveness and greater programming impact.

In Sokoto, TSHIP trained **30** representatives from CSOs, Government institutions and community level structures on fundable proposal writing in order to leverage additional resources for MNCH/FP/RH

programming. This training led to enhanced capacity of such local partners to write and submit fundable proposals to a number of funding agencies.

To address some of the gaps from the ODCAT assessment, training was conducted to improve the capacity of CSOs on effective filing and documentation. The training was attended by 30 participants (2 participants each from 15 CSOs), including the CEOs and officers-in-charge of documentation. At the end of the training, the CSOs drafted improvement plans. Follow up plans have been initiated with technical support from TSHIP. Follow up visits have been conducted after the initial training, it is heartwarming to say that significant changes have been recorded. A number of organizations have demonstrated improvement in organization information, documentation, data and records management. Some have procured filing cabinets, opened designated file for various subject areas.

During the period under review TSHIP provided various technical assistance and support to some selected Partners both state and zonal levels. These include LGAs and CSOs, some of which are TSHIP potential grantees. Three organizations were supported to adequately prepare and plan towards the development of their 3- year strategic plans (Rahama Women Bauchi, Pioneer & Reproductive Health Misau and WODASS Dass). TSHIP will in PY 3 support these organizations to develop and cost the documents. WEIN in Bauchi was supported to conduct its Strategic plan document mid-term review (MTR). TSHIP provided the technical guide and the tools for the mid-term review. The report of the review is still awaited.

At the zonal level, TSHIP has supported Federation of Muslim Women Association of Nigeria (FOMWAN) on the level of documentation and record keeping based on the improvement plan developed by the CSOs. The organization has improved on the following areas: Procured a file cabinet and documents are now filed according to thematic areas e.g. separates files for malaria clients. HIV/AIDS support group files, OVC enrolment files, LLIN distribution files. Meanwhile, Gamawa, Jama'are, Bauchi, Itas/Gadau and Katagum LGAs PHC departments were supported to commence the review of the 2011 operational plans, identify key interventions areas for the remaining part of the 2011, plan advocacy to the care taker chairmen to present the operational plan and advocate support to operationalise the plan. Participants in the propose visit will include DPHCs, MCH, M&E officers, DSNOs, LIOs and Health Educators.

PROJECT SUPPORT

These comprises grants, operations research (OR), knowledge management and communications (KM&C), and monitoring and evaluation (M&E). In PY2, grant activities focused on setting-up systems to enable effective management of the grants program, and properly monitoring and supervising grantee activities. A process for evaluating the non-competitive grants was completed and TSHIP is awaiting USAID on approval. Requests for proposals were issued for the competitive grants, which will be awarded in PY3. TSHIP OR provides evidence and support the use of evidence to inform TSHIP activities to increase efficiency, effectiveness, and quality of services delivered. In PY2, TSHIP established Health Research Ethics Committees (SHREC) in both states, conducted a study on the operational barriers to ITN distribution in both states, and designed a study on factors influencing the use of long acting methods of contraception in hard-to-reach communities in Bauchi state. Additionally, the project developed and deployed a website and intranet to enhance internal and external information sharing, developed and distributed two issues of the TSHIP newsletter, *Advancing Health*, developed success stories, papers, and a range of other communication pieces. Through strategic engagement of the media, 71 reports were aired free of cost to TSHIP thus leveraging N1,302,320. Additionally, two communities of practice (CoP) were established in the two states and will serve as active conduits for information and knowledge sharing at the state level in PY3. TSHIP M&E continued to support the sub-objective teams to collect, analyze, and use data for strategic planning and decision making. The project supported grantees to develop their M&E plans, facilitated the conduct of monthly state data review meetings, facilitated monthly capacity building visits to LGAs, facilitated the formation of the State M&E technical working groups and health data consultative committees in both states.

Grants

The TSHIP grant program began in PY2, during which time the Grants Manager and two Assistant Grants Managers (one for each state – Bauchi and Sokoto) were recruited. Although having just inaugurated the program in PY2, it has already achieved several achievements. More importantly, it has allowed TSHIP to develop a solid framework from which to mitigate future challenges can be mitigated and to expediently identify potential grantees. During the reporting period, the unit released two requests for applications (RFA), one for non-competitive and the other for competitive grantees, in addition to developing the grants strategy and the Grants Manual. The strategy was developed using a participatory approach, involving key stakeholders including TSHIP technical advisors, USAID, NEI, and LEAD, and potential grantees such as Partners for Development (PFD), FOMWAN, Rahama, Planned Parenthood Federation of Nigeria (PPFN), and Life Helpers Initiative (LHI).

Non-competitive grants: In order to ensure rapid startup of the grant program in the two states, TSHIP selected a pool of stronger organizations in both Bauchi and Sokoto that have already been working in MNCH/FP/RH. These organizations have a significant amount of program, management and leadership capacities that can quickly be harnessed into project implementation. Out of a total of eleven organizations identified and assessed for grant awards, eight were identified as qualifying for a non-competitive grant award. These organizations include Rahama, LHI, MSN, PFD, FOMWAN Bauchi, FOMWAN Sokoto, PPFN Bauchi, and PPFN Sokoto. Subsequent to the selection of these potential non-competitive grantees, the respective organizations participated in both a pre-proposal writing workshop (Bauchi – 10 males and 3 females; and Sokoto – 6 males and 5 females) and a training on community action cycle (CAC) (Bauchi – 4 males and 5 females; and Sokoto – 5 males and 4 females). The latter provided the potential grantees with the knowledge and tools that will enable them to effectively engage with the community at the time of launch. The pre-proposal writing workshop focused on providing the potential grantees with the skills to write sound grant proposals. In addition, the Grant, Community Mobilization and M&E units provided technical support to the potential grantees in the development of their M&E plans, including PMP matrices with indicators and targets for the life of the project. Support was also provided in the editing and formatting of the proposals. To date, no grant award has been made, as TSHIP is still awaiting USAID approval.

Competitive grants: The second batch of grantees is being organized through a competitive process. In Bauchi, 26 organizations responded to the expression of interest (EOI) and request for assistance (RFA), while in Sokoto, 21 organization submitted their applications. Of these, 18 organizations (12 NGOs; 6 WDCs) and 14 organizations (10 NGOs; 4 WDCs) were shortlisted, respectively. Subsequently, the shortlisted organizations were trained on pre-

proposal writing (Bauchi – 46 males and 9 females; and Sokoto – 32 males and 12 females). The submitted proposals have been reviewed by the grant evaluation and selection committee. Successful potential grantees will receive further support from TSHIP in developing better proposals that will be ready for funding. This activity will be implemented in the 1st quarter of PY3.

Operations Research

During PY2, the Operations Research team had two major successes, namely, implementation of an OR study to examine operational barriers to ITN distribution in both states and supporting both Bauchi and Sokoto States to set-up and operationalize Health Research Ethics Committees.

Operational Barriers to ITN Distribution in Bauchi and Sokoto States: The OR undertook a study to examine the operational barriers to ITN distribution in Bauchi and Sokoto States. The research was in response to the data needs of TSHIP's MCH team - which were to be used to support Bauchi and Sokoto State Governments to strengthen their malaria health system through trainings, supportive supervision and planning. The study provided TSHIP and SMOH with a better understanding of the current operational practices related to ITN distribution as well as the challenges in ITN distribution in the States.

Several OR studies are slotted for PY3, specifically in Q1, two studies will be implemented namely a study on "*Factors influencing use of long acting methods of contraception in hard to reach communities of Bauchi and Sokoto State, Nigeria*" and "*Measuring the effectiveness of ORT corners in management of simple diarrhea in Bauchi and Sokoto*".

Creation of Bauchi and Sokoto State Health Research Ethics Committees: The establishment of State Health Research Ethics Committees (SHREC) is prioritized in the Bauchi and Sokoto States SHDP. In PY2, TSHIP provided technical and financial support to both states for the creation, training of the ethics committees as well as to develop their sub-strategic and work plans. The committees monitor the implementation of scientific research to ensure compliance with national and international standards on human subject research. Specifically, the HREC objectives are to: (i) ensure that all research are conducted in line with ethical standard through review of protocol; (ii) to provide oversight and monitoring support to ensure research implementation respect agreed ethical approval; and (iii) to respond to complaints and disputes and conflicts that might arise in the conduct of research.

Each committee is constituted with 11 members: Permanent Secretary Ministry of Health; Director Planning, Research and Statistics, SMOH; Deputy Director Primary Health Care, MLG; Desk Officer of the HREC, SMOH; and Director Planning, Research and Statistics, BACATMA and representatives of HMB, Ministry of Justice, Christian Association of Nigeria, Traditional Rulers/Community Leaders, Jamaatul Nasril Islam, and Nigerian Medical Association.

TSHIP supported the SHREC to develop and adopt terms of reference that guide the operations of the committees as well as guide the constitution of the committee members. In order to build the SHREC knowledge and capacity to review and approve research protocols, TSHIP's supported the SHER training and study tour to the Nigerian Institute for Medical Research (NIMR) Lagos in October 2010 and July 2011. The technical and financial support provided to the SHRECs has led to (i) adoption and adaptation of standard operating procedure for protocol submission and ethical review and approval process; (ii) development of template for protocol submission; (iii) development of template for ranking and scoring submitted protocols; (iv) improved knowledge and skills on protocol review; and (v) improved the level of awareness in the states about SHRECs roles and responsibilities.

The SHRECs in both states reviewed and subsequently approved a total of 5 research protocols. In Bauchi, the SHREC reviewed and approved three research protocols, namely (i) *Maternal and child health assessment in Bauchi* submitted by CIET/CIDA; (ii) *Operational barriers to ITN distribution* and (iii) *Factors influencing use of long acting family planning methods in hard to reach areas in Bauchi*; with the former and latter protocols submitted by TSHIP. In Sokoto, the HREC reviewed and approved protocols submitted by TSHIP (*Operational barriers to ITN distribution*) and SunMAP-Malaria Consortium (*Sokoto post-campaign net and vaccination survey*).

Knowledge Management and Communications

The Knowledge Management and Communication (KMC) Specialist assumed duties at the beginning of PY2. Within the year, the TSHIP KM&C strategy was developed and disseminated. A corporate brand was launched in compliance with USAID branding guidelines and used in developing a range of communication pieces. TSHIP developed and deployed a project website and intranet to enhance information sharing within and outside the project. Presence was established on face book, YouTube and LinkedIn social media sites to improve project visibility. Other applications and tools were deployed to improve internal coordination and communication, including tshipnigeria.org email addresses for all staff and the deployment of Smart Sheet and Zoho recruit. Two issues of the TSHIP quarterly newsletter, *Advancing Health*, was developed and disseminated. Other communication pieces include an abridged annual report, compilation of the quarterly reports, development and dissemination of success stories, and development of two papers for dissemination in the 2011 USAID FP conference. In the fourth quarter, a two-day workshop was conducted for journalists and two media communities of practice established in both states. Additionally, TSHIP supported a diverse group of journalists and information officers from the MDAs to conduct three-day field visits to document and disseminate project milestones. The following represent specific accomplishments:

Internal needs assessment: 49 TSHIP staff participated in internal needs assessment during separate workshops conducted in Bauchi and Sokoto states in February 2011. During the workshops, participants completed knowledge audit questionnaires, identified key knowledge management (KM) needs and issues, extracted key activities requiring KM&C support based on the year 2 workplan, and developed a draft list of KM&C deliverables for quarters 2–4 of PY2. The workshop also improved the understanding on KM&C within the TSHIP framework.

Knowledge management and communication strategy: Recommendations and outcomes from the internal needs assessment workshop facilitated the development of the TSHIP KM&C strategy. Additionally, a knowledge mapping was conducted to collect information required to build a knowledge management system that proffers relevant solutions for TSHIP's needs. The strategy leverages existing knowledge (internally and externally) in order to establish an explicit and systematic framework for managing the standard processes for creating, storing, diffusing, using and exploiting information to maximize project goals and to achieve the TSHIP strategic objective. TSHIP's KM&C effort supports the health information systems of selected state government institutions in both Bauchi and Sokoto to ensure improved systems for data generation, analysis, sharing and use, which will facilitate strengthening of the overall health systems. In addition to internally focused interventions, the external KM&C efforts focuses on generating demand for policy reforms in the health systems of both supported States by improving KM&C practices and capacities of SMOHs, SPHCDA, HMBs, as well as other relevant line Ministries such as Information, and Budget and Planning. A baseline assessment is scheduled to identify barriers to effective communication and knowledge sharing within the health sector and to build a picture of strengths and weaknesses to inform priorities for action. The assessment will inform TSHIP's core interventions with focus on supporting both states to tackle the barriers.

Commenced process for building the TSHIP knowledge repository: Following the workshops in both States, TSHIP began the process of building a knowledge repository. The process involved retrieving, gathering, and developing documents on the complete range of TSHIP activities from all technical staff members. Overall 206 documents were retrieved from both State teams, including activity reports, trip reports, an inventory of ward development committees (WDCs), WDC workplans, training manuals, consultancy reports and deliverables, concept papers, activity profiles, minutes of meetings, and agendas. Additionally, several photographs were also retrieved. The KM&C unit is assessing all documents for appropriate classification and quality, and will provide feedback to the teams. The process for retrospective (as well as prospective) documentation will continue throughout the project cycle. The overall objective is to create a comprehensive and accessible knowledge repository for TSHIP. In year 3, TSHIP will present the documents in a searchable database for easy retrieval.

Knowledge sharing through TSHIP website: The TSHIP website was finalized and launched in April 2011 and has received 12,121 views by 5,756 visitors by the end of September 2011. The site (www.tshipnigeria.org) includes background information on the project, project objectives, achievements and milestones, and expected outcomes. Visitors to the site were from 67 countries including Nigeria (2862), United States (1781), Israel (166), United Kingdom (91), Serbia (40), Ethiopia (39), India (28), Canada (23), and Brazil (17). Additionally, fifty-one

requests for the TSHIP newsletter were responded to during the year. The website was upgraded into a dynamic site in quarter four to facilitate real-time updates on project activities. The upgraded site will be fully deployed in the upcoming quarter. Separate pages were also developed for TSHIP on Face book (<http://www.facebook.com/pages/Targeted-States-High-Impact-Project-TSHIP/195422140478356>) and LinkedIn (<http://www.linkedin.com/pub/tship-nigeria/30/203/520>) social media sites. TSHIP uses social media solutions to share the Project's successes, updates through a community of interested prospects with the goal of moving the community to support and pr scale up specific interventions or strategies. Face book is the largest on line community with over 700,000,000 people worldwide and presents the opportunity for raising awareness on projects and activities of TSHIP in support of the health systems strengthening portfolio in both States. During the year, 113 persons subscribed to updates on TSHIP's activities.

TSHIP staff trained on a range of KM&C tools: 103 TSHIP staff (out of 121) in both supported states received training on a range of knowledge management and communications tools to improve their skills in identifying, and documenting project updates and successes, as well as sharing information on various aspects of program intervention to improve integration, coordination, documentation and collaboration. Specific sessions focused on using the TSHIP intranet, promoting the TSHIP social media sites, using 'Smartsheet' for planning, documentation and updates, taking action photographs, 'how to tell the TSHIP story', procedures for knowledge sharing and orientation of specific templates for documentation. Four separate three-day workshops were conducted: two in each state.



Cross-section of TSHIP staff during the training sessions in Bauchi and Sokoto

TSHIP newsletter: The first issue of the TSHIP Newsletter – Advancing health – were developed and distributed to stakeholders including the State Ministry of Health, State Primary Health Care Development Agency (SPHCDA), State Agency for the Control of Tuberculosis, Malaria and HIV/AIDs, Hospitals Management Board, University Teaching Hospitals, Development Partners and Civil Society Organizations in both states. The newsletter was also shared with partners and agencies such as the National Primary Health Care Development Agency (NPHCDA) and Federal Ministry of Health at the national level. The newsletter provides quick updates on project activities and serves as a useful platform for ongoing advocacies at the different levels. The second issue of the newsletter has been finalized and 1500 copies will be published and disseminated next quarter.

Documentary series: Footages for three 15-minute documentaries on successful project interventions in Sokoto were gathered in the last quarter of PY2. The documentaries focus on: (i) defaulter tracking and referrals by traditional birth attendants, (ii) resources leveraging by communities to improve health care, and (iii) expansion of access to family planning services. Post-production of the three documentaries will be concluded in the first quarter of year 3. Additionally, three other stories based on project successes in Bauchi state will be explored and documented in the upcoming quarter. Once finalized, the documentaries will serve as valuable dissemination tools for TSHIP knowledge sharing efforts.

Success stories: Four stories were developed and published during the year. The stories represent specific accomplishments and progress towards TSHIP life of project outcomes. The stories are: (i) '*Women will no longer die giving birth! A new initiative by women volunteers*', (ii) '*Shuni boasts of better health care services*', (iii) '*Primed to improve access to family planning services*', and (iv) '*Community heads help in the fight against polio*'. (Please see section on success stories).

Report writing structure: During the year, TSHIP introduced a new reporting structure based on the performance monitoring plan. To this end, all sub-objective teams received orientation on the new reporting structure and

improved their understanding of the TSHIP indicators. Rather than activity-based reporting, the structure facilitates the process for reporting activities in response to the specific indicators.

Branded communication pieces: A range of branded communication pieces were designed to provide basic (and some technical) information about project updates to stakeholders at the different levels. The range of corporate communication materials will be produced and used during TSHIP-supported events including meetings, trainings, and community outreaches.

Development of two publications for the Effective Community Approaches to Family Planning Conference in Nairobi: Two publications documenting TSHIP’s innovative approaches being implemented in both States were developed and finalized. The first paper highlights the role of health facility-based male Community Health Extension Workers (CHEWs) in expanding access to family planning services in Sokoto state, while the second paper discusses the EMAP (Extended Male and Partners) Initiative in Bauchi state. The latter initiative involves motivating and training males to be volunteers in the communities in promoting and supporting the use of contraceptive among their peers and couples. The papers were disseminated at the 2011 USAID Family Planning Conference in Nairobi Kenya.

Workshop for journalists on strategic reporting: Twenty-three journalists and information officers (female – 3, male – 20) from Bauchi and Sokoto states improved their skills in strategic reporting of maternal, newborn and child health, family planning, and reproductive health activities, during a two-day workshop organized by TSHIP. The workshop specifically highlighted the roles of journalists in reporting health issues, presented the importance of using accurate data in reporting, and promoted the roles of journalists in supporting knowledge for action. Also, through the platform, TSHIP provided the participants with an overview of its interventions in the two states and shared an update on its accomplishments. At the end of workshop, the participants reached a consensus on the importance of engaging in developmental and investigative journalism and developed individual six-month action plan to facilitate their new resolve. They also developed a range of reports on highlights of the workshop and disseminated them through various media organizations. TSHIP will support the implementation of the action plans from the upcoming quarter.

Table 1: Breakdown of airtime and cost share leveraged through engagement of media organizations

S/N	Agency	# Reports	Airtime Cost/Minute	Coverage	Cost share leveraged
1.	Path Newspaper Sokoto	3	half a page	Sokoto, Kebbi, Zamfara	90,000
2.	VOA Sokoto	2	3 minutes	13,000,000 listening audience	Free
3.	B.R.C	4	5832/10 minutes	Bauchi South/Central Senatorial District.	58,320
4.	Globe Fm	16	15000/report	Bauchi, Gombe, Adamawa, Yobe. Parts Of Kaduna And Plateau	240,000
5.	Rima Radio	6	15,000/news item	Sokoto, Kano, Kwara, Zamfara, Kebbi, Katsina, Niger	90,000
6.	NUJ Sokoto/Rima Radio	15	10000/report	Jigawa, Kaduna, Kano, Katsina, Kebbi, Sokoto, Zamfara	150,000
7.	NTA Sokoto	6	31,500/report	Katsina, Kebbi, Sokoto, Zamfara, Niger	189,000
8.	NTA Bauchi	9	25,000/report	Bauchi, Gombe. Parts Of Plateau, Yobe	175,000
9.	Aminiya trust	4	100,000/50,000/80,000	National/internet streamed	230,000
10.	BBC	2	40,000/report	30,000,000	80,000
Total cost share					N1,303,320 (8682 USD)

Improving knowledge sharing opportunities: Two Communities of Practices (CoPs) were established following the two-day workshop on strategic reporting organized for journalists and information officers from Bauchi and Sokoto states. The CoPs were established as a key platform for knowledge and information dissemination in the two states. The two CoPs were named by the participants – Health Champions (Bauchi) – and – Sokoto Health Forum (Sokoto). The establishment of the CoPs support the health systems strengthening mandate of the project and will ensure the active participation of key players in information and knowledge capturing, storing and dissemination. The participants were supported to develop guidelines, constitute initial membership and develop initial three-month action plans which will be implemented with support from TSHIP in year 3. Through the CoPs, TSHIP will (i) increase awareness on project activities and broader health systems strengthening issues, (ii) improve access to timely, appropriate and relevant data and information, (iii) provide a platform for regular knowledge and information exchanges, and (iv) improve perception on project and government initiatives in the two states.

Field visits and information gathering by media professionals: Two three-day visits were conducted by journalists and information officers in Bauchi and Sokoto states to Gar, Kangere, Darazo, Gwaram, Gololo and Matsango wards in Bauchi, and Shuni, Yabo, Rinin Tawayye, Wajeke, Gandi, Wauru wards in Sokoto state. The field visits were facilitated by TSHIP to: (i) document and disseminate priority issues requiring attention in both supported states and (ii) document and disseminate progress made by TSHIP in improving the health systems in collaboration to both state governments in relation to MCH/MNH/RH/FP. Following the field visits, 24 reports were prepared and disseminated by the participants reaching over 70 percent of the population in each state. A detailed computation of total airtime leveraged is being compiled and documented. Table 1 provides a breakdown of reports disseminated by the participants. Contents of the reports focused on the workshop, establishment of the CoPs, TSHIP accomplishments, and specific call to action to stakeholders at the different levels. Copies of the reports will be uploaded on the TSHIP website and social media sites in the upcoming quarter for further dissemination.

Monitoring and Evaluation

TSHIP M&E team continued to strengthen Bauchi and Sokoto States and the Project M&E structures and systems. The ultimate aim of both the external and internal M&E strengthening initiatives is to promote the use of data for evidence-based planning and decision making as well as for the SMOH and TSHIP to objectively assess the progress of their programs using complete, reliable and quality data.

External M&E Support - State and LGA Level: One pertinent achievement for PY2 has been TSHIP's facilitation and support in the creation of the HDCC and the State M&E TWG in both Bauchi and Sokoto states. Furthermore, the Project provided the HDCC and M&E TWG with technical support to develop their terms of reference and work plans and with financial assistance to hold their quarterly meetings.

In general the objectives of the HDCC in both states are to (i) facilitate strengthening and implementation of the National HMIS; (ii) to strengthen the effectiveness of HMIS through data quality, improving data flow, use of information for planning and decision making and (iii) to promote inter-departmental and inter-agency cooperation and collaboration in health data related matters. In Bauchi, the HDCC is constituted of 22 members from the SMOH, SPHCDA; BACATMA, HMB;NPHCDA, TSHIP, GHAIN, MOLG, Health System Development Project (HSDP), Local Government Service Commission (LGSC) and CIET. In Sokoto, the HDCC is constituted of 20 members from the SMOH, MLG,HMB, National Population Commission (NPC), Federal Office of Statistics as well as representatives from the private health facilities, Usman Dan Fodio University Teaching Hospital (UDUTH), WHO, UNICEF, UNFPA, GHAIN, Acquire Project and Medicines San Frontiers (MSF).

In both states, the M&E TWGs are tasked with coordinating and implementing activities that contribute to an improved SMOH M&E and HMIS system such as developing state M&E framework, improving the quality data, strengthening the structures and systems to analyze, interpret and use data and improving access to health data and information. In sum, the M&E TWG provides technical oversight on the processes adapted to strengthening the HMIS system as well as provides leadership in developing the state M&E framework.

In Bauchi, the TSHIP M&E team in collaboration with IPs such as GHAIN and WHO supported the HDCC and the M&E TWG to realize the following achievements: (i) printed and distributed the newly revised NHMIS forms to the health facility and LGA; (ii) trained LGA staff (120) and health facility staff (345) on the NHMIS forms and

equipped them with the skills to cascade the training to health facility level; (iii) developed the DQA protocol and trained state M&E TWG members (3) and TSHIP zonal staff (15) on the DQA tools and guidelines. Subsequently, conducted DQA in 18 out of 20 LGAs and one facility per LGA (18 health facilities) - 2 of the 20 LGAs were not assessed due to insecurity issues and provided on-the spot feedback to health facility service providers on data quality issues and (iv) facilitated state level data review meetings with LGA M&E officers and other program officers, improved their knowledge on data management and data quality improvements. Similarly, in Sokoto State, the HDCC and M&E TWG facilitated the roll-out of the revised HMIS forms through the supply of forms to the health facility and LGAs as well as computerization of the HMIS system in all 23 LGAs through the supplying of laptops to all LGAs and training 23 LGA M&E/Disease Surveillance Notification Officers (DSNO) and SMOH HMIS Officers in the use of the national HMIS software. Subsequently each LGA captured health services statistics retrospectively for a period of almost two years. In addition, a joint HDCC and M&E TWG teams with SMOH as the main facilitator conducted DQA in four health facilities in each of the 23 LGAs. Immediate feedback was provided to the health facilities during the DQA and action plans drawn for corrective measures to be effected on observed gaps.

As part of an on-going effort to strengthen information system and flow in both states, TSHIP M&E team participated in State Monthly Data Review meetings and provided technical support to state and LGA M&E Officers, Immunization Officers, Malaria Control Officers and Disease Surveillance and Notification Officers (DSNO) on data compilation, analysis and data quality improvement. In Bauchi, the on-the-job M&E capacity building activities reached all the 20 LGA M&E/DSNO Officers in addition to other key state program officers. The state monthly data review meeting which doubled-up as supportive supervision visits discussed opportunities and challenges as they relate to strengthening LGA M&E systems and solutions were proffered in each meeting. The following topics were discussed and appropriate technical support provided on (i) monitoring health facility report completeness and timeliness as well as institutionalizing monitoring charts of report received - the M&E and program staff were mentored on the use of the chart. This has resulted in the improvement in the flow of reports from the health facilities to LGA. However, what needs to be improved in the coming quarter (PY3 Q1) working together with the state team (through the M&E TWG) is to improve the timeliness submission of LGA reports to the SMOH; (ii) compiling and analyzing health facility reports into LGA summary - technical support was provided on drawing summary tables to aggregate data according indicators and (iii) how the M&E and program staff should identify data quality issues on receiving health facility reports and provide a quick feedback to the health facilities. The mentoring and training included topics on identifying elements of incompleteness in reports (e.g., absence of date and signature, inappropriate name of health facility and blank entries). To date, evidence shows an increased frequency of health facility reporting on service statistic of all services provided by the facility (see Annex 3). Last but not least, TSHIP M&E team mentored the LGA M&E Officers to share monthly progress reports on relevant indicators with LGA program officers, thus ensuring the relevant program units know the progress in their health service area.

Internal M&E Support – TSHIP level: In addition to providing state-level technical support, the TSHIP M&E unit has provided in-house technical support to SO teams and the management, including providing monthly updates on performance indicators, providing support to assessments as required, reviewing activity reports (such as trainings) to document results and some key findings and supported the SO teams to review activities planned for PY3 and set targets for indicators. The team worked with the technical teams to design assessments which are to be used to collect baseline data and to inform the design of interventions in such areas as Health-care Waste Management (HCWM) and Maternal Mortality Audits (MMA) in PY3. The team will work with the SO teams to implement these studies in Q1 of PY3 and assist the SO teams and SMOH to prioritize the findings and to develop action plans to implement the recommendations in the reports.

In addition, the M&E team provided technical support to the SO teams to develop performance indicators and data collection tools to track program performance. For example, technical support was provided to the (i) MNH team (SO2b) in determining data collection process and analysis for AMTSL and ENC, (ii) Senior Quality Management Advisor in developing action plans for the implementation of integrated supportive supervision system and (iii) community mobilization team (SO3) in developing monitoring and reporting tools for WDCs and CBHWs activities.

The M&E team in both Bauchi and Sokoto provided technical assistance to TSHIP's Grant Unit through reviewing proposal documents of eight potential grantees. Using a participatory approach, the team together with the prospective grantees developed M&E plans which included a PMP with a set of indicators to track performance over the life of the proposed grantee's project as well as a target for each indicator and associated data source.

During the development of PY3 work plan, the M&E team worked with each SO team to review planned activities and set target for performance indicators. Furthermore, the team developed management indicators for each technical area to complement the PMP indicators.

COORDINATION AND COLLABORATION

Working with, and supporting and assisting the range of government MDAs are covered under the respective sub-objectives and project support sections above. In this section, the focus is on coordination and collaboration (CC) with other USAID IPs, and other development projects and organizations. In this regard, this section reports the approach adopted, the main activity implemented, outputs/results, and challenges and lessons.

The goal of TSHIP's CC is joint action that leverages needed resources and extends the geographic and population coverage of TSHIP beneficiaries and target groups with the widest possible range of integrated MNCH and FP/RH services. To this end, TSHIP implemented a two-pronged approach to CC: systematic and opportunistic. In the systematic approach, TSHIP reached out to potential CC partners to discuss, negotiate and plan joint activities, based on the respective partner mandates and work plans. In implementing this approach, bilateral, tripartite, and multilateral meetings were held with a wide range of partners (see Box 2). Unplanned, opportunistic activities were also captured as they arose, to advance mutual objectives of partners. The main activity areas were tied to TSHIP sub-objectives, involving institutional capacity building, MNCH and FP/RH service access and utilization, community participation, and policy, advocacy and financing.

During the year, not all the CC contacts initiated resulted in joint activities. However, the following were some of the notable activities, outputs, and results recorded with more partners:

Sub-objective One: Institutional Capacity Building

1. Maternal and child health and FP/RH commodity supply chain management improvement initiated and in process (JSI/DELIVER and TSHIP)
2. Eighteen (18) Community Mobilization Associates trained on CAC approach which facilitated engagement of WDCs and potential grantee NGOs in problem identification and solving (MCHIP, TSHIP).

Sub-objective Two: MNCH and FP/RH Access and Utilization

1. Kidmap (database) expanded to include FP/RH in the information gathered and used by OVC care givers (CFHI/GHAIN, TSHIP, NEI).
2. TSHIP, SFH and FHI/GHAIN jointly discussed existing policies on RH, ARH, malaria and micronutrients and have agreed on what priority policies to advocate for immediate adaptation.
3. In Gagi Ward of Sokoto South LGA, TSHIP and SFH jointly conducted a community sensitization campaign to encourage antenatal care attendance. During the campaign, SFH donated LLIN and SP to ten pregnant women (TSHIP and SFH).

Sub-objective Three: Community Participation

1. 120 community-based health workers and OVC care givers are able to provide integrated microenterprise, homestead gardening, nutrition, and FP/RH information and services in five Wards in Bauchi State, after receiving training (BtM2, NEI and TSHIP)
2. WDCs and community members in Bauchi State mobilized to seek and utilize clinic- and community-based services, such as VVF care (Acquire Fistula Care and TSHIP).
3. Community-based and media activities jointly undertaken (NEI, FHI/GHAIN, AIDSTAR-One Nigeria, MCHIP and CEIT)
4. Provision of technical guidance to WDC Bara in Kirfi LGA to conduct a town hall meeting where low utilization of family planning services in the Bara maternity was identified as a key issue for discussion in the meeting (TSHIP, NEI and FHI/GHAIN).

Box 2: CC Partners
<p><u>USAID IPs</u></p> <ul style="list-style-type: none"> • BtM2 • LEAD • NEI • FHI/GHAIN • SFH • JSI/DELIVER • dRPC • BBC-WST • Fistula Care Project • LEAD • NEI <p><u>Development projects</u></p> <ul style="list-style-type: none"> • PATHS2 • NUHRI • Rollback Malaria Program <p><u>Development organizations</u></p> <ul style="list-style-type: none"> • GAVI • UNICEF • WHO • The World Bank • YGC <p><u>Federal government partners</u></p> <ul style="list-style-type: none"> • NPHCDA • MDG Program, • NHIS,

5. NEI coordinated the flagship projects for a radio and television discussion program centering on the relationship between health and good governance to provision of quality education to the girl-child.
6. TSHIP collaborated with AIDSTAR-One Nigeria to facilitate key informant interviews with traditional and women leaders, PHC staff and prevention of mother to child transmission (PMTCT) program coordinators in three LGAs of Bauchi, Darazo and Tafawa Balewa.
7. The Centre for Communication Programs Nigeria (CCPN) provided a kit containing audio and visual communication materials on Safe Motherhood, Adolescent Reproductive Health and cue card on birth spacing methods and an IPC/C training manual for health facility support staff. The materials which were produced under the Ku Saurara JHU/CCP/Packard project were intended to support TSHIP in its effort to utilize viable communication materials for its target audiences as well as supporting the current effort at media material development by TSHIP.

Sub-objective Four: Policy, Advocacy and Financing

1. Draft gender policy for Bauchi State developed with the State Ministry of Women Affairs and Child Development (LEAD, NEI and TSHIP).
2. Joint advocacy implemented in Sokoto to garner leadership support for community acceptance and use of water and sanitation facilities (WOFAN, LEAD, NEI, and TSHIP)
3. Study on resource flows from federal to state and LGA levels conducted (LEAD, TSHIP). The study is also looking at strategies for improving inter-governmental funds transfer for the health sector at State and LGA levels. Focus group discussions were held with key policy makers on the current health budgeting system and ways of improving them. Selected targeted audiences include SMOH, SPHCDA, and Ministry of Local Government (MOLG), Directors of PHCs and service providers at primary and secondary health facilities. Findings from the study are currently being compiled by the LEAD project. The partnership intends to share the findings with policy makers at State and LGA level for implementation.
4. Study concept and protocol on retention of midwives under the MSS developed/expanded, awaiting implementation in PY3 (NPHCDA, TSHIP)

Other major CC activities involved UNICEF, GAVI and WHO for immunization training and supportive supervision and (with UNICEF specifically) for nutrition services including MNCH week celebration. With Yakubu Gowon Center (YGC), TSHIP distributed the ACT YGC procured. TSHIP also partnered with NEI community coalitions in Shagari, Dange-Shuni and Wamakko LGAs during the MNCH week in November 2010 where members of the community were encouraged to ensure that children were immunized against childhood killer diseases and pregnant women were encouraged to regularly attend ANC to help in reducing the high number of complications that can lead to death during pregnancy or at the time of child delivery. TSHIP also collaborated with an NGO CPPP funded by BtM2 and trained 38 women on how to prepare local nutritious food at Kalmalo in Illela LGA. The project also partnered with the Fistula Care Project to facilitate field visits to pre-test IEC/BCC materials developed by TSHIP.

In addition to program-specific joint activities, TSHIP also actively participated in general strategic and operational level coordination with USAID IPs. LEAD, NEI and TSHIP participated in each other's annual work planning workshop. Along with approximately 12 other IPs, TSHIP participated in monthly (later every other month) meetings to review and plan joint activities such as advocacy and responding to security issues. These meetings also developed targets and indicators for CC, to facilitate and ensure contribution of CC activities to achievement of overall USAID country strategic objectives

FINANCE, MANAGEMENT AND ADMINISTRATION

The finance and support services (FSS) team's role is to ensure that program activities are supported and facilitated to function efficiently, to meet financial deadlines, to guarantee donor compliance, and that TSHIP/JSI and donor procedures and policies are implemented and applied correctly.

In the end of year 2, the FSS team has accomplished the following:

Staffing: By September 30th, TSHIP attained 100% recruitment of all planned and additional staffing positions. TSHIP attained a staffing level of 121 staff by the end of the quarter. This number excludes the 59 polio consultants that are currently on board (Sokoto 36 and Bauchi 23). The current staffing level positions the project team to most effectively accelerate the implementation of program activities in the coming periods.

Systems and Procedures: In the end of second quarter, FY2011, TSHIP was selected to undergo a USAID financial review and spot-check. The preliminary review feedback, which was provided at the time of the review, is being applied to improve and strengthen our internal systems and procedures. Managed by the DFSS, both state offices continuously review and make improvements to their F&A systems. Periodically, JSI's home conducts F&A reviews to further identify gaps, which are solved through on-the-job training and Technical Assistance to the respective finance and admin staff.

Procurement: By the end of project year 2, all major procurements, including vehicles, IT communication systems, printing of HMIS forms and registers, medical equipment and training models, equipment for improved health facilities, among others.. The procurement for six additional project vehicles has been finalized and the shipment is expected to arrive in Lagos before the end of the next quarter, FY2012. This additional procurement will bring the total fleet to nineteen (19) vehicles. The added number is expected to help facilitate the rapid acceleration of project activities and the implementation of the remaining project period.

Health Facility Improvement: By the end of year 2, TSHIP completed a total of eighty (80) health facilities renovations: Bauchi completed forty two (42) and Sokoto thirty eight (38). Additionally, we have thirty five (35) health facility renovations in progress, which are expected to be completed before the end of the next quarter, FY2012. The renovated facilities include general hospitals, primary health care facilities (PHC), ORT corners, contraceptive commodities stores, family planning units, women and children welfare clinics, health care clinics, maternal child health centers, upgraded dispensaries, general hospital theatres, antenatal clinics and maternity wards. In addition to renovations, TSHIP has equipped most of the renovated facilities with medical equipment, furniture, training models and materials, IEC/BCC materials, computers, internet modems and USB memory sticks for the computerization of HMIS. The selection criteria for each health facility improvement is based mainly on HF patronage with by the community (number of clients attendance), the potential clientele that could be drawn from active WDC community mobilization initiatives and the geographical equitable distribution of health facilities.

Zonal Offices: By the end of the second quarter of year 2, all six zonal offices were fully equipped and functional. In addition, the zonal office operational guidelines, which were developed to guide operations on the zonal level, were fully operationalized.

Financial Reporting: The various financial reporting to the home office and USAID has been completed and submitted on time and as scheduled. The financial accrual report for the fourth quarter FY2011 was submitted on time and as requested. The quarterly financial report SF 425 for this quarter has already been submitted to the mission as a separate report.

Budget: In the last two quarters of year 2, the financial reporting demonstrates an accelerated burn rate, which is positive considering the necessary scale up that must continue to occur. This trend is expected to be maintained and accelerated to an even higher level in the coming quarters. The finance and support unit has continuously facilitated and coordinated the timely preparations and submissions of cash flows from the technical program teams. This timeliness ensures that funds and resources remain readily available for program activities when and where needed. The expected grant awards, which will be awarded in the next quarter and beyond, are also expected to

contribute significantly to the accelerated project activity, implementation, coverage and the corresponding increased burn rate.

CHALLENGES AND OPPORTUNITIES

The political campaigns and the subsequent April 2011 elections and their aftermath affected implementation of the project in many ways. The governorship election in Bauchi was out of pattern with the rest of the country and this along with curfews instituted in the state prior to the Easter break affected staff movement and slowed down activities. A couple of weeks before the elections all political appointments including the executive council were dissolved and this created a vacuum in the leadership of the state thereby affecting project implementation. The following represent other challenges during PY2:

- Weak inter- and intra-coordination among and between partners (MDAs) at State and LGA level.
- Expectation of monetary incentives by members of WDCs, LGASMC/SSMC and other government partners.
- Insecurity and especially in Bauchi is an issue of concern. In some cases this slowed down program activities and limited implementation in specific volatile areas.
- Vaccine shortages: PY2 experienced shortages of routine immunization vaccines in the state. This is due to shortage at the national level. The antigens most hit were BCG, HBV, DPT, TT and Measles. OPV supplies were more regular and this is due to its use during IPD.
- Non availability of malaria commodities (ACT, SP and LLIN) in the state: this was worsened by the suspension of Yakubu Gowon Center (YGC) activities in the state. YGC was the main Global Funds distributor of malaria commodities in the state.

However, opportunities abound. The major opportunity for successful project implementation is the re-election (Bauchi) and continuation until 2012 (Sokoto) of the governments of the two states. Many of the political appointees remain in office; hence politically, TSHIP is expecting stability and continuity within the States. Other opportunities include identifying communities with relatively strong structures (WDC) in the State. Transfer of skills from stronger WDCs to weaker ones is another opportunity. Likewise, the networking between WDCs and 100 Women Groups present good opportunities for covering wide areas using the already existing networks and partnerships. The CBHW program is an opportunity to further expand the reach of child health interventions at the community level. The Federal Government's AMFM program and PMI are opportunity for malaria commodity availability and accessibility

Other opportunities include potential sources for mobilizing resources for health financing e.g. Country Partnership Strategy II Funds, MDG, NHIS etc, availability of State strategic health development plans (SSHDP), and ward minimum primary health care (WMPHC) package and multiple partners and agencies available for collaboration in both States e.g. UN agencies, USAID IPs.

SUCCESS STORIES



SUCCESS STORY

Shuni Dispensary Boasts of Better Health Care Services



Located along Sokoto Gusau road, Shuni dispensary is only 15 minutes from the state capital and serves a population of over 15,000. Area residents are mostly Hausa Fulani peasant farmers, cattle merchants and traders. The health facility boasts of five low cadre and four support staff. Although the health facility was built thirty-one years ago to provide basic health care services, it has only modestly been able to attend to a few cases daily. Largely due to the dilapidated structure and the lack of basic equipment, most clients often prefer to travel to the state capital in search of more reliable services.



To improve the situation and expand access to health care services, the USAID-funded Targeted States High Impact Project (TSHIP), in collaboration with the State Ministry of Health, renovated and supplied basic equipment to the health facility. TSHIP is a five-year USAID-funded project focused on increasing the use of high impact and integrated maternal, newborn and child health and family planning/reproductive health services in all 20 Local Government Areas (LGAs) in Bauchi State and all 23 LGAs in Sokoto State.

Photo credits: Abdullahi Hassan TSHIP Sokoto

The improvements made to the facility are clearly evident. Following the intervention, the health facility recorded five deliveries in a month. *“We witnessed the first delivery on the day the facility was commissioned,”* according to Marafa Sanusi, Ward Development Committee Chairman. *“We now organize routine immunization sessions consistently,”* said Abdullahi Bello, a service provider at the facility. The facility’s client flow has steadily improved, with 300 clients having been recorded in a recent month as compared with 200 clients recorded in the previous month, representing a 50 percent increase in just one month. Additionally, the facility now offers a full package of antenatal care and routine immunization services.

“We witnessed the first delivery on the day the facility was commissioned”

*Marafa Sanusi,
Ward Development
Committee Chairman*

TSHIP has renovated and equipped twenty-four health facilities in Bauchi and Sokoto and improved the capacity of service providers to deliver high quality health care services. The project promotes community ownership through the engagement of ward development committees and state partners and improves primary healthcare by filling gaps in capacity, building on institutional strengths, and improving each household’s ability to protect and promote their own health.



BEFORE & AFTER

Primed to Improve Access to Family Planning Services

BEFORE The main obstacle to the availability of commodities was the lack of a fully functional central commodities store. The store was grossly dilapidated and in a state of disrepair. To store commodities, the state had to borrow space from other offices. This did not guarantee safety, and in most instances, hampered accessibility. The situation made it impossible to conduct easy checks and to track stock levels, and it fostered a non-acceptable standard for commodity storage



AFTER The renovated facility not only serves as the source point for contraceptives and supplies to the LGA FP/MCH coordinators and service delivery points, but it also serves as a site for conducting family planning trainings and other related trainings on commodity logistics management systems and health management information systems. Plans are already underway to train service providers in 343 service delivery points across the state on the topic of commodity logistics management systems to reduce cases of stock-out by ensuring a more accurate forecasting of contraceptives



Photo credits: Daniel Yerima, TSHIP Bauchi



CASE STUDY

Community Heads Help in the Fight against Polio



“Everyone in the community was very upset about this and fought back. We refused to accept further vaccines!”

On a sunny day in Munllela, a settlement in the Gwadabawa local government area, 60kms from the Sokoto state capital, 40 year old Lubabatu Momman readily shared her opinions about why so many people in her region choose not to vaccinate their children against polio. She suggested that her neighbors are suspicious of the motives for providing free vaccinations, since parents are required to pay for most other basic drugs, and causes them to question the vaccine’s quality. Lubabatu says that some people are concerned that vaccines cause infertility and others believe that children should only receive medication when they are sick. Exacerbating all of these reasons is “vaccine fatigue,” which is caused from there being large number of available immunization days offered to communities.

Another major factor leading to non-compliance, according to Lubabatu, is the approach vaccination teams take when conducting house-to-house immunization campaigns. “The vaccination teams did not come to my house – instead they vaccinated my grandchildren on their way home from school without my knowledge. Everyone in the community was very upset about this and fought back. We refused to accept further vaccines!”

Another community member agreed that he was angry when his son came home crying from a nearby Islamic school one afternoon. A team immunized him and other children without first asking their parents. In this community, as in most of Northern Nigeria, decisions affecting family members are made by the husband. It is culturally appropriate to seek his approval first. The barrier to obtaining permission from the fathers, however, is that they are often at work during the day.

Despite recent progress, the polio virus still poses a significant challenge in northern Nigeria, with large rates of non-compliance being a major stumbling block. To address this, USAID’s Targeted States High Impact Project (TSHIP), sought the help of community heads from every ward in both Bauchi and Sokoto states. Although traditional leaders have helped with trying to resolve non-compliance in the past, this had only happened at the ward level. However, each ward is made up of several communities and the leaders of these communities were not involved in previous campaigns.

“One of the settlement heads, Misbahu Ahmed, helped to resolve the situation in Munllela,” said Lubabatu, “and now



that the vaccination team understands our anger, and has apologized, we allow our children to be immunized. In the end, it is for our own good.”

Samaila Nasalah, the community head from Zango talks with community members in a very personal way. “I simply talk about my 20-year-old daughter and her two children as examples when parents are skeptical about vaccines. I share a photograph of the Sultan of Sokoto immunizing a child. If he would give the vaccines to children, it can’t be harmful.

Through the combined efforts of settlement heads from Bauchi and Sokoto states, **3589** non-compliance cases were resolved between January and March 2011. TSHIP also deploys temporary personnel to all wards in the two states to monitor immunization activities and provide support that ranges from helping to vaccinate more children, to mobilizing communities to accept the polio vaccine.



In some areas, community members now actively request vaccines. As explained by community leader Magaji Karambi Dangi from Shiya Karambi, “On one occasion, we ran out of vaccines before the team got to one of the houses, and that family came to my house demanding that their children should not be left out. I had to ensure them that they would be given the vaccines the following day.”

TSHIP has found that involving the leaders of settlements is able to bring polio vaccines several steps closer to the children. It improves coverage as well as improves perceptions and reduces skepticism.

Photo credits: Kemi Abasiama-Anwan,
TSHIP Central Office, Bauchi



SUCCESS STORY

Ending Maternal Mortality: A new initiative by women volunteers



Jamila Al Hassan and her 10 month old son Mohammad, with Hauwa Bala at the Maternity Center (Boto General Hospital, Bauchi). Hauwa helped Jamila deliver the retained placenta and brought her to the hospital, after she gave birth to Mohammad at home. Jamila will always be grateful to the volunteer health worker for her timely assistance that saved her life.

Jemila Al Hassan (20 years-old) resides in Boto, a remote rural community in Tafawa Balewa Local Government Area. Residents here are predominantly peasant farmers with proceeds from their small farms representing a significant source of their families' survival. Boto boasts of one general hospital with a client flow that exceeds its capacity. Although general hospitals often provide general medical services, they are meant to serve as referral centers that provide both basic and more complex health services. Because they are often better equipped and have more skilled service providers than primary health care centers (lower-level health facilities), most clients prefer them. This is not the case in Boto community. The hospital has only one doctor and two midwives; clients often wait several hours to access health care services. Due to limited access to services, some residents simply decide to seek health care from non-formal sectors, which can be harmful. This lack of access to modern health care has led to high child and maternal morbidity and mortality in the community. "I lost my first child when he was three years old," said Jemila. Another woman mentioned that all five children from her first marriage died and eight out of her ten stepchildren died as well.

Nigeria does not have enough well trained health care workers, which leads to poor service delivery and undesirable health outcomes. Furthermore, there is a geographic and residential divide in the distribution of health workers in the country, with a high concentration of workers in urban areas and very low in rural areas. Volunteerism provides an effective approach in bridging the human resources across the health gap, particularly to meet the growing demand for health services of the rural population.

Volunteer health workers are a core component of primary health care systems in low-resource settings. Having witnessed the risks associated with deliveries from home, 45 year old Hauwa Bala (and two other concerned women) offered to assist health workers at the local health facility to improve client flow and reduce waiting time. Hauwa gave birth to all of her ten children (she lost two) at home using traditional herbs and with assistance from a traditional birth attendant. "I want to help women who need care, and advocate for them to deliver at a hospital because it saves lives," said Hauwa.



SUCCESS STORY

Ending Maternal Mortality: A new initiative by women volunteers



Hauwa Bala weighs a newborn at the Boto health facility. Two other women volunteers like Hauwa provide routine antenatal and postnatal care services at the Boto health facility.

Photo credit: Timothy Daret, TSHIP Bauchi

The women offered to volunteer during a town hall meeting organized by the ward development committee (WDC) in the area. The WDC was recently reactivated by the USAID-funded Targeted States High Impact Project (TSHIP). The meeting was organized to discuss the area's high priority health concerns and to explore opportunities for addressing them. Launched in 2009, TSHIP is a five-year health systems strengthening project that is being implemented in all 20 Local Government Areas (LGAs) in Bauchi State and 23 LGAs in Sokoto State. The overall objective of TSHIP is to increase the use of high impact integrated maternal, newborn and child health, family planning, and reproductive health interventions.

The volunteers received a basic orientation from the health workers and quickly began utilizing their new skills by assisting with routine tasks like dispensing antenatal care drugs, monitoring women and children during and after delivery, weighing pregnant women and babies, washing and sterilizing delivery kits and other instruments, coordinating flow of clients to ensure timely provision of services, and conducting household education on the importance of seeking skilled healthcare services at the health facility.

Ten months ago, Jemila experienced spontaneous labor at home. Without any means of transportation, neighbors hurriedly called Hauwa at 2:00 a.m. to come to the rescue. On her arrival, Jemila was able to deliver the baby, but the placenta remained in the uterus. Hauwa helped to expel the placenta, cleaned and washed the baby, and then took Jemila and the newborn to the hospital where they were treated. "I am really grateful to Hauwa. She saved my life," said Jemila.

The women volunteers have been providing services in the general hospital for a year. "I have handled twenty deliveries and assisted many more" said Hauwa.

"Although I am not paid, I enjoy what I do here and will continue to assist," said Hauwa. Another volunteer commented that "the community now sees us as 'mini-nurses and doctors' and respects us a lot. I also want my children to become 'big big doctors!'" According to one of the midwives at the health facility, "the rate of deliveries has gone up in the past year since the volunteers have been assisting here. Earlier there were six to eight deliveries in a month. Now there are about 10 in a week!"

According to one of the midwives at the health facility, "the rate of deliveries has gone up in the past year since the volunteers have been assisting here. Earlier there were six to eight deliveries in a month. Now there are about 10 in a week!"

Annexes

Annex 1: Updated PY 2 Target Coverage Rates (Quarter 4 update)

Performance Indicators	States	PY2 Targets (Numerator)	Annual Targets Achieved	Population Figures (Denominator)			Target Coverage Rate	Coverage from NDHS
				Value	Definition	Data Source		
1. Number of children under 12 months who receive DPT3 through USG supported programs (IIP1.6.11)	Bauchi	169,000	107,664	213,824	Calculated from # of children under one year (4% of the total population) Bauchi: 4% of 5,345,611 Sokoto: 4% of 4,161,005	2006 Census (2010 estimates)	50%	1%
	Sokoto	133,152	122,938	166,440			74%	1%
2. Number of deliveries with a skilled birth attendant in USG assisted facilities (IIP1.6.4)	Bauchi	31,700	50,941	267,281	Calculated from # of pregnant women (5% of the total population) Bauchi: 5% of 5,345,611 Sokoto: 5% of 4,161,005	2006 Census (2010 estimates)	19%	15.7%
	Sokoto	11,000	16,486	208,050			8%	15.7%
3. Couple years of protection (CYP) in USG-supported programs (IIP 1.7.1)	Bauchi	2,700	4,599	1,176,034	# of married women (aged 15-49), calculated from 2006 census priority table. Bauchi: 22% of 5,345,611 Sokoto: 22% of 4,161,005	2006 Census (2010 estimates)	0%	1.8%
	Sokoto	4,000	9,404.4	707,371			1%	
5. Number of people trained in FP/RH with USG funds (male and female) (IIP 1.7.2)	Bauchi	1,655	625	1,639	# of relevant technical staff. Calculated from # of health workers by cadre, FP/RH identifies Doctors, Nurses, CHOs and CHEWs as their target trainees.	SSHP	38%	-
	Sokoto	874	1,256	2,376			53%	-
6. Number of people trained in malaria prevention or treatment (male and female) (IIP 1.3.3)	Bauchi	500	645	1,639	# of total technical staff (Doctors, Nurse/Midwives, CHOs, CHEWs) calculated from SSHP.	SSHP	39%	-
	Sokoto	750	485	2,177			22%	-
7. Number of people trained in maternal/newborn health	Bauchi	200	269	1,531	# of total relevant technical staff (Doctors,	SSHP	18%	-

Performance Indicators	States	PY2 Targets (Numerator)	Annual Targets Achieved	Population Figures (Denominator)		Target Coverage Rate	Coverage from NDHS	
through USG assisted programs (male and female) (IIP 1.6.3)	Sokoto	230	432	2,177	Nurse/Midwives, CHEWs) calculated from SSHP.	20%	-	
8. Number of people trained in child health and nutrition (male and female) (IIP 1.6.5)	Bauchi	550	710	2,098	# of total relevant technical staff (FP/RH identify	34%	-	
	Sokoto	670	388	2,177	Doctors, Nurses, CHOs, CHEWs Nutritionist, EHO and EHA) calculated from SSHP.	18%	-	
9. Percentage of HMIS indicators reported in a timely manner	Bauchi	60% HF 88% LGA	66% HF 92% LGA	The denominator for this indicator represents number of health facilities in the states providing one or more health services. Thus 1589 (Bauchi – 883, Sokoto – 706) health facilities provide one or more health services. A health facility is included in the count if it reports data on services it providers. It should be noted that completeness in reporting TSHIP HMIS indicators is measured against timeliness in PY2.				
	Sokoto	60% HF 88% LGA	63% HF 96% LGA					
10. Number of health facilities receiving at least one supportive supervision visit during the quarter with observation of clinical skills included	Bauchi	100	439	875	# of total functioning health facilities that fall under each type (except Private Facilities) and level in the state.	50%	-	
	Sokoto	140	205	638		32%	-	
11. Number of counselling visits for FP/RH as a result of USG assistance (male and female)	Bauchi	31,500	39,596	Coverage cannot be determined since repeated visits are included in the count. Progress can only be measured based on target.				
	Sokoto	19,600	42,965					
12. Number of USG assisted service delivery points providing FP or counseling services (IIP 1.7.7)	Bauchi	304	292	295	# of total desired SDPs in the state that falls under each type (except Private Facilities) and in each level of care (all facilities)	99%	-	
	Sokoto	434	464	638		73%	-	
13. Number of ANC Visits by skilled providers from USG assisted facilities (IIP 1.6.2)	Bauchi	209,200	377,684	267,281	Calculated from # of pregnant women (5% of the total population) Bauchi: 5% of 5,345,611 Sokoto: 5% of 4,161,005	2006 Census (2010 estimates)	141%	44.9%
	Sokoto	86,000	138,425	208,050		67%	-	
14. Number of pregnant women who attend at least one antenatal care	Bauchi	88,400	144,797	267,281	Calculated from # of pregnant women (5% of	2006 Census (2010 estimates)	54%	-

Performance Indicators	States	PY2 Targets (Numerator)	Annual Targets Achieved	Population Figures (Denominator)		Target Coverage Rate	Coverage from NDHS
(ANC1) visit	Sokoto	30,000	53,405	208,050	the total population) Bauchi: 0.05 x 5,345,611 Sokoto: 0.05 x 4,161,005	26%	
15. Number of women receiving active management of third stage of labor through USG supported programs (IIP 1.6.6)	Bauchi	9,510	12,868	267,281	Calculated from # of pregnant women (5% of the total population) Bauchi: 5% of 5,345,611 Sokoto: 5% of 4,161,005	7%	-
	Sokoto	2,750	6,805	208,050		3%	-
16. number of newborns receiving essential newborn care through USG supported programs (IIP 1.6.8)	Bauchi	9,510	16,209	267,281	Calculated from # of pregnant women (5% of the total population) Bauchi: 5% of 5,345,611 Sokoto: 5% of 4,161,005	9%	-
	Sokoto	2,750	6,805	208,050		3%	-
17. Number of children under 5 years of age who received vitamin A through USG supported programs (IIP 1.6.12)	Bauchi	1,080,000	1,755,014	1,069,122	# of children under 5 (minus 0-5 months old). Calculated from Census data, 18% of the total population Bauchi: 18% of 5,345,611 Sokoto: 18% of 4,161,005	164%	-
	Sokoto	120,000	1,429,603	748,981		191%	-
18. Number of cases of childhood diarrhea treated in USAID supported programs (IIP 1.6.14)	Bauchi	35,500	53,689	342,119	Calculated from % of children under 5 with Diarrhea (2 weeks preceding NDHS) x Children under 5 years of age Bauchi: 32% of 1,069,122 = 342,119)	16%	-
	Sokoto	7,500	69,773	244,667		29%	-
21. Number of women who receive IPT in prenatal care	Bauchi	50,000	138,995	267,281	Calculated from # of pregnant women (5% of the total population) Bauchi: 5% of 5,345,611 Sokoto: 5% of 4,161,005	52%	1%
	Sokoto	4,785	36,179	208,050		17%	-

Performance Indicators	States	PY2 Targets (Numerator)	Annual Targets Achieved	Population Figures (Denominator)		Target Coverage Rate	Coverage from NDHS	
22. Number of cases of malaria in children treated with ACT	Bauchi	153,000	90,346	389,160	# of total malaria cases in children. Calculated from % of cases of fever (malaria) in children from NDHS by total number of under five pop from census data Bauchi: 36.4% of 1,069,122	NDHS/Census	23%	8%
	Sokoto	9,672	40,018	80,724		50%		
23. Number of insecticide treated bed nets (ITNs) distributed or sold with USG funds (IIP 1.3.2)	Bauchi	0	0	1,033,973	# of household receiving ITN (2 nets given per household).	UNICEF	0%	6%
	Sokoto	1,600,000	175	807,962		State Data / BACTMA	0%	6%
24. Proportion of Ward Development Committees (WDCs) that are active during the reporting quarter	Bauchi	154	54% (175 out of 323)	323	Total # of political wards in the States Bauchi: 323 for the state Sokoto: 244 for the state The two States planned to institute one WDC per ward by the end of its 5 yrs in SSHP.	SSHP	54%	-
	Sokoto	9	65% (160 of 244 WDCs were active)	244			65%	-

Annex 2: Detailed Calculation Sheet for HMIS Completeness

Facility Type	Annex 2: Detailed Calculation Sheet for HMIS Completeness (Indicator No. 9) % HF by Type						
	PY 2 Quarter 4: Bauchi						
	Month	DPT3	ANC	ANC 1	Deliveries	FP	Diarrhea
Tertiary FMC Azare	July Expected	3	3	3	3	3	3
	July Reported	2	0	0	0	0	0
		67%	0%	0%	0%	0%	0%
	August Expected	3	3	3	3	3	3
	August Reported	1	0	0	0	0	0
		33%	0%	0%	0%	0%	0%
	September Expected	3	3	3	3	3	3
	September Reported	1	0	0	0	0	0
		33%	0%	0%	0%	0%	0%
GH/AHO	July Expected	22	22	22	22	22	22
	July Reported	5	16	16	15	14	8
		23%	73%	73%	68%	64%	36%
	August Expected	22	22	22	22	22	22
	August Reported	15	14	14	14	13	9
		68%	64%	64%	64%	59%	41%
	September Expected	22	22	22	22	22	22
	September Reported	18	11	11	10	8	10
		82%	50%	50%	45%	36%	45%
PHC Facilities	July Expected	39	37	37	32	22	40
	July Reported	12	50	50	48	45	33
		31%	135%	135%	150%	205%	83%
	August Expected	39	37	37	32	22	40
	August Reported	48	45	43	43	39	37
		123%	122%	116%	134%	177%	93%
	September Expected	39	37	37	32	22	40
	September Reported	57	50	50	47	43	58
		146%	135%	135%	147%	195%	145%
MCH Facilities	July Expected	269	241	241	216	167	269
	July Reported	56	189	188	178	159	108
		21%	78%	78%	82%	95%	40%
	August Expected	269	241	241	216	167	269
	August Reported	154	175	174	168	153	75
		57%	73%	72%	78%	92%	28%

Facility Type	Annex 2: Detailed Calculation Sheet for HMIS Completeness (Indicator No. 9) % HF by Type						
	PY 2 Quarter 4: Bauchi						
	September Expected	269	241	241	216	167	269
	September Reported	151	170	166	162	145	117
		56%	71%	69%	75%	87%	43%
		45%	74%	73%	78%	91%	37%
Dispensaries/HP	July Expected	522	50	50	71	77	549
	July Reported	122	10	9	9	10	274
		23%	20%	18%	13%	13%	50%
	August Expected	522	50	50	71	77	549
	August Reported	269	3	3	2	1	178
		52%	6%	6%	3%	1%	32%
	September Expected	522	50	50	71	77	549
	September Reported	414	4	4	2	2	301
		79%	8%	8%	3%	3%	55%
		51%	11%	11%	6%	6%	46%
Uncategorized HF's	July Reported	2	14	14	12	13	16
	August Reported	19	6	6	5	5	69
	September Reported	14	11	11	10	10	113
		35	31	31	27	28	198
Total	July Expected	855	353	353	344	291	883
	July Reported	199	279	277	262	241	439
		23%	79%	78%	76%	83%	50%
	August Expected	855	353	353	344	291	883
	August Reported	506	243	240	232	211	368
		59%	69%	68%	67%	73%	42%
	September Expected	855	353	353	344	291	883
	September Reported	655	246	242	231	208	599
		77%	70%	69%	67%	71%	68%
		53%	73%	72%	70%	76%	53%
% Completeness for Quarter 4 Report							66%

LGA Percentage Completeness								
Bauchi Quarter 4								
Month	DPT3	ANC	ANC 1	Deliveries	FP	Diarrhea	Totals	Percentage Completeness
July Expected	20	20	20	20	20	20	120	
July Reported	19	20	20	20	20	17	116	
	0.95	1.00	1.00	1.00	1.00	0.85	0.97	96.67
August Expected	20	20	20	20	20	20	120	
August Reported	18	18	18	18	18	18	108	
	0.90	0.90	0.90	0.90	0.90	0.90	0.90	90.00
September Expected	20	20	20	20	20	20	120	
September Reported	20	17	17	17	17	19	107	
	1.00	0.85	0.85	0.85	0.85	0.95	0.89	89.17
	0.95	0.92	0.92	0.92	0.92	0.90	0.92	91.94

Facility Type	Annex 2: Detailed Calculation Sheet for HMIS Completeness (Indicator No. 9) % HF by Type								
	PY 2 Quarter 4: Sokoto								
	Month	DPT 3	ANC	ANC 1	Deliveries	FP	Diarrhea	Total	% Complete
Tertiary	July Expected	1	1	1	1	1	1	6	
	July Reported	1	1	1	1	1	1	6	
		100%							
	August Expected	1	1	1	1	1	1	6	
	August Reported	0	0	0	0	0	0	0	
		0%							
	September Expected	1	1	1	1	1	1	6	
	September Reported	0	0	0	0	0	0	0	
	0%	0%	0%	0%	0%	0%	0%	33%	
GH/SH	July Expected	18	18	18	18	18	18	108	
	July Reported	16	16	16	16	16	16	96	
		89%							
	August Expected	18	18	18	18	18	18	108	
	August Reported	17	17	17	17	17	17	102	
		94%							
	September Expected	18	18	18	18	18	18	108	
	September Reported	15	15	15	15	15	15	90	
	83%	83%	83%	83%	83%	83%	83%	89%	
MCH/CHC	July Expected	4	4	4	4	4	4	24	
	July Reported	3	3	3	3	3	3	18	
		75%							
	August Expected	4	4	4	4	4	4	24	
	August Reported	4	4	4	4	4	4	24	
		100%							
	September Expected	4	4	4	4	4	4	24	
	September Reported	3	3	3	3	3	3	18	
	75%	75%	75%	75%	75%	75%	75%	83%	
BHC	July Expected	20	20	20	20	20	20	120	
	July Reported	17	17	17	17	17	17	102	
		85%							
	August Expected	20	20	20	20	20	20	120	
	August Reported	12	14	14	10	17	17	84	
		60%	70%	70%	50%	85%	85%	70%	

Facility Type	Annex 2: Detailed Calculation Sheet for HMIS Completeness (Indicator No. 9) % HF by Type								
	PY 2 Quarter 4: Sokoto								
	Month	DPT 3	ANC	ANC 1	Deliveries	FP	Diarrhea	Total	% Complete
	September Expected	20	20	20	20	20	20	120	
	September Reported	7	7	9	9	9	9	50	
		35%	35%	45%	45%	45%	45%	42%	66%
PHC	July Expected	38	38	38	38	38	38	228	
	July Reported	22	22	22	22	18	26	132	
		58%	58%	58%	58%	47%	68%	58%	
	August Expected	38	38	38	38	38	38	228	
	August Reported	10	26	26	26	26	28	142	
		26%	68%	68%	68%	68%	74%	62%	
	September Expected	38	38	38	38	38	38	228	
September Reported	14	14	14	161	16	18	237		
		37%	37%	37%	424%	42%	47%	104%	75%
HP	July Expected	27	27	27	27	27	27	162	
	July Reported	18	18	18	18	18	18	108	
		67%	67%	67%	67%	67%	67%	67%	
	August Expected	27	27	27	27	27	27	162	
	August Reported	18	14	14	14	18	18	96	
		67%	52%	52%	52%	67%	67%	59%	
	September Expected	27	27	27	27	27	27	162	
September Reported	12	10	10	10	10	10	62		
		44%	37%	37%	37%	37%	37%	38%	55%
Dispensaries	July Expected	577	173	173	173	577	577	2250	
	July Reported	209	80	80	80	243	243	935	
		36%	46%	46%	46%	42%	42%	42%	
	August Expected	577	173	173	173	577	577	2250	
	August Reported	268	88	88	88	186	327	1045	
		46%	51%	51%	51%	32%	57%	46%	
	September Expected	576	173	173	281	576	576	2355	
September Reported	223	98	98	98	163	218	898		
		39%	57%	57%	35%	28%	38%	38%	42%
	% Completeness for Quarter 4 Report								63%

Annex2: Detailed Calculation Sheet for HMIS Completeness (Indicator No. 9) %LGAs

PY 2 Quarter 4: Sokoto

Month	DPT3	ANC	ANC 1	Deliveries	FP	Diarrhea	Total	% Complete
July Expected	23	23	23	23	23	23	138	
July Reported	18	23	23	23	23	23	133	
	78%	100%	100%	100%	100%	100%	96%	
August Expected	23	23	23	23	23	23	23	
August Reported	14	23	23	23	22	23	23	
	61%	100%	100%	100%	96%	100%	100%	
September Expected	23	23	23	23	23	23	138	
September Reported	12	23	23	23	23	23	127	
	52%	100%	100%	100%	100%	100%	92%	96%

Annex 3: Policies, Programs and resource allocation at State and Federal levels improved. (Bauchi)

Indicator 26: Number of policies, plans, strategies at various levels development or review to support MNCH/FP/RH services

S/N	Policies, Plans, Strategies or Job Aids	Program Year (PY1 / PY2)		Stages of the Policies: 1. Initiation; 2. Activation; 3. Development; 4. Approval; 5. Implementation				
		PY1	PY2	1	2	3	4	5
Bauchi								
1	Bauchi State Strategic Health Development Plan 2010 - 2015	✓		Grey	Grey	Grey	Grey	Orange
2	Adapted Ward Minimum Health care Package	✓		Grey	Grey	Grey	Orange	Orange
3	Guidelines on Referrals and linkages in health care settings in Bauchi State	✓		Grey	Grey	Orange		
4	Legislation on the establishment of Bauchi State Drug and Medical Supply Agency	✓		Grey	Grey	Orange		
5	Performance Standards for IMNCH/FP/RH services in secondary health facilities	✓		Grey	Grey	Grey	Orange	Orange
6	Bauchi State Gender Policy & Plan		✓	Orange	Orange	Orange		
7	State Midwifery Policy		✓	Orange	Green	Green		
8	Human Resource for Health Policy and Plan		✓	Orange	Green	Green		
9	Advocacy Training manual		✓	Orange	Orange	Orange	Green	
10	National Reproductive Commodity Security Strategy Plan (2011 – 2015)		✓	Orange	Orange	Orange	Orange	Green
11	Integrated Management of Childhood Illnesses (IMCI) Protocol		✓	Orange	Orange	Orange		
12	State Adolescent & Youth Reproductive Health Strategy		✓	Orange	Orange	Orange		
13	Draft Bauchi State Pre-Service Education Strategic Action Plan		✓	Green	Green	Green		
Total Number of Policy worked during the reporting quarter		5	7	12				

Key

	Policy stage completed in PY2 Qtr4
	Policy stage completed in PY2 Qtr3
	Policy stage completed in PY2 Qtr1&2

Annex 3: Policies, Programs and resource allocation at State and Federal levels improved. (Sokoto)								
		PY1	PY2	1	2	3	4	5
1	Scale-up the Dissemination of New Malaria Policy	✓						
2	Adapt/Adopt the Policy on Human Resource for Health		✓					
3	Support printing and dissemination of State Strategic Health Development Plan (SSHDP)		✓					
4	Facilitate 5 days workshop to develop state malaria control implementation plan (Sokoto)		✓					
5	Support the development of State and LGAs annual work plan with budgets to leverage resources		✓					
6	Support implementation of NHIS for public sector workers at state and LGA level							
7	Development of FP RAPID advocacy model		✓					
8	Review and disseminate the FREMCARE policy		✓					
9	Update Minimum Health Care Package		✓					
10	PPP strategy on MNCH/FP/RH		✓					
11	Preparation and use of salt and sugar solution to treatment (job aid)	✓						
12	12 Golden Rules for running ORT corner (job aid)		✓					
13	Translation of diarrhea in to Hausa language (job aid)		✓					
14	Active management of third stage of labor (job aid)		✓					
15	Know your family planning choices (job aid)	✓						
Total Number of Policy worked during the reporting Year		3	12	15				

Key

	Policy stage completed in PY2 Qtr3
	Policy stage completed in PY2 Qtr1&2

**TSHIP Consortium:
JSI Research & Training Institute, Inc., JHPIEGO, Futures Group International,
Center for Development and Population Activities (CEDPA), and
Management Strategies for Africa (MSA)**

TSHIP

Targeted States High Impact Project

Advancing Health in Bauchi and Sokoto States

Bauchi State Office

**No. 3 Emir Sulaiman Street
Off Airport Road, GRA Bauchi
PO Box 4037 Bauchi, Bauchi State, Nigeria**

Tel: +234 (0) 77 830 741

Dr. Habib Sadauki, Deputy Chief of Party

Sokoto State Office

**Block 14 Shehu Kangiwa Secretariat
Ahmed Daku Road, Sokoto
PMB 2314 Sokoto, Sokoto State, Nigeria**

Tel: +234 (0) 803 317 4117

Dr. Abubakar Maishanu, Deputy Chief of Party

Central Project Office

**No. 3 Emir Sulaiman Street
Off Airport Road, GRA Bauchi
PO Box 4037 Bauchi, Bauchi State, Nigeria**

Tel: +234 (0) 77 830 741

Marc A. Okunnu, Sr., Chief of Party

www.tshipnigeria.org, info@tshipnigeria.org