



BAUCHI STATE

G O V E R N M E N T

Sustainability Road Map for HIV Response
(2016 - 2018)



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Bauchi State Ministry of Health
(2016 - 2018)

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Acknowledgement

The development of this sustainability road map commenced in May 2015 under the leadership of the Bauchi State Ministry of Health (SMOH) and the Bauchi State Agency for the Control of HIV/AIDS, Tuberculosis/Leprosy and Malaria (BACATMA). The development of the document was necessary to advance collective efforts towards achieving meaningful and sustained domestic funding of the HIV response in Bauchi State.

The development of this document was made possible with the kind support and commitment of several organizations and stakeholders. Worthy of acknowledgement is the support of USAID through the Strengthening Integrated Delivery of HIV/AIDS Services (SIDHAS) project for their immense support and technical assistance. We commend the commitment of officials of several Ministries, Departments and Agencies of the Bauchi State Government. To mention a few, we acknowledge the staff of Bauchi State Ministry of Health, BACATMA, State Ministry of Women Affairs and Child Development, State Ministry of Education, Ministry of Youth, Sport and Culture, State Primary Health Care Agency, State Hospitals Management Board, State Planning Commission and State Ministry of Environment. Their keen participation and contributions provided invaluable content for this document.

We thank staff of BACATMA, Non-Governmental, Civil Society, Community and Faith based Organizations working in Bauchi State for their insight and valuable contributions.



Dr Mansur Mustapha Dada

Executive Secretary

Bauchi State Agency for the Control of HIV/AIDS, Tuberculosis and Malaria (BACATMA)



Foreword

Funding for the HIV response at National and sub-national level is derived from a mix of public, private and international funding sources. The international funding source is disproportionately higher than other sources, domestic public funding is suboptimal and private sources are low and unpredictable. As at 2012, domestic funding at national level was 22%, state governments have not demonstrated higher percentages of domestic funding for the HIV response. Over the past 10 years, the HIV response in Bauchi State has been largely donor-funded. In most cases, these donor-funded projects usually have no sustainability or transition plans built into them at the point of commencement. Consequently, the host government is usually not well prepared to take over and sustain these donor-funded activities at the time of donor-funding close-out. Ideally, a transition plan jointly developed by both donor and host government should precede the signing of cooperative agreements and MoUs, however, this has not always been the case.

It is widely acknowledged that transitioning HIV services from one funding source to another entail rigorous planning, commitment, dogged pursuit of transition goals, objectives and targets. Across the country, key stakeholders have initiated various steps towards achieving a seamless transition of HIV services to state governments. The development of Bauchi State's Sustainability Road Map is one of these efforts. This document takes elements of the Presidential Comprehensive Response Plan (PCRP) 2013 – 2015 into consideration as well as elements of the National Health Sector Strategic Plan & Implementation Plan for HIV/AIDS 2010 – 2015. The goal of the road map is to build a systematic operational framework within which leadership and funding of the HIV response in the state transitions to the government, thus helping towards the achievement of sustainability in the long term.

This document presents the overriding goals of the road map, the objectives of the donor-to-government transition process, the approach to tracking progress in the process, the implementation approaches as well as budgets to cover proposed activities. A component of the document identifies potential risks and proposes means to minimize the impact of the risks if they do occur. Finally, this document outlines opportunities across the health sector for leveraging resources (financial, human capacity etc.) towards sustaining Bauchi State's HIV response.

The Bauchi State government is committed to improving domestic funding to sustain the state's HIV response.



Dr Halima Mukaddas
Honourable Commissioner of Health



Endorsements

The FHI 360 SIDHAS Project funded by the United States Agency for International Development (USAID) has pursued objectives that align with those of the Federal Ministry of Health which include strengthening our health systems and achieving universal access to integrated HIV/AIDS and TB services in Nigeria.

Of particular importance, is the very credible role it has played in developing capacities at the National and State levels towards strengthening program coordination, transfer of ownership of the HIV and AIDS program to the Government of Nigeria and its sustainability through enhanced commitment to program financing.

I believe that this state led Sustainability Road Map for HIV Response (2016 - 2018) will help us achieve our vision of moving permanently from a Donor-led to a Government-owned HIV Response in Nigeria.

Dr. (Mrs.) Evelyn Ngige,

Director, Public Health,
Federal Ministry of Health, Nigeria

External funding of disease specific programs is time bound. The discontinuation of program implementation at the end of the funding cycle largely affects progress or even reverses impact of the program. Sustainability becomes an important consideration right from program design so that implementation continues after close out of external funding.

Developing a sustainability plan specifically for HIV services through the support of SIDHAS Project will no doubt go a long way in addressing ownership and domestic resource mobilization not only for HIV services, but across other donor supported disease specific program.

I hereby endorse the use of this important document by all stakeholders and the roll-out of this laudable initiative to other programs

Dr. Akin Oyemakinde,

Director, Department of Health Planning, Research & Statistics,
Federal Ministry of Health, Nigeria

Sustainability is one of my core priorities and a key focus at the National and State level. NACA is a strong advocate for the implementation of sustainability road maps as this will assist the states to take ownership and chart the course towards domestic resourcing of the HIV response. I want to appreciate the United States Government and its Agency for international development (USAID), management of FHI 360 led SIDHAS project and all the state actors for their contribution towards developing this timely document.

I strongly endorse this document and urge State Governments to adopt and mobilize resources towards operationalizing the road map as we all march towards ending AIDS in Nigeria.

Dr. Sani Aliyu,

Director General, National Agency for the Control of AIDS,
Nigeria



The Sustainability Action Agenda is one of the five pillars of the current PEPFAR 3.0 phase which focusses on controlling the HIV/AIDS epidemic and delivering on the promise of an HIV/AIDS-free generation. This action agenda recognizes that PEPFAR alone does not have the resources to achieve these lofty objectives and promotes the need for greater collaboration and partnerships with local and international stakeholders in host-country national HIV/AIDS response and health system improvement efforts.

Beyond our engagement with the Federal Government of Nigeria, we recognize the opportunities for State Government and institutions to contribute to the sustainability agenda. Our funding to Implementation Partners like FHI360 increasingly reflects this focus on sub-national Governments and implementation structures and this body of work by FHI360 SIDHAS project represents one of the collaborative outcomes of this new focus. It presents an operational framework for the gradual and sustainable transition of leadership and funding of the HIV response to the Government of Nigeria.

We are confident the collaborating State Governments and health institutions will find these work plans useful for their continued efforts to mitigate the impact of HIV/AIDS in their communities.

Shirley Dady

PEPFAR Country Coordinator
US Embassy, Abuja

UNAIDS has called on all UN member states to fast-track the end of the AIDS epidemic by 2030 and embark on the “Treat All” policy for all persons living with HIV. This call is coming at a time of global economic downturn and the resultant donor fatigue. It has therefore become imperative for national and sub-national authorities to find innovative ways of financing their HIV responses for the long term and the good of their people.

I congratulate the State Government for developing its own Sustainability Road Map and I thank FHI 360 led SIDHAS project for providing the much-needed support which will lead to state ownership, efficiency and sustainable financing of the HIV response in the state.

Dr. Erasmus Morah,

UNAIDS Country Director,
Nigeria



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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ANC	Ante-Natal Clinic
ART	Anti-Retroviral Therapy
ARV	Anti-Retroviral Drugs
BACATMA	Bauchi State Agency for the Control of HIV/AIDS, Tuberculosis/Leprosy and Malaria
BCC	Behavioural Change Communication
CBOs	Community Based Organizations
CSOs	Civil Society Organizations
CSW	Commercial Sex Workers
BHCPF	Basic Health Care Provision Fund
DTM	Displacement Tracking Matrix
FBO	Faith Based Organizations
FHI	Family Health International (FHI 360)
FMOH	Federal Ministry of Health
FSW	Female Sex Worker
GF	Global Fund
HAF	HIV and AIDS Fund
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HTC	HIV Testing and Counselling
IDP	Internally Displaced Persons
IDU	Intravenous Drug User
IEC	Information Education and Communication
IOM	International Organization for Migration
JAR	Joint Annual Review
LACA	Local Government Action Committee on AIDS
LDDs	Long Distance Drivers
LGA	Local Government Area
M & E	Monitoring and Evaluation
MARP	Most at Risk Populations
MDG	Millennium Development Goals
MTR	Mid-Term Review
NACA	National Agency for the Control of AIDS
NARHS	National Adolescent and Reproductive Health Survey
NGO	Non-Governmental Organization
NNRIMS	Nigerian National Response Information Management System for HIV and AIDS



Acronyms

NSF	National Strategic Framework
OIs	Opportunistic Infections
OVC	Orphans and Vulnerable Children
PABA	People affected by AIDS
PCRPP	Presidents Comprehensive Response Plan
PEP	Post Exposure Prophylaxis
PHC	Primary Health Centre
PLHIV	People living with HIV AND AIDS
PLP	People living positively
PMTCT	Prevention of Mother to Child Transmission
RH	Reproductive Health
SACA	State Agency for the Control of AIDS
SFH	Society for Family Health
SMoE	State Ministry of Education
SMoF	State Ministry of Finance
SMoH	State Ministry of Health
SMoW&SD	State Ministry of Women Affairs & Child Development
SPC	State Planning Commission
SPT	State Project Team
SSP	State Strategic Plan for HIV and AIDS
STD/STI	Sexually Transmitted Disease/Infections
TWG	Technical Working Group
UN	United Nations
UNAIDS	Joint United Nations Program on AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization



Executive Summary

Bauchi State has a HIV sero-prevalence of 0.6% (NARHS, 2012) with a total of 13,298 persons currently receiving comprehensive Antiretroviral care in the state as at 2015. Currently, the response for the HIV epidemic is mostly funded by foreign funders. Given the dwindling financing from external sources, it is imperative for Bauchi State Government to start taking leadership and increase the domestic funding for HIV response at all levels within the state.

This document seeks to address and guide the change from foreign funder-driven to state-driven response. The Bauchi State Sustainability Road map for HIV Response 2016 – 2018 is a 3-year strategic plan developed by the state government with technical support from USAID through the SIDHAS Project implemented by FHI 360. The goal of the road map is to build an operational framework that will guide the gradual transition of leadership and funding of HIV response to Bauchi State Government, thus achieving sustainability in the long term.

The process of developing this road map began in July 2015 with a state HIV sustainability assessment. The assessment findings grouped into four thematic areas (Program Management, Quality Assurance, Monitoring and Evaluation and Coordination) were discussed in a three-day sustainability road map development workshop convened by the Bauchi SMOH in August 2015. The meeting was attended by all major stakeholders in the HIV/AIDS response in Bauchi State and beyond, including FHI 360 (the lead PEPFAR implementing partner in Bauchi State). The findings clearly revealed the need for the state government to urgently start making strategic investment; putting in place innovative and robust mechanisms that will institutionalise HIV response and the progress made thus far across the four thematic areas.

In line with this outcome, the sustainability road map plan was drafted in alignment with the PCRIP 2013 – 2015 and the National Health Sector Strategic Plan & Implementation Plan for HIV/AIDS 2010 – 2015. This culminated in the series of interventions developed to address seven focus areas: Supportive Supervision; Client Tracking; Sample Transfer; Monitoring and Evaluation, Coordination, Program Management and Resource Mobilization; Laboratory Services; and Community Service. In addition, a costed sustainability plan was developed at the workshop. The total cost required to implement the Bauchi State Sustainability Road Map is ₦1,044,254,599.

To increase the feasibility of the plan, the road map proposes certain funding opportunities which the state government can explore. One such opportunity is ensuring HIV service integration into the existing general facility services. The SMOH and BACATMA may explore certain resource mobilization opportunities and strategies such as: advocacy and involvement in the state's budget planning and appropriation process; Medium Term Sector Specific Strategies (MTSS) health funding provisions in the National Health Act (NHA) of 2014; aligning the State-Supported Health Insurance Scheme (SSHIS) with the BHCPIF; and National Task Shifting Policy. It is incumbent on Bauchi SMOH to proactively identify cost effective forum to drive consensus among stakeholders, prioritize relevant agenda items and ensure prompt execution of meetings outcomes. This will ensure that momentum towards a sustained response is maintained and jointly owned.





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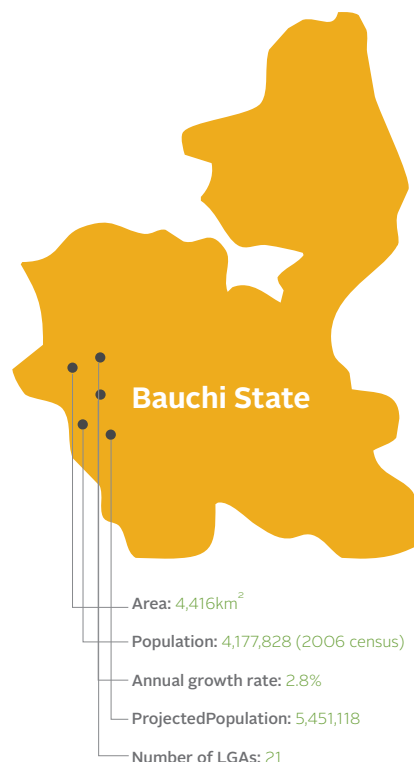
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BACKGROUND

BACKGROUND

1.1 State Profile

Bauchi is a state in north-eastern part of Nigeria and is bounded by Jigawa, Gombe, Yobe, Kaduna, Plateau and Taraba States¹. The state is administratively divided into 20 LGAs². Based on the 2006 National Census, the state has a population of 4,653,066 with 51% male and 49% female distribution. About 48% of the population is between ages 0-14, 42% between 15-44 years and only 15% aged 45 years and above³. It is projected that the population of Bauchi state will increase to about 6, 071, 196 in 2015⁴. About 84% of the population live in the rural areas while 16% reside in urban areas¹. Based on poverty head-count estimates, poverty rate in Bauchi stands at 84% which is the third highest in Nigeria with national rate at 64.2%⁵. Arable farming and animal husbandry are the major occupations of the people. Bauchi State has been affected by the recent insurgency in north-east Nigeria. As at October 2015, the IOM Displacement Tracking Matrix (DTM) estimated that 77,276 IDPs live in the state⁶.



1.2 Fiscal Space

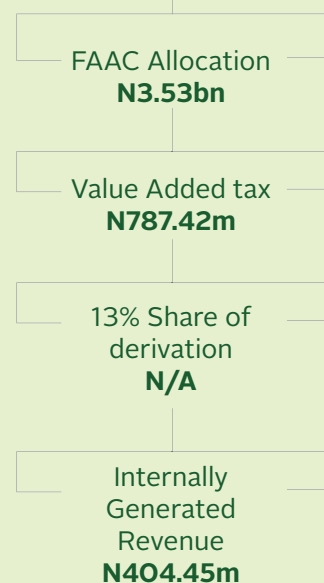
Bauchi State's monthly IGR averages N404.2m, while its personnel cost is about N2.175bn for each month. The state receives federal allocations of N4.33bn (from the Consolidated Revenue Fund), putting its monthly total revenue at N4.734bn⁷. Recurrent expenditure (including Personnel costs and Overheads) was pegged at N62.8bn in 2015¹⁰.

However, Bauchi requires borrowing to meet outstanding monthly recurrent expenditure obligations of 5.23bn; this is without factoring in the cost of the new loans, which must be repaid, exerting further pressure on the state's purse and potentially retarding developmental progress. Given this context, the state government is averse to increasing its recurrent expenditure, including for health.

QUICK REVIEW

Average Revenue
N4.73bn

The Breakdown



1.3 Overview of Bauchi State Health System

The health system in Bauchi mirrors the national system proposed in National Health Policy developed by FMOH⁸. The SMOH provides overall direction for the organization of health services in the state while also having the responsibility for health manpower development. In recent times, the state has carried out series of reforms and strategic initiatives to strengthen its health system. One among them was the carving out of four agencies from the SMOH.

1 Bauchi State Health Development plan (2010 – 2015)
 2 Bauchi State Government website: <http://bauchistate.gov.ng/at-a-glance/>
 3 National Population Commission (NPC) 2006 National Census results: <http://www.population.gov.ng/index.php/censuses>
 4 Nigerian Bureau of Statistics – Demographic Statistics Bulletin 2013: <http://nigerianstat.gov.ng/report/286>
 5 National Bureau of Statistics National poverty rates for Nigeria 2009 -2010: <http://www.nigerianstat.gov.ng/report/544>
 6 DTM Round IV report October, 2015: <http://nigeria.iom.int/dtm>
 7 State of States BugIT Policy document 2015 (www.yourbudget.com)
 8 Bauchi State Health Development plan (2010 – 2015)



They include; Hospitals Management Board (HMB), State Primary Health Care Development Agency (SPHCDA), Bauchi State Agency for the Control of HIV/AIDS, TB/Leprosy and Malaria (BACATMA) and the State Chapter of the National Health Insurance Scheme (NHIS).

Healthcare service in Bauchi State is provided at three levels – primary, secondary and tertiary. The state has 1002 primary health care facilities which include basic health centres, comprehensive health centres, maternity centres and dispensaries; 27 secondary health care facilities; 4 tertiary health institutions – Abubakar Tafawa Balewa University Teaching Hospital (ATBUTH), Federal Medical Centre Azare (F.M.C), National Obstetric Fistula Centre Ningi, all owned by the Federal Government, and Specialist Hospital Bauchi (SHB), owned by the state government. In addition, there are 74 registered private health facilities and several mission hospitals/clinics in the state.

As at 2012, the National Health Workforce Profile indicated a density of 3.3, 9.1 and 0.9 per 100,000 for doctors, nurse/midwives and pharmacist, respectively⁹. The ratios for the health workforce is far lower compared to national figures. Additional challenges in human resources for health include: absence of a well-articulated state plan for HRH, migration of skilled health workers from the public to the private sectors (NGOs and international partner agencies), poor training facilities, lack of enabling health policy environment, recurrent industrial disputes and ineffective coordination and supervision of the state's health workforce. The number of health care workers in public employment in the state is shown in the table below.

Table 1: Health workforce in public sector¹⁰

Human Resources	Count (Year 2009)
Medical Doctors	230
Nurses/Midwives	519
Pharmacists	14
Lab. Scientists	32
Lab. Technicians	47
Community Health Officers (CHO)	108
Health Record Officers	24

The Health Management Information System (HMIS) in the state has been strengthened over the years with support from TSHIP. However, several challenges still exist and include: the multiplicity of reporting tools, multiple reporting points, lack of tools in some facilities, under-utilization of tools in others and the lack of the requisite ICT equipment to facilitate reporting at several service points. There is also a need to build the capacity of reporting staff to improve on timeliness and accuracy of reporting routine health data.

Supply chain management of publicly procured essential medicine is coordinated by the Bauchi State Drug and Medical Consumables Management Agency (DMMA). The DMMA operates a Drug Revolving Fund (DRF) Scheme, which is solely responsible for the procurement, warehousing and distribution to all public health facilities under the State Government.

⁹ Nigeria Health Workforce Profile as of December, 2012
¹⁰ Bauchi State Health Development plan (2010 – 2015)

“As at 2012, the National Health Workforce Profile indicated a density of 3.3, 9.1 and 0.9 per 100,000 for doctors, nurse/midwives and pharmacist, respectively. The ratios for the health workforce is far lower compared to national figures.”



Health care in the state is financed from a mix of budgetary allocations, private out-of-pocket expenditure and external donor funding. Most public health finances are in the form of direct out-of-pocket payments. Given the high poverty levels in the state, Bauchi State Government is implementing free Ante-Natal Care (ANC) program for pregnant women and children under the age of five years, as well as providing nutritional supplements for malnourished children. The state is also working in partnership with the NHIS to pilot the community health insurance scheme in rural communities.

Budgetary allocation to the health sector is still far lower than the 15% recommended at the Abuja Declaration, 2008. The proportion of the state budget allocated to the health sector increased from 6.38% in 2006 to almost 15% in 2009. However, in subsequent years, the state budget allocation to health steadily declined from 10.55% in 2010 to 10.16% in 2011 and 9.6% in 2012. Similarly, the actual releases reduced from 74.5% in 2010 to 56.7% and 51.9% in 2011 and 2012 respectively as shown in table 2 below.

Year	Non-personnel Expenditure	Expenditure	Percentage Executed by the State
2010	4,812,277,966	2,939,778,639.40	61.15%
2011	9,135,637,553	2,161,532,005.76	23.65%
2012	8,201,218,543	1,517,911,573	18.51%

Source: Bauchi State SHDP 2010-2015, JAR and MTR Report, 2013

“Budgetary allocation to the health sector is still far lower than the 15% recommended at the Abuja Declaration, 2008.”





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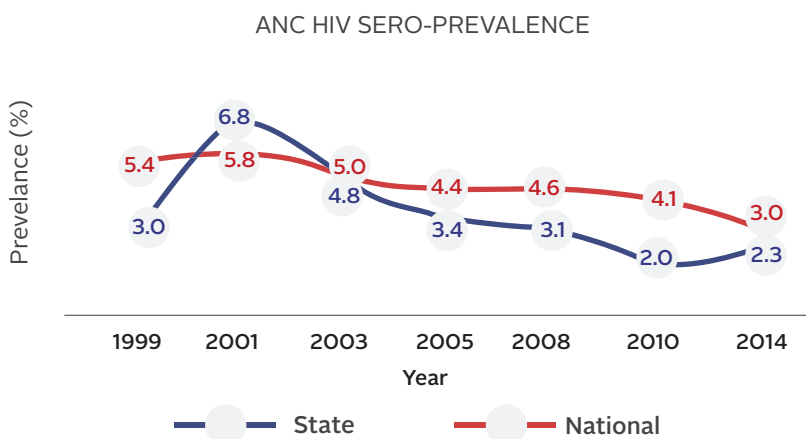
BAUCHI STATE HIV RESPONSE

BAUCHI STATE HIV RESPONSE

2.1 HIV Epidemiological Context

Bauchi State as at 2014 had a HIV prevalence of 0.6% in the general population, which is significantly lower than the national average of 3.4%¹¹. This prevalence rate is uniform (0.6%) among male and female population in the state. However, the 2014 ANC sentinel survey showed that the state had a prevalence of 2.3% among pregnant women which is slightly lower than the national rate of 3%. This ANC prevalence has witnessed a steady decline from 6.8% in 2001 (when the state exceeded the national rate) to 2.3% in 2014¹².

Chart 1: Comparison of state and national ANC sero-prevalence: 1999 - 2014



Key population survey has not been conducted in Bauchi State hence data to support drivers of HIV epidemic is not available. However, factors that have been identified to drive the epidemic in the region include: low risk perception, high risk sexual behaviour, informal transactional and intergenerational sex, gender inequality, harmful traditional practices such as FGM/cutting, weak health care delivery system¹³.

“Bauchi State as at 2014 had a HIV prevalence of 0.6% in the general population, which is significantly lower than the national average of 3.4% . This prevalence rate is uniform (0.6%) among male and female population in the state”

¹¹ Global AIDS Response Country Progress Report GARPR (2014)
¹² National HIV Sero-prevalence sentinel survey 2014
¹³ NARHS II (FMOH) 2012



2.2 HIV/AIDS Response

Coordination

The State Action Committee on HIV/AIDS which was established in 2002 has since been transformed into an agency, the Bauchi State Agency for the Control of HIV/AIDS, Tuberculosis/Leprosy and Malaria (BACATMA). This agency coordinates the HIV/AIDS response at state level, while the SASCP directs the implementation of the response at the facility level. In addition, all line ministries and government agencies have mainstreamed HIV/AIDS into their programs and have created HIV/AIDS Desks to facilitate each sector's response to HIV/AIDS. At the LGA, Local Government Action Committees (LACA) have been reconstituted with the involvement of Ministry of Local Government and now integrated into HIV/AIDS, TB/Leprosy and Malaria (ATM) Committee. However, only 26% of the LACA were known to be functional¹⁴.

BACATMA has established and coordinates the following technical working groups (TWGs) with the different thematic focus: PSM-TWG, TB/HIV TWG, ART-PMTCT TWG, PTWG, and M&E TWG. The diverse stakeholders involved in the HIV response as well as all these TWGs come together under the umbrella of the State Management Team (SMT) for optimal coordination.

Funding

Bauchi State HIV program is mostly funded by international funders with minimal state contributions as shown in table 3 below. Partners such as World Bank, UNAIDS, WHO, UNICEF, PEPFAR-funded Implementing Partners have supported the delivery of the HTC, PMTCT, ART services and laboratories with commodities (RTKs, ARVs and OI drugs, reagents, consumables). Capacity building and system strengthening components are also provided by these funders.

“Bauchi State HIV program is mostly funded by international funders with minimal state contributions.”

Table 3: HIV Funding Landscape

Year	2011	2012	2013	2014	2015
Total budget for HIV response	18,500,000.00	201,390,000	33,550,000	129,750,000	373,101,407
Government. expenditure on HIV response	10,329,670	38,770,650	19,161,390	29,518,000	19,012,500
Government. expenditure on HIV response (including WB funded)	55,934,000	237,730,920	262,204,140	159,695,980	281,931,730
Expenditure by Donors/ IPs	831,241,962	964,328,251.20	N/A	N/A	N/A

¹⁴ HIV Epidemiological and Impact Analysis Bauchi State



The State government through BACATMA, with support from international donors (World Bank, UNICEF and USAID), have been providing free testing, ART and PMTCT services at sites supported by these organisations. In addition, HIV prevention and community-based care and support and OVC services are provided by the LACAs, Community-Based and Faith-Based Organisations (CBOs, FBOs) operating in the state.

Service coverage is spread across health facilities providing different level of care as follows;

- 115 Stand-alone HTC sites
- 92 Stand-alone PMTCT sites
- 23 Comprehensive ART sites

Data to track Bauchi state's response is obtained from two sources: routine data sources and non-routine data sources. The routine sources utilize data collection and reporting tools for PMTCT, ART, HCT and OVC. The state uses the Nigeria National Response Information Management System (NNRIMS) and DHIS 2.0 for reporting HIV/AIDS routine data. The non-routine data includes the Sentinel Surveillance among ANC and STI Clinic attendees, the National HIV/AIDS and Reproductive Health Survey (NARHS), Integrated Biological and Behavioral Surveillance Survey (IBBSS).

Table Below show the HIV service achievements in Bauchi State for the past 4 years

Year	Period			
	2012	2013	2014	2015
No. who received HIV, Testing & Counselling Services	38,406	24,123	250,622	253,722
No. of positive individuals identified	1,388	1,891	3,345	4,632
No. of adults and children enrolled in care	4,946	5,896	11,687	13,196
No. of adults and children currently on Anti-Retroviral Treatment	663	982	13,206	14,943
No. of Orphans and Vulnerable children enrolled	506	5,954	11,756	13,298
No. of pregnant women tested and received results	14,313	14,517	106,543	109,033
No. of positive pregnant women identified	98	101	530	734
No. of pregnant mothers received ARV to reduce transmission to their children	74	99	287	381
No. of Infants who received first dose NVP	80	98	273	342
No. HIV exposed infants tested within 12 months of birth	-	-	55	26

Source: Bauchi SMOH

“The State government through BACATMA, with support from international donors (World Bank, UNICEF and USAID), have been providing free testing, ART and PMTCT services at sites supported by these organisations. In addition, HIV prevention and community-based care and support and OVC services are provided by the LACAs, Community-Based and Faith-Based Organisations (CBOs, FBOs) operating in the state ”



Interventions aimed at preventing new HIV infections among Most at Risk Populations (MARPs) including FSW, MSM and IDUs are implemented by CSOs with focus on selected priority LGAs: Katagum, Jama'are, Bauchi, Darazo, Misau, Ningi, Alkalari and Toro LGAs. Intervention packages cover structural, behavioural and medical interventions, including Health Communication, Peer Education, HTS, Condom and Lubricant Distribution program, STI control and treatment and harm reduction interventions. Other vulnerable populations such as pregnant women, Long Distance Drivers, partners of sex workers and PLWHA are also targeted with HIV prevention interventions. OVC programs are implemented in Gamawa, Katagum, Jama'are, Bauchi, Misau, Ningi, Alkalari, Toro, Tafawa Balewa and Dass LGAs.

2.3 HIV Response Sustainability Assessment

The baseline sustainability assessment for Bauchi State was conducted in March 2015 by FHI 360/SIDHAS. A structured tool was used to assess the state's ability to attain technical, institutional and financial sustainability in HIV response. Health system challenges that pose barrier to sustainability were also identified in the process. The results of the baseline assessment which assessed all four domains revealed that Bauchi state had an average score of 60% which had increased to 71% as at September 2015. Specific findings under these four domains are discussed below.

Program Management

The Bauchi State Government has demonstrated technical and institutional capacity to initiate and chair quarterly State Management Team (SMT) and Technical Working Group (TWG) meetings. Similar capacity has been demonstrated in terms of the State Government's ability to mobilize additional resources to fund the HIV program as well as utilize evidence in the management and deployment of human resource personnel to sustain HIV/AIDS service provision in the state. Bauchi State has also made concerted efforts to ensure that HIV/AIDS activities are adequately captured and costed for an integrated work plan whose funding is embedded into the state's annual budget. However, the state is yet to engage extra staff to support HIV service provision in health facilities. In this regard, augmenting the lean human resource for health in the state through systematic engagement of volunteers and ad-hoc staff to support provision of HIV/AIDS services in the state may be explored.

Quality Assurance

A sustainable approach in supporting the ART laboratories in the state towards obtaining accreditation has been achieved. Following the withdrawal in 2014 of USG support for procurement of haematology and chemistry reagents to support provision of these services to HIV positive patients, the State Government has continually provided an innovative funding mechanism of sustaining provision of these services to some facilities. A functional system that provides a pool of master trainers and human resources to support the HIV program has also been successfully established by the State Government.

“The results of the baseline assessment which assessed all four domains revealed that Bauchi state had an average score of 60% which had increased to 71% as at September 2015.”





SECTION

3

SUSTAINABILITY ROAD MAP

SUSTAINABILITY ROAD MAP

3.1 Sustainability

Bauchi State recognizes that sustaining HIV response services goes beyond domesticating the funding source. It also entails clear transition of roles and responsibilities for key activities such as procurement and supply management, supportive supervision, technical assistance and front line service delivery roles. Improved coordination among all stakeholders to effectively leverage and utilize available resources is imperative.

Attaining sustainability will require the state to advance in three key dimensions (technical, financial and institutional) as described below:

- The **technical** dimension refers to the continuous provision of high-quality services at both community and facility level in alignment with national standards which affects the HIV related clinical, laboratory, pharmaceutical and preventive services.
- The **institutional** dimension describes the ability of structures and processes of government and civil society to have the capacity to continue performing their functions and successfully plan and manage funder-initiated HIV programs with little or no technical assistance. Achieving this would require management, governance, organizational and human resources planning structures to be strengthened.
- The third dimension which is **financial**, is the ability of institutions to generate, use and mobilize their own resources to effectively prioritize, allocate, account and report HIV service delivery activities. This dimension focuses on improving financial management, costing, budgeting and resource mobilization.

These considerations informed Bauchi SMOH with technical support from USAID-funded SIDHAS project, to develop a road map that will guide transition to a sustainable HIV response that is state driven.

3.2 Sustainability Road Map

The goal of this road map is to build an operational framework that will guide the gradual transition of leadership and funding of HIV response to Bauchi State Government to achieve sustainability in the long term. The figure below illustrates the goals, objectives and implementation approach of the road map.

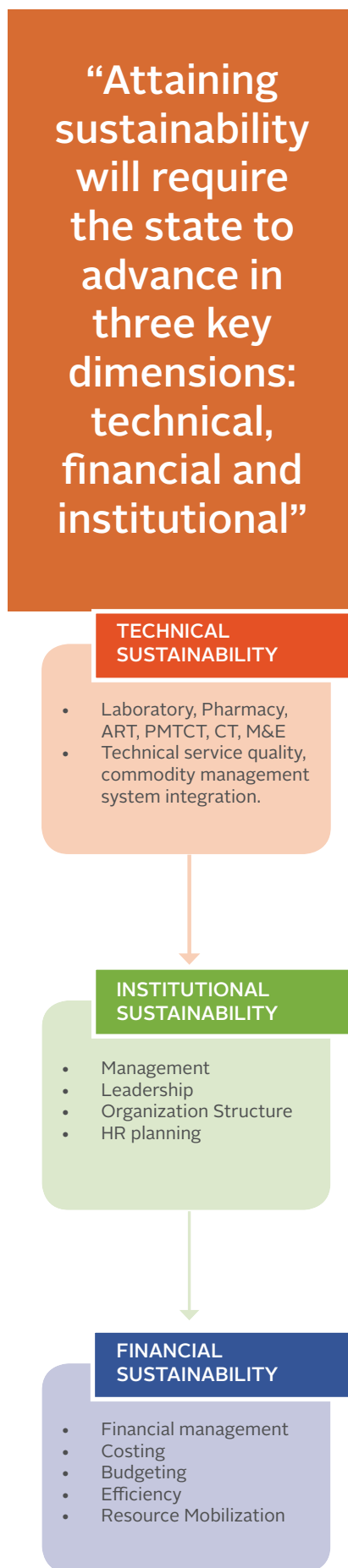


Fig 3: The 3 dimensions of HIV response sustainability



The figure below illustrates the goals, objectives and implementation approach of the road map.

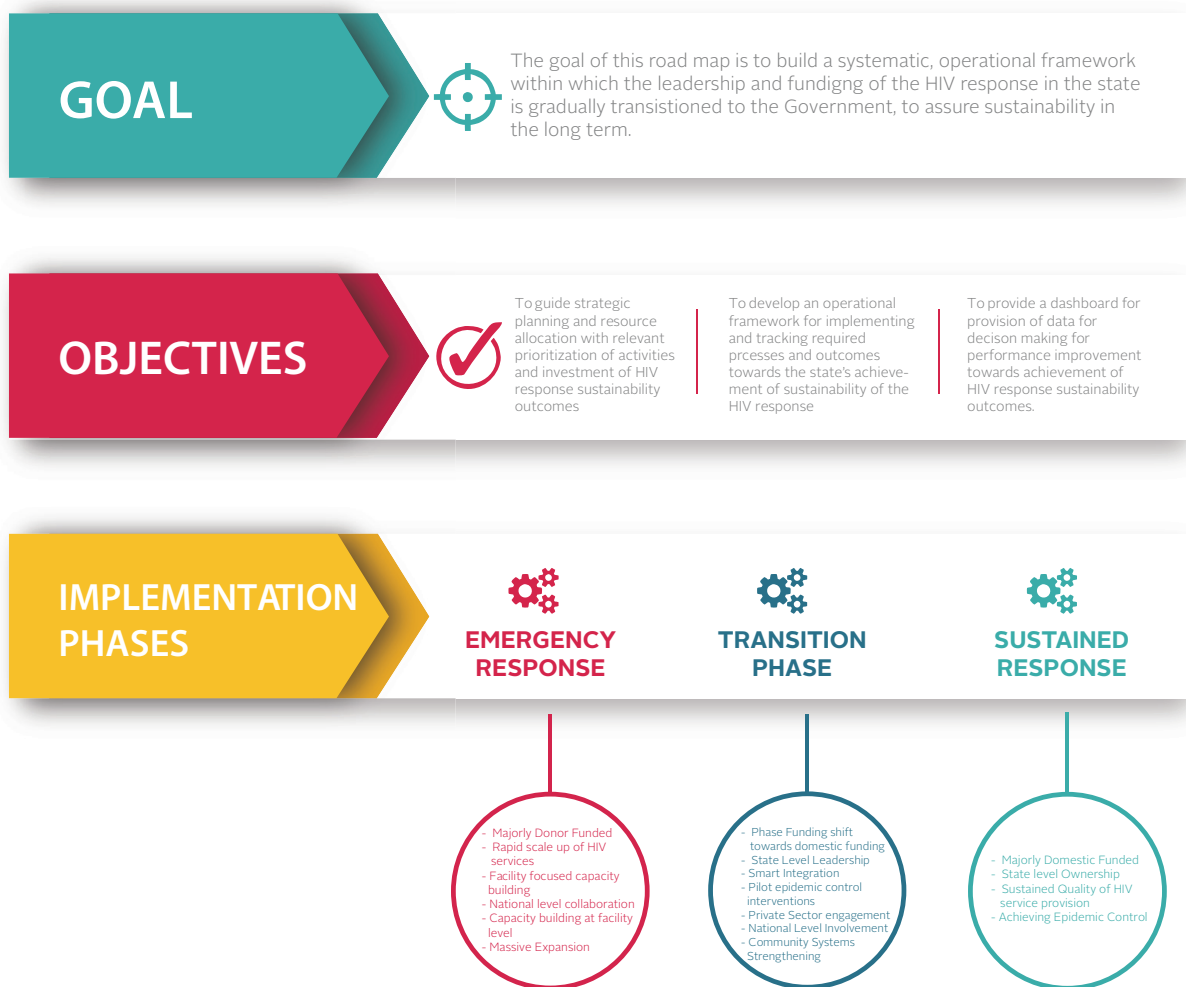


Fig4: Road map Conceptual Framework

The implementation approach of the sustainability road map is described in three phases, the emergency response, transition phase and the sustained HIV response. These phases are further described below:

The emergency response represents the previous situation of the HIV response in Bauchi State – funded majorly by foreign support with minimal support from state government. This phase was characterized with a rapid scale up of HIV services provision, expanded access to the people of Bauchi State and facility-focused approach to capacity building. There was substantial national level collaboration with minimal engagement at the state level.

The transition phase describes the period during which this road map will be implemented to position Bauchi State HIV response for sustainability. This phase will support a shift towards state level leadership of the response with associated increased domestic funding of the response in a phased manner.

“The implementation approach of the sustainability road map is described in three phases, the emergency response, transition phase and the sustained HIV response”



This will require Bauchi State to:

- Build the financial and institutional capacity of the relevant state level MDAs
- Put strategies in place to strengthen the HIV related community stakeholders (LGA level units, community groups).
- Identify and pursue resource mobilization strategies with focus on stimulating private sector investment in the HIV response.

The sustained phase describes the desired situation of Bauchi State, where the HIV response is state led, predominantly locally funded and achieves the provision of quality HIV services for the populace which will expectedly lead to HIV epidemic control in the state.

3.3 Sustainability Road Map ————— Development

The sustainability road map was developed under the leadership of the Bauchi State Ministry of Health (SMOH) and the Bauchi State Agency for the Control of HIV/AIDS, Tuberculosis/Leprosy and Malaria (BACATMA), with funding and technical support from the USAID through FHI 360's SIDHAS project. The results of the most recent assessment as well as review of other relevant documents revealed areas of priority requiring strategic investments and resource leveraging by Bauchi State to achieve sustainability. The findings from these efforts were discussed in a three-day sustainability engagement workshop convened by the Bauchi SMOH, in August 2015. A wide range of stakeholders including representatives from BACATMA and other MDAs attended. The initial draft plan was then reviewed in line with the current Bauchi State's Strategic Health Development Plan and the National Health Sector Strategic Plan & Implementation Plan for HIV/AIDS 2010 – 2015. The draft plan also addressed the key operational challenges to attaining universal access to HIV/AIDS services in Nigeria identified in the PCRIP. The sequence of interventions developed at the planning workshop were thus arranged to address seven focus areas:

1. Supportive supervision
2. Client tracking
3. Sample transfer
4. Monitoring and Evaluation
5. Coordination, program management and resource mobilization
6. Laboratory services (reagents, commodities, consumables and equipment maintenance)
7. Community services (e.g. health promotion & education, health surveillance, etc.)

The outcome of the meeting was a costed sustainability plan which aligned with the goals and targets contained in the state's sustainability approach and the PCRIP. State specific challenges identified informed the development of a comprehensive package with appropriate interventions to address the specific needs of the state.

“The sustained phase describes the desired situation of Bauchi State, where the HIV response is state led, predominantly locally funded and achieves the provision of quality HIV services for the populace which will expectedly lead to HIV epidemic control in the state”





3.4 Implementation Approach

The main approach will focus on integration of HIV services into the existing general health services; outpatient, inpatient, maternal, neonatal, child/ adolescent health, reproductive health and other related services. Successful implementation of the road map will be dependent on the achievement in these major strategic outcomes:

- HIV program coordination, management and resource mobilization strengthened;
- Physical infrastructure and equipment for provision of quality HIV & TB services rehabilitated;
- The human resource capacity for delivery of quality HIV and TB services strengthened;
- HIV services guidelines, manuals, SOPs, and related standards produced and widely disseminated;
- Procurement and supply chain management system of medicines and related commodities strengthened;
- Advocacy for HIV services with gatekeepers and influential people within the community strengthened;
- Social mobilization at community level for demand creation and service utilization strengthened;
- Client tracking and referral (sample and client) systems enhanced; and
- HIV program monitoring and evaluation as well as operational research strengthened.

Key activities to support implementation of the sustainability road map under different domains are shown in Table 4 below

“The main implementation approach will focus on integration of HIV services into the existing general health services; outpatient, inpatient, maternal, neonatal, child/ adolescent health, reproductive health and other related services”



Table 4: Domains, Objectives and Key Activities

Domain	Objectives of the Sustainability Plan	Key Activities
Programme Management	Take on responsibility for regular on-site supportive supervision and related costs to 100% of sites;	<ul style="list-style-type: none"> Phase 1: IP and Government. staff conduct joint supportive supervision to sites, to facilitate skills transfer. Phase 2: Government. staff conduct independent supervisory visits on a regular basis. Provide update and stepdown trainings for supervising staff to improve standards and expand the pool of trained health care providers. Provide National guidelines and SOPs, job aids and IEC materials to HF staff and mentor staff on use. Use M&SS as a tool for HF staff performance management.
Programme Management	Ensure effective management: leadership, coordination, oversight, resourcing, monitoring and evaluation, of the HIV response	<ul style="list-style-type: none"> SMT, TWGs and other stakeholders develop and implement annual work plans & provide M&SS to sites. Annual budgets will be shared with stakeholders. Counterpart funding sourced from Government. (State & LGA) and private sector to ensure ownership and sustainability of the HIV response. Conduct annual resource mapping and gap analysis to inform targeted advocacy and resource mobilization. Produce score card for state and LGAs and share quarterly with all stakeholders. Award best performing LGA at annual state HIV/AIDS summit. State score card serves as a performance track-record for other states can emulate and successive administrations to build on.
Care and Treatment	Provide operational framework and required funding for client tracking activities in 100% of sites;	<ul style="list-style-type: none"> Strengthen existing client tracking systems in the health facilities and ensure timely provision of funds. Promote proper documentation, complete and timely reporting and feedback. Introduce strong financial management systems and processes to track financial resources. Leverage on existing community support groups to support client tracking.
Laboratory Services	Establish and fund a functional mechanism to support and sustain sample referral for CD4, EID and viral load testing for all beneficiaries in at least 90% of sites;	<ul style="list-style-type: none"> Strengthen sample referral network (hub and spoke model) and ensure full integration into national framework. Bauchi State Government. to establish sustainable funding mechanism through facility internal revenue generation (IGR) in facilities. Ensure timely provision of results through an efficient feedback system.
Laboratory Services	Provide funding for service contracts and preventive maintenance of all laboratory equipment in 100% of sites;	<ul style="list-style-type: none"> Direct funding to be provided by the State Government. or through revolving scheme funded by individual facility IGRs. Train Government. lab personnel to provide M&SS to sites and conduct planned preventive maintenance of equipment or troubleshoot challenges as far as possible, when they arise. State Government. to draw up and sign equipment maintenance contracts for all HIV-related equipment for which expertise and spare parts may not be readily available locally.
Laboratory Services	Regularly procure and distribute laboratory commodities, reagents (CD4, chemistry and haematology) and consumables to 100% of sites;	<ul style="list-style-type: none"> Establish pooled procurement and distribution system for Laboratory reagents for CD4, chemistry and haematology tests, consumables and commodities for all facilities. Promote quality assurance through Quality Management System and deploy Laboratory Management Information System (LMIS) in all ART and PMTCT sites.
Community Engagement	Provide operational framework, funding and oversight of the HIV related community intervention programs through relevant community structures;	<ul style="list-style-type: none"> Promotion of ART and PMTCT centres and services through radio jingles, TV messages etc. Train health workers to improve their interpersonal skills. Foster partnerships between HCWs, TBAs and faith houses through orientation, trainings and dialogues. Foster partnerships between male and female PLHIV groups and train members as peer educators and mentors. Facilitate community dialogue and mobilization activities to address issues of HIV related stigma and to support and encourage pregnant women to seek ANC/PMTCT services in facilities where services are offered. Strengthen partnerships between CBOs, facilities, community health workers (CHW) and TBAs



Domain	Objectives of the Sustainability Plan	Key Activities
Monitoring & Evaluation	Provide sustainable funding for the procurement and distribution of all HIV-related M&E tools to at least 90% of sites;	<ul style="list-style-type: none"> Establish and maintain a central routine health database, procurement & supply chain management for M&E tools. Establish systems for mentoring and supportive supervision and data quality assurance (DQA). Build human resource capacity for M&E and Data demand and use. Provide support structures that enable real-time/timely data entry and transmission from HFs and LGAs into the GoN DHIS instance.

3.5 Risks

A risk assessment was carried out in line with the implementation of the Bauchi State HIV response sustainability road map. These risks along with their mitigation strategies are summarized in the table below.

Table 5: Risk to implementing SRM, Probability and Mitigation strategies

Anticipated Risks	Probability* (High, Medium, Low)	Impact* (High, Medium, Low)	Risk mitigation strategies (How can state prepare if this risk does take place)
Occasional threats to complete HIV services implementation due to potential insurgency attacks	Low	Low	<ul style="list-style-type: none"> Work with security personnel to ensure security of lives and resources
Implementation of some assigned activities in a timely manner	Low	Low	<ul style="list-style-type: none"> Follow up on key decision makers for approvals and release of resources
Delay in active engagement (and follow up) in the hospital annual budgeting & planning processes	Low	Low	<ul style="list-style-type: none"> Follow up with state assembly and budget office to pass budget for implementation
Given the current fiscal crises with reduced federal allocation and suboptimal IGR, the state is unable to secure complete funding to sustain core elements of the HIV response	Low	Low	<ul style="list-style-type: none"> Strive for donor assistance in HIV/AIDS service delivery Facilitate the passage of State Health Contributory Management Bill. Leverage funding from Corporate Entities





SECTION

4

RESOURCE

MOBILIZATION

RESOURCE MOBILIZATION

4.1 Funding for the Sustainability Road Map

Successful implementation of sustainability road map for Bauchi State will require adequate resources in a timely manner to ensure efficient and effective implementation. The resources required to accomplish these activities were costed using a bottom-up costing approach to provide for transparency and versatility in forecasting. This required each resource to be costed based on the Bauchi State Government rates and linked up to an activity unit cost. This was in turn used to derive a cost for each domain and then aggregated to arrive at an overall cost. The cost of ARVs is not included as it would continue to be supported by USAID until 2018.

The costing was done by government and implementation partner staff and other stakeholders with expertise and experience in implementing such activities. The cost required to implement the key activities in the Bauchi State Sustainability Road Map for 2016 is **N313,057,490**, while that for **2017** and **2018** was **N346,867,699** and **N384,329,410**, respectively. The total cost required to implement the Bauchi State Sustainability Road map is **N1,044,254,599**.

The table below shows the break down for each budget domain in the state. Most of the cost required in the state would go to providing the laboratory platforms for service provision.

“Successful implementation of sustainability road map for Bauchi State will require adequate resources in a timely manner to ensure efficient and effective implementation”

BUDGET DOMAIN & OBJECTIVES	2016	2017	2018
Resource Mobilization	N1,499,000	N1,660,892	N1,840,268.34
Milestone 1: Costed integrated State HIV response plan available	N154,000	N170,632.00	N189,060.26
Milestone 2: Costed resource mobilization plan available and being implemented	N320,500	N355,114.00	N393,466.31
Milestone 3: HIV services completely supported by State employed staff	N1,024,500	N1,135,146.00	N1,257,741.77
Laboratory Services	N289,524,490	N320,793,134	N355,438,793.49
Milestone 1: Chemistry and haematology analysis 100% supported by government in SIDHAS supported sites	N274,261,490	N303,881,730	N336,700,957.86
Milestone 2: Chemistry and Haematology machines maintained by State Government	N8,572,000	N9,497,776.00	N10,523,535.81
Milestone 3: Sustainable sample transfer system in place	N2,147,500	N2,379,430.00	N2,636,408.44
Milestone 4: Laboratory Quality Assurance and Improvement System in place	N4,543,500	N5,034,198.00	N5,577,891.38



BUDGET DOMAIN & OBJECTIVES	2016	2017	2018
Care and Treatment	₦ 9,270,000	₦10,271,160	₦11,380,445.28
Milestone 1: Mentoring system established for HIV service providers that could ensure the delivery of quality HIV care	₦7,412,500	₦8,213,050.00	₦9,100,059.40
Milestone 2: Triage/adherence systems in all comprehensive sites are in place and functional	₦1,127,500	₦1,1249,270.00	₦1,384,191.16
Milestone 3: Client tracking & referral systems in all comprehensive sites are in place and functional	₦730,000	₦808,840.00	₦896,194.72
Programme Management	₦171,500	₦190,022.00	₦210,544.38
Milestone 1: Quarterly strategic review meeting conducted	₦171,500	₦190,022.00	₦210,544.38
M&E	₦12,592,500	₦13,952,490.00	₦15,459,358.92
Milestone 1: State driven data management in all SIDHAS supported LGAs and sites	₦12,592,500	₦13,952,490.00	₦15,459,358.92
Total	₦313,057,490	₦346,867,698.92	₦384,329,410.40

4.2 Resource Mobilization Opportunities

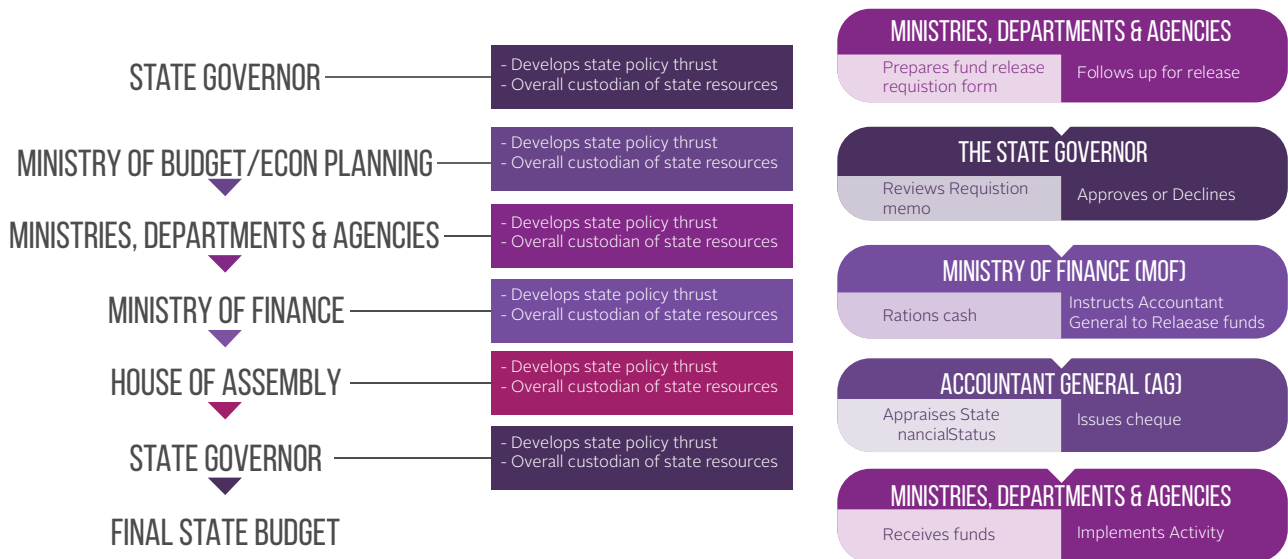
Sustaining HIV response in Bauchi State will require substantial additional funding. The SMOH, BACATMA and other relevant stakeholders will need to strategically identify, mobilise and leverage existing and new funding. This can be achieved through the development of a resource mobilisation plan to facilitate the mapping of available resources and outlining strategies to access resources from a wide range of resource providers as detailed below:

- 1. State budget planning and appropriation process:** BACATMA and other key stakeholders in the state HIV response will proactively participate in the state's budget planning and appropriation process, to identify and engage at crucial points in the process. Advocacy for the SRM will be needed to follow through with planning, budgeting and facilitation of budget releases and disbursements. The diagram below illustrates the state budget planning cycle and appropriation process. It highlights key leverage points where state HIV stakeholders will need to engage in fiscal planning and follow through to ensure timely disbursement.
- 2. National Health Act (NHA) 2014 :** The NHA 2014 provides for the establishment of Basic Health Care Fund, to be financed from multiple sources including Federal Government annual grants. The Basic Health Care Provision Fund (BHCPF), provides for predictable and sustainable source of financing for Health and shows commitment to the achievement of Universal Health Coverage (UHC).

“Sustaining HIV response in Bauchi State will require substantial additional funding.”



Figure 5: Illustrative Steps in State Budget Planning



Source: Resource Mobilization strategies developed with support from HFG

The Fund will be used to finance basic health care provision (in eligible primary and secondary health facilities); and the procurement of essential drugs, vaccines and consumables for eligible primary facilities; maintenance, transport and equipment of primary facilities and HRH development. Funds will be disbursed through state PHC boards. Given the opportunity within the NHA to finance a basic minimum package, it is important for stakeholders in the state's HIV response to work towards negotiating a more robust placement of HIV services in the state's basic health package. This will ultimately result in more predictable funding for the HIV response under the Basic Health Care Fund. Key activities to undertake include:

- **Drafting and Passage of State Health Acts:** As a key step towards tapping into the benefits of the NHA and Basic Health Care Fund, Bauchi State needs to review the provisions of the NHAct and adapt or modify them in a bid to develop a legal framework for the organization and delivery of health services in the state.
- **Instituting the State Council on Health:** States (and by extension, the LGAs) are to be supported to convene their respective State Council on Health meetings where the key stakeholders will deliberate on the key provisions of the NHAct and outline steps for its implementation and/or domestication. Instituting the Bauchi State Council on Health will support the implementation of the NHAct, in terms of improved service delivery and health outcomes, and oversee the institution of the necessary reforms that would help the state access the Basic Health Care Provision Fund (BHCPF).

“ Instituting the Bauchi State Council on Health will support the implementation of the NHAct, in terms of improved service delivery and health outcomes, and oversee the institution of the necessary reforms that would help the state access the Basic Health Care Provision Fund (BHCPF).”



- **Primary Health Care Under One Roof (PHCUOR) Policy:** Primary health care under one roof (PHCUOR), otherwise known as Integrated PHC Governance, is a primary health care (PHC) reform promoted by the Government of Nigeria to integrate the PHC structures and programs at subnational levels, under one state-level body – the State Primary Health Care Development Agency or Board (SPHCDA/B) within the framework of a decentralized health system. States are expected to have functional State Primary Health Care Boards as one of the pre-requisites for accessing their allocations from the Basic Health Care Provision Fund
 - **Aligning the State-Supported Health Insurance Scheme (SSHIS) with the BHCPF:** At the last NCH, the memo for the establishment of State-Supported Health Insurance was adopted by all the State representatives. It is imperative that states be supported to fast-track the roll-out process, while exploring the possibility of aligning the minimum service package prescribed in the BHCPF with the states SSHIS.⁷
 - **Accountability Framework and Mechanisms:** Efforts should be made to establish state accountability mechanisms for health which incorporate both public and non-state actors through the support of development partners. These mechanisms can be strengthened or realigned to incorporate specific strategies to strengthen NHAct accountability at the state and LGA levels. The accountability mechanism for PHCUOR (SPHCDA) should align with the NHAct.
3. **Medium Term Sector Specific Strategies (MTSS) Health:** The MTSS informs the budget envelopes in the Medium-Term Expenditure Framework (MTEF) and ultimately the state budgets. Bauchi State's current Health MTSS 2015-2017 was rolled over from a previous MTSS. Key stakeholders in Bauchi State's HIV response will proactively engage in the formative stages of the next substantive MTSS to ensure that the HIV response emerges as a health sector priority, and is accompanied with adequate budget reflected in the MTEF.
 4. **The President's Comprehensive Response Plan for HIV/AIDS in Nigeria (PCRCP):** The goal of the PCRCP is to accelerate the implementation of key interventions over a two-year period to bridge existing service access gaps, address key financial, health systems and coordination challenges and promote greater responsibility for the HIV response at Federal, State and Local Government levels
 5. **Leveraging other financing instruments/ channels for improved health system performance:** Given the health sector function in the HIV response, several of the proposed implementation approaches are systemic in nature. As part of the transition process, the State Ministry of Health and BACATMA will seek out other existing resources accessible to the state government towards improved health system performance. Examples include:

“The goal of the PCRCP is to accelerate the implementation of key interventions over a two-year period to bridge existing service access gaps, address key financial, health systems and coordination challenges and promote greater responsibility for the HIV response at Federal, State and Local Government levels.”



- Saving One Million Lives Initiative Program-for-Results (SOML- PforR) Project-The SOML project financed through the World Bank aims to increase the utilization and quality of high impact reproductive, child health, and nutrition interventions. Six key services are targeted, one of which is HIV counselling and testing among women attending antenatal care. This presents an opportunity to finance PMTCT services. The SOML initiative presents a game changer in providing an opportunity to boldly address governance and management issues.
- Public-Private partnerships (PPP) – There are also opportunities for public-private partnerships (PPP) and investment in maternal and child health (MCH) services including PMTCT through corporate social responsibility (CSR)

6. HRH Task shifting policy: With the persistent HCW challenges, a state level adoption and implementation of the national task shifting policy becomes more relevant, crucial and time-sensitive to sustain the provision of HIV services in the state. Another opportunity in terms of mobilizing human resources is the Community Midwife Training by state and midwifery service scheme (MSS) funded by Sustainable Development Goals (SDG) which facilitates the provision of midwives at PHCs.

7. Reprogram HIV services to effectively leverage the ANC platform: The state will explore ways of reprogramming HIV service delivery to effectively leverage the ANC platform, particularly PMTCT and EID, with a first point of contact for pregnant women that provides HIV testing and where possible ARV treatment as well as providing links to private and community care.

“With the persistent HCW challenges, a state level adoption and implementation of the national task shifting policy becomes more relevant, crucial and time-sensitive to sustain the provision of HIV services in the state.”





SECTION

5

THE WAY
FORWARD

THE WAY FORWARD

The SMOH intends to be more proactive in identifying the most meaningful and cost effective ways to convene stakeholders in prioritizing relevant agenda items, allocating sufficient time for priority items, driving consensus and ensuring the time-sensitive execution of outcomes emerging from these meetings. This will ensure that the momentum towards a sustained response is maintained and jointly owned.

Given the fiscal space, the state government may increase its recurrent expenditure, consequently HIV stakeholders in the state must demonstrate cost effective use of existing domestic funding whilst advocating for improved and sustainable funding for the response. A more proactive engagement by key stakeholders in the HIV response is crucial to ensure that HIV services receive impactful domestic funding in subsequent budget cycles.

Key stakeholders in Bauchi State's HIV response will be engaged in the formative stages of the next MTSS to ensure that HIV response is outlined as a key health sector priority, accompanied with adequate budget to reflect into the MTEF for subsequent years.

To ensure a sustained HIV response in the state, Bauchi SMOH and BACATMA will follow through on the SRM with advocacy, negotiations, planning, budgeting and facilitation of budget releases and disbursements. In the light of the persistent HCW challenges, a state level adoption and implementation of the national task shifting policy becomes more relevant, crucial and time-sensitive to sustain the provision of HIV services in the state.

There is also a need to institutionalise human resources planning in the state and to use the plans to guide the production, distribution and utilization of health workforce in the state.



6.0 Appendices

Appendix 1: DETAILED IMPLEMENTATION PLAN

1. PROGRAMME MANAGEMENT										
SN	Activities	Activity Output	Expected Outcome	Lead Department	Start Date	End Date	2016			
							Q1	Q2	Q3	Q4
1.1	Milestone 1.1: Costed integrated State HIV response plan available									
1.1.1	Update costed integrated Bauchi State HIV response plan	Costed integrated Bauchi State HIV response plan done	Budget available for the implementation of response plan	BACATMA/SASC P	Oct-15	Jun-16		X		
1.2	Milestone 1.2: Costed resource mobilization plan available and being implemented									
1.2.1	Constitute RM committee	RM committee constituted	Improved resources for HIV services provision	BACATMA/SASC P	Oct-15	Jul-16				X
1.2.2	Conduct 1 day orientation of the RM committee	RM committee orientation held	Improved resources for HIV services provision	BACATMA/SASC P	Oct-15	Jun-16			X	
1.2.3	Develop RM plan	RM mobilization plan developed	Improved resources for HIV services provision	BACATMA/SASC P	Oct-15	Jun-16	X	X	X	X
1.2.4	Develop at least 2 fundable proposals on eMTCT and Primary prevention	Proposals on eMTCT and Primary prevention developed	Improved resources for HIV services provision	BACATMA/SASC P	Oct-15	Jun-16				X
1.2.5	Advocate to Governor and in-coming executive council for sustained funding of the State HIV response	Advocacies on Key program funding issues conducted	Improved resources for HIV services provision	BACATMA/SASC P	Oct-15	Jun-16			X	X



1.3	Milestone 1.3: HIV services completely supported by State employed staff									
1.3.1	Identification and deployment of state-owned staff to support HIV SDPs in SIDHAS supported facilities	State-owned staff deployed to support HIV SDPs in SIDHAS supported sites	Enhanced human resources for health and improved patients and management for decision-making	BACATMA/SASCP	Oct-15	Jul-16	X	X		
1.3.2	On-site orientation of deployed staff on various service areas	Staff orientation held	Enhanced human resources for health and improved patients and management for decision-making	BACATMA/SASCP	Oct-15	Jun-16	X	X		
1.3.3	Identification and deployment of state-owned staff to support HIV SDPs in SIDHAS supported facilities	State-owned staff deployed to support HIV SDPs in SIDHAS supported sites	Enhanced human resources for health and improved patients and management for decision-making	BACATMA/SASCP	Oct-15	Jul-16	X	X		
2. MONITORING AND EVALUATION										
2.1	Milestone 2.1: State driven data management in all SIDHAS supported LGAs and sites									
2.1.1	Phase transition DEC in CART sites data management and C&S to government staff	CART sites data management & C&S transitioned to government staff	State own and sustain uninterrupted HIV service provision	HMB	Oct-15	Jun-16	X	X	X	X
2.1.2	Procure and distribution of data collection tools	DCTs available at all SDPs	Quality HIV data available	BACATMA	Oct-15	Jun-16	X	X		
2.1.3	Establish him at State and LGA levels	IHDMT available and active at State and LGA levels	Quality health service data available at all levels	SMOH	Oct-15	Jun-16	X	X	X	X
2.1.4	Support data collection & entry into DHIS in GHs, collection and entry at LGAs in case of PHCs	HIV data entered into the DHIS	Quality HIV data available	SMOH	Oct-15	Jun-16	X	X	X	X



3. Laboratory Services									
3.1	Milestone 3.1: Chemistry and haematology analysis 100% supported by government in SIDHAS supported sites								
3.1.1	Train at least 5 government staff on forecasting and quantification of lab. reagents	Staff trained and skilled in forecasting and quantification	Laboratory reagents availability enhanced for quality care & treatment	BACATMA/SASCP	Oct-15	Jun-16	X		
3.1.2	Conduct forecasting and quantification of lab. reagents and consumables	Forecasting and quantification held	Laboratory reagents availability enhanced for quality care & treatment	BACATMA/SASCP	Oct-15	Jun-16	X		
3.1.3	Procure and distribution laboratory consumables	Budget captured	Availability of funds for procurement of laboratory commodities	BACATMA/SASCP	Oct-15	Jun-16	X		
3.1.4	Advocate to ATBUTH and FMC Azare to commence procurement of lab. reagents and consumables	Advocacies conducted	Laboratory reagents availability enhanced for quality care & treatment	BACATMA/SASCP	Oct-15	Jun-16	X		
3.2	Milestone 3.2: Chemistry and Haematology machines maintained by State Government								
3.2.1	Establish PMM committee	PMM committee constituted	Improved PMM HIV services provision	BACATMA/SASCP	Oct-15	Nov-15	X		
3.2.2	Inspect all chemistry and haematology machines in SIDHAS supported sites	Equipment inspected	Effective and efficient equipment available and in use	BACATMA/SASCP	Oct-15	Jun-16	X	X	
3.2.3	Provide planned preventive maintenance to SIDHAS supported sites (in phases)	Planned preventive maintenance provided	Functional equipment available and reduction in equipment downtime	BACATMA/SASCP	Oct-15	Jun-16	X	X	X



Milestone 3-3: Sustainable sample transfer system in place									
3-3	Design sustainable sample transfer mechanism using state-owned transport company	Availability of focal person and vehicles for sample transfer	Effective and efficient sample transfer	BACATMA/SASCP	Oct-15	Oct-15			
3-3-1	Pilot sample transfer using state-owned transport company	Availability of focal person and vehicles for sample transfer	Effective and efficient sample transfer	BACATMA/SASCP	Feb-16	Apr-16			X
3-3-2	Transfer blood and sputum samples from spokes to hubs for various analysis	Availability of focal person and vehicles for sample transfer	Effective and efficient sample transfer	BACATMA/SASCP	Feb-16	Jun-16			X
3-4	Milestone 3-4: Laboratory Quality Assurance and Improvement System in place								
3-4-1	Establish Bauchi State lab. QMS team	Lab. QMS team established	Functional QMS team	HMB	Aug-15	Sep-15			
3-4-2	Conduct training of the State QMS team on lab. QA and DTS production and administration	QSM team trained on EQA-PT and DTS production	QMS skills available	HMB	Aug-15	Sep-15			
3-4-3	Support the conduct of bi-annual production and distribution DTS	DTS produced	EQA-PT conducted	HMB	Sep-15	Jun-16			
3-4-4	Support the conduct quarterly lab. internal quality audit	IQA conducted	Improved quality of lab. services	HMB	Sep-15	Jun-16			
3-4-5	Support the registration of EQA-PT panel with MLSCN in preparation for accreditation	Lab. registered for EQA-PT	Accredited labs.	HMB	Sep-15	Jun-16			



Milestone 4.1: Mentoring system established for HIV service providers that could ensure the delivery of quality HIV care									
4.1	Update database of master trainers/mentors	Database updated and available for reference	State effectively utilizing data base of trainers	HMB	Sep-15	Oct-15	X		
4.1.1	Conduct self-skill assessment for master trainers	Assessment conducted	Identify and enhance skill of trainers	HMB	Oct-15	Dec-15	X		
4.1.2	Develop individual/group skill development plans for master trainers	Development plan developed	Improved capacity of trainers	HMB	Jan-16	Feb-16		X	
4.1.3	Support the implementation of individual/group skill building plans for master trainers	Building plan implemented	Improved capacity of trainers	HMB	Jan-16	Jun-16		X	
4.1.4	Constitute/orient State and facility-based QI teams	Facility-based QI teams constituted	Institutionalization of quality improvement	HMB	Feb-16	Mar-16		X	
4.1.5	Support quarterly QI assessment and support facilities/IAs to develop capacity development plans	QI assessment and capacity building plan developed	Institutionalization of quality improvement	HMB	Mar-16	Jun-16		X	
4.1.6	Develop quarterly mentoring/supportive supervision plan base on the facility/IA CDPs	Plan developed	Improved quality of service delivery	HMB	Mar-16	Jun-16		X	
4.1.7	Support the implementation mentoring/supportive supervision plan	Plan implemented	Improved quality of service delivery	HMB	Mar-16	Jun-16		X	
4.1.8									



Milestone 5.1: Triage/adherence systems in all comprehensive sites are in place and functional						
	Assessment report	Recommendations	HMB	Jan-16	Jan-16	
5.1	Conduct assessment of triage/adherence system in 17 CART sites		HMB	Jan-16	Jan-16	X
5.1.1	Develop triage capacity strengthening plan based on the findings of the assessment	Strengthened triage system	HMB	Jan-16	Jan-16	X
5.1.2	Support the implementation of the triage capacity strengthening plan	100% clients had C&S screening				X X X
5.1.3						
Milestone 5.2: Client tracking & referral systems in all comprehensive sites are in place and functional						
5.2	Conduct one-day re-organization/orientation of facility client tracking teams	Performing client tracking teams	HMB	Feb-16	Jun-16	X
5.2.1	Support teams to conduct client tracking activities	Improve client retention	HMB	Feb-16	Jun-16	X X X
5.2.2						
Milestone 6.1: Quarterly strategic review meeting conducted						
6.1	Conduct 2 day quarterly strategic review meeting with 30 SHs	Strategic actions developed	BACATMA	Jan-16	Jun-16	X X X



Appendix 2: Assessment Tool

Thematic Area	Expected Support from State Government		Sustainability Status	Comments
	Milestones			
Program Management	1.	State Government has developed an integrated costed workplan (current calendar year) for HIV/AIDS activities which has been included as part of current State Annual budget		
	2.	State Government has developed a State Specific Sustainability Road map and is currently implementing it.		
	3.	State Government. has identified and utilized additional resources available to fund HIV/AIDS service provision in the state i.e. NHIS, private companies		
	4.	State Government has demonstrated evidence based allocation of adequate human resource personnel to sustain HIV/AIDS service delivery across health facilities and within the SMOH		
	5.	State Government has engaged extra staff to help provide support for the HIV/AIDS response in the health facilities		
	6.	State Government has independently funded and chaired routine State Management Team(SMT) and Technical Working Group (TWG) meetings representative of all stakeholders in the last 3 months (including ART, PMTCT, PSCM, M&E)		
Quality Assurance	1.	State Government has jointly developed facility level Capacity Building Plan with staff of supported health facilities based on gaps identified during CQI/QI assessment visits without IP support		
	2.	State Government has conducted supportive supervisory/mentoring visits incl. CQI/DQ assessments in all health organizations by relevant bodies (SACA, SASCAP, LIT, SIT, MOH) routinely without IPs support to ensure quality within the last 3 months		
	3.	State Government has supported the conduct of CMEs in all health organizations routinely without IPs support to ensure quality within the last 3 months		
	4.	State Government has established a system for provision of state level master trainers and resource persons to support the HIV program.		



Thematic Area	Expected Support from State Government		Sustainability Status	Comments
	Milestones			
Quality Assurance	5.	State Government has instituted a functional mechanism to ensure all relevant Laboratory equipment are maintained constantly in all supported facilities		
	6.	State Government has renovated and/or built relevant structures for the provision of HIV/AIDS and Tb services		
	7.	State Government has provided Laboratory reagents (Hematology and Chemistry) for provision of these services to HIV positive individuals in supported facilities		
	8.	The State Government has supported the provision of Laboratory consumables through GoN processes		
	9.	State Government has supported the provision of ancillary power supply for the provision of HIV/AIDS services in relevant laboratories and pharmacies of supported facilities		
	10.	State has conducted Pharmacy feedback and peer review meetings to improve provision and documentation of pharmacy services in accordance with international best practices within the last 3 months.		
	11.	State Government has supported the process of laboratories towards obtaining Accreditation		
Monitoring & Evaluation	1.	State Government has provided (procurement and distribution) M&E Tools relevant to HIV/AIDS for collecting and reporting routine health data at LGAs and State level		
	2.	State Government has supported monthly and quarterly Integrated Health Program M&E meetings for data review & dissemination of health information products at LGAs and State-level respectively		
	3.	State Government has instituted an independent and functional system for transmitting and disseminating HIV/AIDS service data from the supported facilities.		
	4.	State Government has supported the conduct of Logistics data review meeting at the State and LGA levels		



Thematic Area	Expected Support from State Government		Sustainability Status	Comments
	Milestones			
Coordination	1.	State Government has independently generated and transmitted all pharmacy reports including drug logistic reports routinely without IP support in the past 3 months		
	2.	State Government has instituted a functional mechanism to support and sustain sample referral activities for CD4, EID and viral load testing in all supported sites		
	3.	State Government has instituted a functional mechanism to support and sustain defaulter Client tracking in all supported sites		
	4.	State Government has supported the conduct of community activities for HIV/AIDS services in the last 6 months.		
	5.	State Government has supported continuous engagement with the private health sector providing HIV/AIDS Services in the state		





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