



**USAID**  
FROM THE AMERICAN PEOPLE

## USAID INTEGRATED HEALTH PROGRAM, NIGERIA

Task Order 03: Bauchi State Activities

# Quarterly Performance Report

FY20 Quarter I: October 01– December 30, 2019

Submission Date: January 30, 2020; v2 March 19, 2020

Contract Number: 72062018D00001 / 720602019F00002

Activity Start and End Dates: February 1, 2019 to January 31, 2024

Task Order Contracting Office Representative: [REDACTED]

Submitted by: [REDACTED], Chief of Party

Palladium International, LLC

23 Ibrahim Tahir Lane, Cadastral Zone BO5, Utako, Abuja, Nigeria

Tel: +234 8160133847

Email [REDACTED]

DISCLAIMER This document was produced for review by the U.S. Agency for International Development Nigeria Mission (USAID/Nigeria) and does not necessarily reflect the views of the Agency or United States Government.



# CONTENTS

ACTIVITY INFORMATION	2
ACRONYMS AND ABBREVIATIONS	3
1. PROJECT SUMMARY	1
1.1. ACTIVITY DESCRIPTION	1
1.2. SUMMARY OF RESULTS TO DATE	1
2. ACTIVITY IMPLEMENTATION PROGRESS	2
2.1. IMPLEMENTATION PROGRESS	2
2.2. IMPLEMENTATION STATUS	3
2.3. IMPLEMENTATION CHALLENGES	21
2.4. MONITORING, EVALUATION, AND LEARNING (MEL) PLAN UPDATE	22
3. INTEGRATION OF CROSSCUTTING ISSUES AND USAID FORWARD PRIORITIES	22
3.1. GENDER EQUALITY AND WOMEN'S EMPOWERMENT	22
3.2. SUSTAINABILITY AND LOCAL OWNERSHIP	25
3.3. ENVIRONMENTAL COMPLIANCE	25
3.4. POLICY AND GOVERNANCE SUPPORT	25
3.5. LOCAL CAPACITY DEVELOPMENT	26
3.6. SECURITY	26
3.7. SCIENCE, TECHNOLOGY, AND INNOVATION IMPACT	26
3.8. PUBLIC PRIVATE PARTNERSHIP (PPP) AND GLOBAL DEVELOPMENT ALLIANCE (GDA)	28
IMPACT	28
3.9. GLOBAL CLIMATE CHANGE	29
4. STAKEHOLDER PARTICIPATION AND INVOLVEMENT	29
5. MANAGEMENT AND ADMINISTRATIVE ISSUES	29
6. LESSONS LEARNED	30
7. PLANNED ACTIVITIES FOR NEXT QUARTER INCLUDING UPCOMING EVENTS	30
8. HOW IMPLEMENTING PARTNER HAS ADDRESSED A/COR COMMENTS FROM THE LAST QUARTERLY OR SEMI-ANNUAL REPORT	32
9. FINANCIAL MANAGEMENT	32
ANNEX A: IHP BAUCHI PROGRESS SUMMARY	1
ANNEX B: QUARTERLY FINANCIAL REPORT	1
ANNEX C: IMPLEMENTATION STATUS	1
ANNEX D: FEATURE STORY	1

## ACTIVITY INFORMATION

<b>Program Name:</b>	USAID Integrated Health Program: IHP Bauchi, TO 03
<b>Activity Start Date and End Date:</b>	February 1, 2019 – January 31, 2024
<b>Name of Prime Implementing Partner:</b>	Palladium International, LLC
<b>Contract/Agreement Number:</b>	72062019F00002
<b>Subcontractors:</b>	JHPIEGO, PharmAccess, Viamo, Wi-HER, Avenir
<b>Major Counterpart Organizations:</b>	Breakthrough Action–Nigeria (BA-N) and Global Health Supply Chain – Procurement and Supply Management (GHSC-PSM)
<b>Geographic Coverage (States):</b>	Bauchi, Nigeria
<b>Reporting Period:</b>	October 1 – December 31, 2019

## ACRONYMS AND ABBREVIATIONS

ANC	Antenatal Care
BA-N	Breakthrough Action of Nigeria
BACATMA	Bauchi State Agency for the Control of HIV and AIDS, Tuberculosis, Leprosy and Malaria
BHCPF	Basic Health Care Provision Fund
BBSPHCDA	Bauchi State Primary Health Care Development Agency
DHIS2	District Health Information System 2
FMoH	Federal Ministry of Health
FP	Family Planning
GHSC-PSM	USAID Global Health Supply Chain Program-Procurement and Supply Project
HRH	Human Resources for Health
IHP	Integrated Health Program
IMCI	Integrated Management of Childhood Illness
IMSS	Integrated Mentoring Supportive Supervision
ISS	Integrated Supportive Supervision
LARC	Long Acting Reversible Contraceptive
LGA	Local Government Area
LGHA	Local Government Health Authority
LMIS	Logistics Management Information System
MDA	Ministry, Department and Agency
MEL	Monitoring, Evaluation, and Learning
MNCH	Maternal, Newborn, and Child Health
MPDSR	Maternal and Perinatal Death Surveillance and Response

MOU	Memorandum of Understanding
NHMIS	National Health Management Information System
NPHCDA	National Primary Health Care Development Agency
OIRIS	Optimized Integrated Routine Immunization Service
QoC	Quality of Care
RI	Routine Immunization
RMNCH+NM	Reproductive, Maternal, Newborn, Child, and Health+ Nutrition and Malaria
SCFN	State Committee on Food and Nutrition
SERICC	State Emergency Routine Immunization Coordination Center
SMoH	State Ministry of Health
TA	Technical Assistance
TO	Task Order
TOR	Terms of Reference
TOCOR	Task Order Contracting Officer Representative
TWG	Technical Working Group
UHC	Universal Health Coverage
VAPP	Violence Against Persons' Prohibition Act
WDC	Ward Development Committee

# I. PROJECT SUMMARY

## I.1. ACTIVITY DESCRIPTION

USAID Integrated Health Program (IHP)/Task Order 3 is the third task order, covering Bauchi State under the IHP indefinite delivery, indefinite quantity contract. The goal of the Integrated Health Program (IHP) in Bauchi State (IHP Bauchi) is to contribute to state-level reductions in child and maternal morbidity and mortality and to increase the capacity of health systems (public and private) to sustainably support quality primary health care (PHC) services for reproductive health/family planning, maternal, newborn and child health, nutrition, and malaria (RMNCH+NM). With government, community, and private sector partners, IHP Bauchi strives to achieve three objectives:

Objective 1: Strengthen health systems supporting Primary Health Care services,

Objective 2: Improve access to Primary Health Care services, and

Objective 3: Increase quality of Primary Health Care services.

IHP Bauchi works closely with the State Government to support rapid scale-up of proven high impact primary health care interventions and the strengthening of health systems. Specific activities for the successful implementation of these interventions are done in partnership with State and Local Government Health Authorities (LGHA) decision-makers and key stakeholders, as state leadership and ownership are key for successful implementation of the program. Activities are closely coordinated with USAID's other two flagship health projects - Breakthrough Action–Nigeria (BA-N) and the Global Health Supply Chain – Procurement and Supply Management (GHSC-PSM) to ensure complementary synergies and to avoid duplication.

This report documents key implementation progress made on Task Order 3 (IHP Bauchi) in FY20 for the period October 1, 2019 – December 31, 2019, the first three months of FY20 activities. A summary of key achievements is provided by key result area in Annex A. The financial management report is submitted as Annex B of this report.

## I.2. SUMMARY OF RESULTS TO DATE

Please see Task Order 3 Cumulative Summary Reports Table in Annex A which provides updates of all indicators, targets and results for Q1 FY20. Data presented are from the District Health Information System 2 (DHIS2) covering the period October 1 – December 2019. The FY20 performance targets and data presented cover the results in the 14 supported Local Government Areas (LGA), including 235 Primary Healthcare Centers and 14 General Hospitals.

### Key Results:

- For the second quarter in a row, we see 98% timeliness of reporting, up from 43% at baseline. By building capacities of LGHAs to utilize the timeliness and completeness tracker and improving data capture, IHP contributed to increasing timely reporting to DHIS2 in IHP-supported LGAs.

- Narrowing of the wide disparities between number of deliveries and number of live births. Disparities continue to occur due to the reporting of deliveries that occur in the community, without a corresponding record of the live births. IHP continues to support the State to resolve this.
- Number of Children 6 – 59 months given Vitamin A as a proxy for number of children under five (0-59 months) reached with nutrition-specific interventions achieved 49% of annual target. The Maternal, Newborn, and Child Health (MNCH) week campaign conducted in December 2019 contributed to this achievement.
- In Quarter I, the number of maternal deaths has reached the targeted number of 30. While we are reconfirming the data, this points to two changes: (1). There has been improved reporting of maternal deaths in Bauchi State due to re-orientation on Maternal Perinatal Death Surveillance and Reporting (MPDSR); and (2). The data also suggests that the number of deaths have been grossly underreported in the past. We are likely to see much higher numbers of maternal deaths reported by Bauchi State through the National Health Management Information System (NHMIS) during this year, until PHCs and general hospitals establish the practice of routine reporting.
- The use of Partographs has exceeded expectations reaching 76% from a baseline of 18% and target of 65%. IHP continues to support the State and Facilities to ensure consistent use and reporting of partograph for monitoring labor.
- Bauchi State achieved an increase in number of newborns who received Post Natal Visit within three days (proxy for number of newborns who received postnatal care within two days of childbirth), from a baseline of about 21% to 60% of live births, this achievement can be partly attributed to better reporting, but also to newborn tracking and referral for immunization by community leaders (popularly known as “Mai-Unguwa”).
- 99% of supported sites reported providing family planning services due to support received for consistent and better reporting. IHP will follow-up with any PHC not reporting Family Planning (FP) services.
- 70% of pregnant women received IPT2 (proxy for receiving IPT3). This resulted from increased availability of Seasonal Prophylaxis at facilities, due to better commodity management, the introduction of drug revolving fund in some PHCs, and strengthened supportive supervision visits.

The comments column of the Annex A Progress Summary Table provides further descriptions of results for the quarter.

## 2. ACTIVITY IMPLEMENTATION PROGRESS

### 2.1. IMPLEMENTATION PROGRESS

During the quarter under review, IHP facilitated the development of Annual Operational Plans (AOP) for health management institutions, strengthened the structures and functions of technical working groups, improved health financing, strengthened coordination and improved the quality and use of data.

**Highlights of IHP Bauchi FY20 quarter I achievements include:**



## **Objective 1: Strengthen Health Systems Supporting PHC Services**

- Bauchi State Primary Health Care Development Agency (BSPHCDA) 2020 AOP developed, IHP oriented BSPHCDA staff to the new AOP guidelines and tools, as well as co-facilitated the development of plans.
- Approval secured from the Accountant General for Bauchi State Ministry of Health to access data on budget releases.
- Reviewed Bauchi Health Trust Fund law for submission to State House of Assembly Committee on Health.
- Trained 208 health workers and ward development committee members in all IHP supported-LGAs on the BCHPF guidelines and operations.
- Developed Financial Management Guidelines and training modules for BSPHCDA.
- Reviewed and upgraded existing Routine Immunization (RI) Memorandum of Understanding (MOU) financial management tools to broader PHC services (in line with the modified PHC MOU) in close collaboration with UNICEF and SOLINA.
- Facilitated the implementation and analysis of Data Quality Assessments (DQA) in 24 PHCs of 4 LGAs (Dass, Alkaleri, Giade and Kirfi) using the national standard DQA tool.
- Improved HMIS data documentation (accuracy and completeness) through intensive mentoring of health care workers at 116 health facilities, out of the 250 health facilities located in the 12 supported LGAs).

## **Objective 2: Improve Access to PHC Services**

- Facilitated the approval of Logistics Management Coordination Unit through State Emergency Routine Immunization Coordination Center (SERICC)/SEMCHIC for the State to store the oxytocin in cold boxes and vaccine carries within the maternity units.
- Supported the coordination of the review of implementation modules with incorporation of missing services in the area of immunization and PHC operations at health facility level.
- Co-facilitated with BA-N a one-day orientation for State and LGA officers on the community to health facility referral system and processes.

## **Objectives 3: Increase Quality of PHC Services**

- Trained 98 (Male 54, Female 44) PHC health workers on MPDSR modules in three clusters at Tafawa Balewa, Jama'are and Alkaleri LGAs.
- Facilitated the revision of the Reach Every Ward guidelines and strategies focusing more on integration of PHC services and trained sixty service providers (three from each of the 20 Main PHCs) on the newly revised Integrated PHC Service micro planning.
- Drafted modules for trainings on RI, Malaria, Nutrition and Integrated Management of Childhood Illness (IMCI) using the low dose high frequency approach.
- Re-activated the State Committee on Food and Nutrition that resulted in revised timelines and plans of action for a State strategic plan.

## **2.2. IMPLEMENTATION STATUS**

## **Objective I: Strengthen Health Systems Supporting PHC Services**

### **Sub - objective I.1: Strengthen Leadership and Governance**

#### **Support the Development of Annual Operational Plan (AOP) for BSPHCDA in Bauchi State**

IHP in collaboration with UNICEF and SOLINA provided technical assistance to Bauchi State to develop the 2020 AOP from November 1-3, 2019. IHP specifically mentored the AOP committee on the new NSHDPII AOP guidelines and templates which provided guidance for translating high-level strategies and interventions of the state into activities to be implemented by each health department, agency cost, and budget centers.

The 2020 BSPHCDA AOP was finalized with improved understanding of the new AOP templates and guidelines by State counterparts. The State partners will hold a validation meeting in January 2020 to approve the AOP. The next step would be to identify the key health sector indicators for effective implementation and tracking. IHP will provide technical assistance to the State AOP Performance Tracking Committee to monitor the implementation of the interventions and activities in the State. IHP also conducted supervisory visits to LGA health departments and facilities to ensure improved access to and quality of healthcare services.

#### **Sub-objective I.2: Health Financing**

##### **Meeting with the Accountant General of the State on Budget Performance Tracking**

IHP and Bauchi State Contributory Health Management Agency met with the Bauchi State Accountant General on November 6, 2019 and discussed issues on the Health Ministry, Department and Agency (MDA)'s budget performance tracking for January-December 2019. Also included in the talking points, was the need for compliance in sharing the detailed performance report as one of the key performance indicators for the World Bank State Fiscal Transparency and Accountability Scheme.

Consequently, the Accountant General directed the Ministry to ensure access to the data on budget releases. A request letter will be written by the focal person in the Health Financing Unit for the data. The team also discussed the release of 1% Consolidated Revenue Fund to Bauchi State Contributory Health Management Agency and how best the fund can be utilized. The Accountant General stated that it will be almost impossible to release the 1% Consolidated Revenue Fund fully, even though it is in the law. This is largely due to some fiscal constraints faced by the State. IHP will work with BASCHMA to prioritize how to effectively spend any available funds once the State is able to figure out how much contribution is feasible. This could bring down the figure to what could be released.

##### **Supported the Review of BSPHCDA 2020 Budget aligning it with 2020 AOP**

IHP provided technical guidance during the State budget review on, December 4, 2019. The Governor had returned all 2020 budget estimates that were deemed unrealistic to the respective MDAs. The review was aimed at ensuring budget realism and cutting down budget deficit to the barest minimum. IHP supported the Department of Planning Research and Statistics unit of BSPHCDA through a technical assistance to align its 2020 budget with some activities in its 2020 AOP using a program-based budget approach. It is anticipated that this effort could in return result into predictable allocation, timely budget execution and improved efficiency. Moving forward, IHP will support all health MDAs to imbibe the idea of more transparent budgeting linking it more closely to the purpose of spending.

### **BASHCMA Staff Trained on Social Health Contributory Scheme**

IHP provided technical assistance to BASHCMA to review its Health Benefit Package, Operational Guideline, development of BASHCMA key performance indicators and draft performance management system framework including annual plan for stakeholders' performance review meetings. IHP conducted a desk review of the law, which found that the Internally Generated Revenue was charged both at LGA and State. This was a challenge as the earmarked figures were high and not being released by Ministry for local government. After consulting with the State Assembly committee on health, a solution to review the law was offered. The division formula was also observed to be ineffective in addressing the financial challenges of the health sector.

In an effort to build the capacity of BASHCMA staff on critical areas of social health insurance scheme implementation processes, IHP provided technical support to ensure successful take-off of the scheme through an in house on-the-job training of staff on claims handling, empanelment, enrollment, capitation payment, use of accounting software such as Sage, marketing and advocacy.

### **Improve Bauchi's Readiness to Receive Funds from the Basic Health Care Provision Fund (BHCPF)**

IHP provided technical assistance to BSPHCDA to train 208 persons (Males:157 and Females:51) on the fundamentals of BHCPF, including guidelines and operations covering nine modules. Participants included health workers and Ward Development Committees members. A key outcome from the training was the development of PHC business plans for January – March 2020. It is expected that the rollout of the BHCPF will create more access to PHC services across the continuum of care.

### **Provide Technical Support to the Health Financing Technical Working Group (TWG) to Develop a Coordination and Accountability Framework and Tools**

In view of the expansion of the Bauchi Routine Immunization program to broader PHC focus and incoming funding streams. The six funding streams that will feed into the PHC program are BASHCMA, BHETFUND, BHCPF, PHC-MOU, UNICEF, and the DMMA-DRF Seed Funds. Bauchi State Primary Health Care Development Agency developed plans to expand the RI financial management framework and principles to broader PHC. IHP developed the content (modules) and guided the agency on how to go about with the financial management integration. This was targeted at ensuring systematic transfer of all the gains from the Routine Immunization financial management to the PHC program while ensuring judicious management of all funds.

IHP provided technical assistance to the BSPHCDA during the development of Financial Management Guideline and some training modules on Fund and Revenue Management, Budgeting System, Cost Management, Expenditure Tracking System, Financial Reporting, Internal Controls and External Audits. IHP also participated in the National PHC Financial working group meeting in Abuja to develop an abridged PHC Financial Guideline (adapted for Bauchi). Subsequently, IHP will collaborate with BSPHCDA in a cost sharing agreement to conduct a Training of Trainers (ToT) for account staff of BSPHCDA, Drugs & Medical Consumables Management Agency, BASHCMA, Bauchi State Agency for the Control of HIV and AIDS, Tuberculosis, Leprosy and Malaria (Bauchi State Agency for the Control of HIV and AIDS, Tuberculosis, Leprosy and Malaria (BACATMA), Bauchi Health Trust Fund on financial management process. Further to this, IHP will support cascade training across 131 non- Nigeria State Health Investment Project supported PHCs in the State.

Upon completion, it is envisaged that this will create the capacity for instituting effective budgeting processes (Bottom up from facility to AOP and finally overall state budget). It will also set up a system for direct fund disbursement to points of actual programme activity and establish a system to effectively track utilised programme funds through retirements and strengthen audit and compliance systems.

### **Sub - objective 1.3: Human Resources for Health**



*Photo 1: IHP's Gender Advisor taking the HRH TWG members through a gender session*

#### **Strengthening the Multi-Sectoral Committee on Human Resources for Health (HRH) in Bauchi State to utilize available Data for Decision Making on Quarterly Basis**

The Bauchi State HRH TWG's mandate is to provide sound advice and technical directions for sustainable development of HRH in Bauchi state within the context of Government development priorities. One of its tasks is to periodically analyze gender disaggregated HRH data and use information for planning, and decision making to improve the state workforce.

A gap identified by the TWG was that members lacked knowledge on gender and its implications. Consequently, IHP supported the Human Resources for Health TWG Quarterly Meeting held on, November 27, 2019 to build capacity of 34 HRH TWG members on gender, gender concepts, gender disaggregated data and its implication for planning.

During the meeting, WHO presented the Workload Indicator for Staffing Needs Survey and an update was given on the HRH Registry. TWG members were asked to work with the state government in implementing the next steps highlighted by the survey and in operationalizing the registry to strengthen the State workforce. As a key next step, HRH TWG members and the HRH secretariat members will be trained on how to generate workforce information from the state HRH registry.

### **Sub - objective 1.4: Strengthen Medical Products and Technologies for PHC**

#### **Improved Storage for Oxytocin Injection at the health facility level across the State**

During routine monitoring visits to health facilities, it was observed that oxytocin (one of the lifesaving commodities) was being stored on shelves and in cupboards outside of a required cold chain, as they did not have functioning refrigerators besides the vaccine cold storage units meant only for vaccines. In fact, it was found that many health workers were unaware that Oxytocin required refrigeration. This is not a new issue and has been discussed for years. As part of IHP's effort to improve commodity management and quality of services in the health facilities, IHP worked with SERICC to come up with a solution that

would not interfere with vaccine storage and ensure that the cold chain for oxytocin is maintained. The solution IHP came up with would not require costs. Every PHC has unused vaccine carriers and ice packs left over from the Polio Campaigns, which can be used for oxytocin storage in labor and delivery units. In response, the State through SERICC/SEMCHIC wrote a letter to all LGAs in October 2019 instructing PHCs to henceforth store oxytocin in dedicated vaccine carriers with ice packs to maintain its potency and keep the carriers in the maternity unit. LGAs and health facilities are already complying with the directive and IHP embedded staff is collaborating with PSM to follow up and ensure compliance at the PHC level and during transport from the central warehouse to the PHCs. Compliance was observed in some of the sites visited during the quarter in Bauchi LGA, such as Urban Maternity and Town maternity.

### **PHC Logistic Working Group Meeting**

IHP participated at the statutory PHC Logistic Working Group Meeting held on, November 20, 2019. Discussions centered around complaints and allegations on the third-party logistician for family planning, malaria and HIV commodities distribution. The group identified gaps with regards to last mile delivery, giving rise to stock-out of commodities, including non-delivery and incomplete delivery of commodities.

The meeting resolved to

- send a circular on proxy deliveries to all focal persons directing them to stop assigning someone to collect commodities on their behalf,
- review current SOPs on delivery with the PHC Logistic Working Group (PHC LWG),
- share delivery note bi-monthly with PHC LWG,
- harmonize RI Terms of Reference and PHC Logistics Terms of Reference and come up with one body responsible for coordinating logistics activities across the state,
- UNICEF should be contacted on the possibility of extending logistics support as captured in the workplan to enquire about the possibility of rolling over logistics support for supervision against next fiscal year,
- provide on-the-job training to all facility focal persons, informing them that they have the right to refuse signing the proof of delivery based for any short comings, e.g. incomplete or non-delivery,
- plan to re-distribute family planning commodities and spread it across health facilities with inadequate supply or stock-out was brought to the fore by IHP. This was postponed till the next meeting.



Photo 2: IHP Data Analyst engaging with [REDACTED] LGHA officials

### Sub-objective 1.5: Support institutionalization of information use and research

- Following the expansion of the Routine Immunization MOU to broader PHC MOU, it became necessary to expand the scope of work for the M&E TWG and build capacity of members. During the quarter under review, IHP supported strengthened coordination during two State M&E technical working group meetings. IHP recommended and the State agreed to utilize the RMNCHN+M score card indicators for measuring monthly performance instead of the current practice of utilizing Routine Immunization indicators. IHP also provided technical assistance in reviewing the adapted NHMIS DQA analysis plan.
- Similarly, IHP extended the technical support to strengthen the health data governance structure across the two lower tiers, the Local Government Health Authority Integrated Health Data Management Team (LGIHDMT) and the Facility Integrated Health Data Management Team. IHP further engaged with LGHA in Alkaleri, Tafawa Balewa and Ganjuwa LGAs on the need to reactivate the Local Government Integrated Health Data Management Team as a means of improving data quality and data use. The TOR and composition of the teams were extensively discussed. It was decided that the assistant M&E officer and the Data Clerk should be included in the team.
- IHP shared data quality findings from LGA/IHP joint PHC visits, such as poor documentation of malaria services and poor documentation of outpatient services in the Daily General Attendance register. The group agreed that the data management meeting be integrated into the LGHA meeting since all members were the same. IHP provided technical support to the State M&E Unit in reviewing printed samples of the revised NHMIS version 2019 tools to ensure that they follow the required National standard before mass production. As a key next step, IHP will provide the needed technical assistance to strengthen the sustainability of the NHMIS tool availability in all health facilities by ensuring that health facilities budget funds for tool printing in their business plan and annual improvement plan.

#### Improving Data Quality and Use at LGA Level

During the reporting period, IHP provided technical support to Bauchi State MOH to adapt National NHMIS data quality assurance Standard Operating Procedure in close collaboration with UNICEF, The Challenge Initiative and SOLINA. IHP oriented the state teams on the National SOP and guiding the team to identify potential areas that needed to be contextualized. Following the

adaptation of the national DQA standard operating procedures, IHP provided follow up technical assistance to the State in implementing and analyzing the first integrated RMNCHN+M DQA. IHP supported the State M&E Unit in facilitating a one-day training on integrated DQA Standard Operating Procedure and how to administer the integrated DQA checklist. In total, IHP trained 30 participants representing state program officers from the BSPHCDA, State Ministry of Health (SMOH), BACATMA and implementing partners. IHP also provided technical support to the State M&E Unit in testing the ODK version of the DQA checklist to match the paper version and identify areas for correction to finalize the DQA implementation plan.

With the updated DQA tools in place, IHP collaborated on the implementation DQA activity in 6 health facilities in Dass, Alkaleri, Giade and Kirfi LGAs. IHP provided technical assistance to the team members on administering the DQA checklist based on the SOP and mentored the health workers on data quality gaps identified. Further, IHP trained seven State government officers, including the State M&E officer on the steps to analyze the DQA results. IHP will continue to provide the needed technical support to the State M&E officer in result dissemination and implementation of the DQA findings to reduce data quality gaps across health facilities in the State. IHP will also continue to provide the needed technical support to strengthen data coordination across the supported LGAs and health facilities.

### **Strengthening HMIS Data Quality at PHC Level**

Timely and accurate data is critical for informed decision-making by government, development partners, and other key stakeholders. Some of the data quality challenges in the State include inconsistency of reporting across NHMIS tools, lack of availability of data tools and poor data harmonization at the facility level before submission to the LGA. Understanding data quality, processes of data collection and the associated barriers to enhancing quality of data helps to formulate tailor-made strategies to improve data quality and use. IHP extended support to additional 8 LGAs in the State in FY20. IHP provided technical assistance to improve HMIS data quality in 116 health facilities out of the 250 health facilities located in the 12 supported LGAs in FY20 during the reporting period. IHP mentored 116 health workers at PHCs to improve quality of data recording into registers and to ensure data consistency between registers and summary form in the facility.

IHP also provided guidance on integrated data validation during monthly routine immunization data validation meetings in six LGAs (Ganjuwa, Giade, Tafawa Balewa, Itas Gadau, Gamawa and Zaki LGAs) and mentored the six data entry clerks of their respective LGA on data entry into the DHIS2. IHP will continue to provide technical assistance to the LGA team to improve data quality across the supported FY20 health facilities.

### **Orientation Meeting for State and LGA officers on Community Referral System**

IHP and BA-N co-facilitated a one-day orientation for State and LGA officers on the community referral system. IHP facilitated a session on strengthening the referral process at the health facility. BA-N's community referral activity is set to commence immediately after the orientation. IHP will work with BA-N and the LGA team to conduct routine data back checks at the facility during supervision visits validating filled and documented referral cards.

### **Orientation for State Officers on the Revised Integrated Mentoring Supportive Supervision Tool**

IHP participated along with 41 State supervisors in a one-day re-orientation training for the

integrated mentoring and supportive supervision. The tool is designed to assess the various components and services at the PHC including Financial Management, Maternal Health, IMCI, TB DOT, HIV Prevention & Treatment, Malaria Management & Control, Immunization, Nutrition, Human Resource for Health, Health Management Information System and Drug Revolving Fund. IHP also participated in the conduct of the mentoring and supportive supervision visits at some PHCs. Results from the activity are being analyzed and will be disseminated in the subsequent quarter for follow up on issues.

## **Objective 2: Improve Access to PHC Services**

### **Sub -objective 2.1: Strengthen Linkages between Communities and Facilities**

No activity was conducted under this sub objective during the period.

### **Sub- objective 2.2: Reduce Geographic, Social, and Supply-side Barriers to Accessing Services**



*Photo 3: A cross section of participants during the review of the National MNCH Week guideline*

### **Review of the National MNCH Week Guideline**

MNCH Week is a biannual campaign for improved access to services and scaling up utilization of health facilities. National Primary Health Care Development Agency (NPHCDA) in collaboration with other partners initiated a review of the National MNCH Week guideline in Lekki Hotel Lagos Nigeria on October 2nd – 5th 2019 with active participation of IHP.

The review covered six chapters: Introduction, Planning, Implementation, Community Mobilization Logistics & Supplies and Data Management. IHP specifically chaired two of the three review dates and coordinated the review of the implementation modules with incorporation of missing services in the areas of immunization and PHC operations at health facility level. A draft revised guideline was developed with major modification on service delivery mode, staffing, commodity accountability and harmonization of the data with routine facility-based data.

IHP Bauchi co-facilitated two meetings organized by Bauchi SMOH towards preparation for round two of the MNCH Week 2019. The meetings discussed preparatory activities with responsible persons and timeline for the pre implementation and implementation activities. A session was facilitated by IHP on



the new National guidelines on MNCH week planning and implementation, as well as drafting a State schedule to keep track of the pre-implementation and implementation activities. Technical assistance in the facilitation of State and ward level orientation of the MNCH week implementation was also provided. Implementation of MNCH week was monitored and supervised in all IHP supported LGAs.

### **Objective 3: Increase Quality of PHC Services**

#### **Cross-cutting interventions 3.0: Standardize, Harmonize and Institutionalize Quality Improvement Systems**

##### **Quality of Care Meeting**

IHP participated in the inaugural meeting of the Quality of Care (QOC) meeting in Bauchi with the facility in-charges and LGA teams in attendance. The meeting objectives were to provide update on QoC in the State, to provide update on QoC in each learning site and to review the implementation status of QoC in the state and learning sites and make recommendation for improvement. The State focal person for MPDSR and focal persons from 9 health facilities, general hospitals (GH) and PHCs, presented updates on QoC in the State and respective health facilities from Katagum LGA (GH Azare, Makara Huta PH, and Urban PHC), Toro LGA (GH Toro, PHC Gumau and PHC Rishi), and Misau LGA (Misau GH, Misau town PHCC and Gwaram PHC). Common gaps identified were lack of thermometers, zero entries into QoC register, absence of clear baseline data and discrepancies in data. It was also observed that some members of the QIT were not trained. Recommendations to address these gaps included: mentoring and coaching as well as conducting stepdown trainings to other QIT members not previously trained. The second Quality of Care meeting is scheduled to convene in next quarter.

##### **State Maternal and Perinatal Death Surveillance and Response (MPDSR) Steering Committee Meeting**

IHP co-facilitated the quarterly State MPDSR steering committee meeting held on October 11, 2019. As part of the outcome, the meeting discussed the completed stepdown trainings to secondary and tertiary hospitals and preparations for the forthcoming stepdown trainings to 40 PHCs. IHP drew the committee's attention to below acceptable post test results of participants and the need to improve on methodology of trainings such as trainer's selection, additional hands on in trainings and consideration for use of trained consultants from the federal tertiary health intuitions. IHP will provide technical support during the stepdown training for PHCs to the conducted in the next quarter.



*Photo 4: Cross section of participants at cluster MPDSR step-down training to PHCs*

### **MPDSR Stepdown Trainings to PHCs**

IHP co-facilitated a stepdown MPDSR trainings to PHCs at three clusters in Tafawa Balewa, Jama'are and Alkaleri LGAs. The 2-day trainings took place from, October 21 to 25, 2019 with a total number of 98 (males 54, females 44) health workers in attendance. The objectives were to train seven designated members of the health facility MPDSR committees to formally inaugurate the PHC health facility MPDSR committees, provide each PHC health facility MPDSR committee with tools for tracking and reporting on all maternal and perinatal deaths. Seven designated participants from selected PHCs (PHC Boi, PHC Gobbiya, PHC Bununu, Town Maternity TBW, Hanafari MPHC, Jamaare Town Maternity, Gadau PHC, Itas Town Maternity, Town Maternity Alkaleri, Kirfi Town Maternity, Gar PHC, Bara PHC), representatives from the LGA PHC departments and Ward Development Committees teams were trained. IHP will continue to provide technical assistance during the various MPDSR facility review meetings in the next quarters as issues arise.

### **Cross-Cutting Interventions 3.0: Build Capacity for the delivery of Integrated services at all levels**



*Photo 5: IHP Advisor facilitating a meeting (IHP Photo)*

### **Facilitators' Workshop for Provider Behaviour Change (PBC) RMNCH**

IHP co-facilitated a 4-day provider behaviour change RMNCH facilitators' training, organized by BA-N from, November 25 -28, 2019. The workshop was aimed at building the capacity of participants to facilitate peer-to-peer cluster meetings/fish-bowl discussions, for improved client-provider interaction and interpersonal communication. Two of the trained participants out of the 11 MCH and Family Planning Coordinators facilitated the peer-to-peer cluster meeting for maternity-in-charges, as well as snow-ball discussions involving maternity-in-charges (providers) and women of reproductive age (clients). The focus of the former was to promote respectful care during childbirth, while the latter was to improve providers' understanding about clients' views and perceptions on the care they receive during labour and delivery at the facility and address barriers to respectful and dignified care during labour and childbirth.

Participants were taken through the step-down meeting planning form, the meeting report template and agreed on dates of implementation in their respective LGAs, as next steps. During cluster meetings and fish-bowl discussions, providers and clients identified similar barriers and offered solutions to care, such as unaffordable service charges, lack of funds among clients, and poor attitude of health workers to mention just a few. The key learning from the workshop was that the ‘normalisation of disrespect and abuse’ is entrenched in the health system. This in turn negatively affected women’s emotional experience and childbirth care-seeking behaviour - a contributory factor to low skilled birth attendance fuelling maternal mortality. IHP facilitated a technical session on the use and filling of partograph, as a way to promote RMC. It was agreed that all hands need be on deck to promote and implement respectful maternity care.



*Photo 6: Rep of SMOH, Rep of the First Lady, Program Manager SEMCHIC, Chairman MPDSR Steering committee and IHP’s State Director during Panel Discussion*

### **Sub-objective 3.1 Improve Quality of Maternal Health Services**

#### **The ‘Giving Birth in Nigeria’ Multi-Stakeholder Meeting**

IHP participated in the “Giving Birth in Nigeria” meeting organized by the SMOH and supported by EpiAfrica. The meeting’s goal was to raise awareness of Bauchi State’s maternal mortality burden, to promote accountability by government and responsible people. The IHP State Director was on the panel discussion and ‘call to action’ sessions of the meeting. The meeting’s theme was “Giving Birth in Nigeria: Making maternal deaths count in Bauchi State.” In attendance were the representatives of State First Lady, Commissioner of Health, SEMCHIC Program Manager, Chairman MPDSR Steering committee, representatives of E4A, SMOH, Ministry of Women Affairs, civil society groups, religious groups, traditional leaders, professional associations.

The Panel discussion centered around what the State can do to ensure that structures are in place for better maternal care in Bauchi State, the responsibility of local community, community influences and key actors in championing better maternal care at the community level, and what each individual and group can do to make sure that there is an increased level of accountability to the death of one woman while giving birth in their respective communities. Stakeholders made comments, asked questions and offered recommendations during the meeting. While a major take-away was that, “A maternal death was everyone’s business, and everyone had a role to play in preventing it hence a “call for immediate action.”

## **Sub-objective 3.2: Improve Quality of Newborn Health Services**

### **Quarterly Review Meeting of the Bauchi State Every Newborn Action Committee (BaSENAC)**

IHP participated and provided technical assistance during the BaSENAC quarterly meeting, organized by SMOH and supported by UNICEF. The meeting was convened to update committee members on the progress made on the Bauchi State Every Newborn Action Plan (BaSENAP) for two years; to plan for the BaSENAP documentation and to commence planning for BaSENAC work plan. During the meeting three subcommittees (data/M&E, technical and advocacy) engaged in group work sessions to finalize the 2-year aggregated workplan and the prioritized activities of the BaSENAP. Following discussions on 2020 workplan, a 7-member subcommittee inclusive of IHP's integrated PHC Advisors was established to develop a draft annual 2020 workplan for BASENAC. IHP will provide technical assistance in the development of a draft annual 2020 workplan for BASENAC.

### **Dissemination of Bauchi State Every Newborn Action Plan (BaSENAP)**

IHP participated at the dissemination of the BaSENAP organized by Bauchi SMOH and EU-UNICEF MNCH+N project. During the dissemination meeting, the SMOH familiarized stakeholders with the BASENAC activities and to formally unveiled the BaSENAP documents. Participants included the Permanent Secretary SMOH, Executive Secretary BASHCMA, Chairman BASENAC, ES BSPHCDA, and representatives of E4A, FHI 360, Plan International, Nigerian Airforce and IHP. IHP will continue to collaborate with other state stakeholders to end preventable newborn deaths in Bauchi State.

## **Sub-Objective 3.3: Improve Quality of Child Health Services**

### **Refresher Training for LGA Routine Immunization Officers on REW and REW Micro Planning**

The State through the PHC MOU work plan conducted a refresher training of REW and micro planning for the LGA Routine Immunization Officers (RIOs) on, October 24-26, 2019. IHP with the SMOH trained 40 participants (males 37; females 3) from the 20 LGAs. The training covered the strategies of the revised REW guidelines and the push for additional vaccines to be integrated into the routine immunization schedule. IHP actively provided technical assistance by facilitating the revision of the REW guideline strategies, which focusses on integration, equity, collaboration and the adoption of vaccination beyond the second year of life focusing more on integration of PHC services. IHP also facilitated discussion on the revised REW Guideline, micro planning tools and how to create synergy with other child health services. The State in collaboration with other partners have agreed to pilot the use of the integrated REW micro plan in Bauchi LGA in December 2019.

### **Training of PHC Service Providers on Integrated REW Strategy Micro Planning**

On December 18, 2019, the State in collaboration with IHP trained PHC service providers on Integrated Reach Every Ward micro planning. This training was in line with the current focus towards transitioning from RI only micro planning to integrated micro planning as envisioned by the NPHCDA concept of Optimized Integrated Routine Immunization Services (OIRIS). IHP in collaboration with the State agreed to conduct the orientation in a phased manner starting with Bauchi LGA. The objectives of the training are:

To describe how to identify barriers to accessing and utilizing immunization and other PHC services in priority settlements and develop workable solutions.

- To discuss the process of engaging communities on micro planning.
- To develop catchment areas map and detailed integrated health facility micro plan
- To promote Integration of RI with other sectors and programs, in line with SDG3, Global Vaccine Action Plan, PHC context, Universal Health Coverage and Regional Strategic Plan for Immunization to reduce missed opportunities (vit A, FP, deworming, bed nets, ante/postnatal care, zinc ORS)

Participants were guided through the revised REW strategy which places emphasis on equity, Integration, collaboration, life course vaccination and fragile settings all aimed at attaining universal health coverage. The main topics covered were the OIRIS strategy, revised REW guideline, importance and benefits of integration and how the various units within the health facility can effectively reduce missed opportunities. The training included hands on exercises on how to use the micro plan templates to develop a usable health facility micro plan. A total of 64 health workers (males 30, females 34) were trained with three drawn from each of the 20 PHCs. Participants included in-charges of the facility, maternity unit heads and RI service providers. It was agreed that the cleaner version of the micro plan will be submitted to the LGA by December 27th 2019 which will be summarized into an LGA data base. The expected outputs from the PHCs include, one main PHCs in Bauchi LGA developed and use an integrated REW micro plan for 2020, implement integrated RI sessions for improved coverage and reduced missed opportunities and improved access to other child health services.

### **Development of the RI, IMCI, Nutrition and Malaria Modules for the LDHF Trainings**

To improve clinical and non-clinical performance of health workers at PHCs, IHP adapted national training guidelines on RI, Malaria, Nutrition and IMCI to Low Dose High Frequency modules for the upcoming trainings to be conducted onsite at PHCs to reduce absenteeism of health workers during training and to build teams of health workers who can provide and integrated package of child health, nutrition and malaria services. The objective was for the IHP team to customize the approved modules into LDHF model. Session plans, handouts and materials required were reviewed and submitted to the IHP Abuja Child Health Technical Lead for final review and adoption as a training package. In all, the four-child health technical areas of IMCI, RI, Nutrition and Malaria are expected to be covered in twelve days in a phased manner.

### **Sub-Objective 3.4: Strengthen Reproductive Health and Family Planning**

#### **National Technical Working Group on Adolescent Health & Development in Nigeria**

IHP participated at a 3-day meeting of the 7th National Technical Working Group on Adolescent Health and Development in Nigeria. The meeting which took place from October 29-31, 2019 reviewed the second draft of the National Policy on Adolescents and Young People's Health; and its implementation plan for finalization and validation. During the meeting, the guide for the establishment and operationalization of the State's Technical Working Group was validated, and the draft M&E tools and supervisory checklist for Adolescent Health programming in Nigeria also reviewed, while modalities for strengthening coordination of Adolescent Health programming in Nigeria were discussed. Participants were taken through the mapping of partners working on Adolescent Health programming tool, and the need to fill the tool.

At the end of the meeting, participants resolved that:

- There should be availability of resource materials for the implementation of Adolescent Health Development activities, such as:
  - the National Training Manual for the Health & Development of Adolescents and Young People, September 2011,
  - National guidelines for the integration of Adolescent & Youth Friendly Services into PHC facilities in Nigeria, June 2013,
  - National guidelines on promoting access to adolescent & youth friendly services in PHC facilities in Nigeria, 2016.
- The report on the State of Adolescent Health & Development in Nigeria should be released every 2 years.
- Adolescent Health & Development Desk officer is statutorily the Secretary of the State TWG & the nexus between the State and Federal Ministry of Health.
- Adolescent & Youth Friendly Services (AYFS) training should be linked with other trainings on health service.
- Age of access to information is 14 years, while age of consent to services, especially Family Planning is 18 years.
- The BHCPF should be tapped into for program implementation.
- Partners should report happenings to the TWG and the frequency of TWG meetings should be quarterly or at least twice a year.

IHP recommended that the National Policy on Health and Development of Adolescent and Young People be adopted by members as the official title of the document which was agreed on after extensive deliberations and that ‘referral’ as an issue was not limited to adolescents and young people.



*Photo 7: Participants in a meeting during a Pathfinder visit*

### **Learning engagement with Pathfinder International on Adolescent Health Interventions**

IHP Bauchi undertook a learning study tour to Pathfinder International office in Abuja on October 28, 2019 to learn more about adolescent health programming, specifically for first-time mothers. Bangladesh and Nigeria studies showed that the needs of the group were different from generic adolescents. Pathfinder International had carried out research with 600 first time mothers who were recruited in 50 groups through community-based organizations and health facilities. The target group comprised

adolescents and young people under 25 years of age, married or unmarried, with a child, or pregnant for the first time. Unemployed young graduates were trained as community volunteers who took subjects through health talks on nutrition, family planning, life building and vocational skills. Findings from the study showed improvements in nutritional status, significant increase in FP use, and increased shared/joint decision making between men and women.

IHP Bauchi plans to apply the lessons and approaches from Pathfinder to assist the State to integrate Adolescent & Youth friendly services in PHC facilities with a focus on family planning, delay of first pregnancy, and promotion of nutrition/anemia mitigation. Group ANC (GANC), PHCs, and family planning clinics would be the platforms for adolescent and youth friendly services.



*Photo 8: GHSC-PSM Staff facilitating a Session during the CLMS Orientation. Photo Credit: GHSC*

### **Collaborate with PSM to Strengthen Contraceptives Supply Logistic Management (CLMS) for Family Planning**

The National CLMS focuses on forecasting and procuring the right contraceptive quantities, storing and distributing them through all levels of the health system for delivery to clients. The required information for management and decision-making is collected through the logistics information system. A critical step identified for building the capacity of service providers to provide quality services and strengthen the contraceptives supply logistic management is to ensure that there are sufficient numbers of trainers/mentors knowledgeable of the Logistics Management Information System (LMIS) forms.

To this effect on December 10th, GHSC-PSM oriented IHP Quality Improvement/ISS specialists, HSS coordinators and data analysts on how to correctly fill the various relevant LMIS forms for family planning, so they can provide mentoring at the health facility level. IHP in collaboration with GHSC-PSM will support BSPHCDA during the bi-monthly Last Mile Distribution monitoring exercises, and on regular basis ensure that health workers are confident in filling and interpreting the LMIS forms for essential data collection and collation for decision making. This ultimately is expected to translate to improved contraceptive supply to supported health facilities.

The National CLMS focuses on forecasting and procuring the right contraceptive quantities, storing and distributing them through all levels of the health system for delivery to clients. The required information for management and decision-making is collected through the logistics information system. A critical step identified for building the capacity of service providers to provide quality services and strengthen the contraceptives supply logistic management is to ensure that there are sufficient numbers of trainers/mentors knowledgeable of the Logistics Management Information System (LMIS) forms.

To this effect on December 10th, GHSC-PSM oriented IHP Quality Improvement/ISS specialists, HSS coordinators and data analysts on how to correctly fill the various relevant LMIS forms for family planning, so they can provide mentoring at the health facility level. IHP in collaboration with GHSC-PSM will support BSPHCDA during the bi-monthly Last Mile Distribution monitoring exercises, and on regular basis ensure that health workers are confident in filling and interpreting the LMIS forms for essential data collection and collation for decision making. This ultimately is expected to translate to improved contraceptive supply to supported health facilities.

### **Sub-objective 3.5: Improve Quality of Nutrition Services**



*Photo 9: A group work session to review of the draft policy by members of the SCFN*

### **Validation and Finalization of the State Strategic Plan and Policy on Food and Nutrition**

The adoption of the National Policy on Food and Nutrition in the State allows the enactment of guiding principles and pertinent strategic options for efficient implementation mechanisms for nutrition interventions to address malnutrition in the State. Implementation agencies at State and LGA levels are responsible for the implementation of specific projects and programs relevant to the policy. In response, IHP supported the State Committee on Food and Nutrition (SCFN) to review the timeline and plan of action for a State strategic plan. Since the writing of this document two years ago, there has been an evolution in country and global best practices on effective, high impact nutrition interventions. IHP co-facilitated a meeting to discuss the updating of the State policy on food and nutrition. The SCFN members were given an overview of the draft state food and nutrition policy and strategy plan of action and jointly agree on next steps towards finalization and approval of the documents. The meeting was well attended by representatives of relevant Ministries, Departments and Agencies (MDAs). The National level team from Federal Ministry for budget and Planning and Health also participate to provide guidance on National policies, strategies and priorities. Others in attendance include representatives of Civil Society Organizations working on nutrition interventions in the State and the partners which include USAID Breakthrough Action Nigeria (BAN) as well as MEDA. The documents when finalized are expected to provide guidance on high impact focused multisectoral interventions and policy guidelines for implementation. The SCFN agreed to clear next steps and timelines for the document review, validation and presentation of the finalized document to State Executive Council for approval by Commissioner of Ministry of Budget and Economic Planning.

### **Sub-objective 3.6: Improve Quality of Malaria Services**





*Photo 10: Participants at the Feedback Meeting on Malaria Microscopy Training*

### **Addressing the Challenge of non-Performing and Untrainable Laboratory Scientists (Secondary/Tertiary)**

IHP engaged the Executive Chairman of the Hospital Management Board and BACATMA as part of the technical assistance to the State on the proposed training on malaria microscopy. The meeting discussed the need for improved approaches to ensure that trained laboratory scientists pass the required exams and become certified scientists on malaria microscopy. The State was also sensitized on the need to identify space for the proposed reference laboratory for the external quality assurance activity and initiate pooling of slides for the slide bank. In addition, a meeting was held with seven out of twenty participants previously trained which provided feedback on possible impediments to good performance at post training evaluation. The feedback received from the training also informed the selection criteria for the participants. IHP provided technical assistance in identifying selection criteria of suitable participants which was applied in drawing out the most capable participants.

Criteria used for selection of Participants is as follows:

- Possess a General bachelor's in medical laboratory science or an Associate with specialization in Medical Microbiology
- Practicing malaria microscopy on the bench
- Has a high score in the previous training – sensitivity and specificity post-test (if he/she was a participant)

Twenty (20) participants (males 19 and females 1) were identified and the State has submitted a request for training support. Two sites (State Specialist Hospital and BACATMA) were also proposed for the site of the quality assurance laboratory in the State. The decision on the site is yet to be concluded.



*Photo 11: Cross Section of Participants during the Peer to Peer Review Meeting*

### **Peer to Peer Cluster Review Meeting for In-Charges of PHC Clinics**

As Nigeria scales up preventive interventions and effective treatment, the epidemiology of malaria is expected to change over time. With the high-level coverage as a result of these interventions it is envisaged that the number of malaria cases will reduce. In this context, confirmed diagnosis becomes an essential component of malaria case management by providing for targeted treatment, an accurate estimation of true malaria cases, and measurement of impact of malaria control interventions. A collaboration meeting led by BA-N was held as a follow on to an earlier meeting held with OIC's of PHCs in Katagum and Itas Gadau LGAs. The objective was to discuss providers behavior on the use of Malaria Rapid Diagnostic Testing and ACT for management of uncomplicated malaria and service recording in HMIS and LMIS registers. Fourteen OICs were in attendance (males 9; females 5). The methodology applied included pre-test and post-test, peer reviews for the identification of gaps and actions to address them, administering provider dialogue framework, discussion on record keeping and performance management. IHP facilitated the sessions on national guideline on malaria case management and documentation of service data into HMIS registers and provided technical guidance on use of standard operating procedures. The meeting addressed common providers myths around malaria testing and reinforced the importance of accurate record keeping.

### **Monitoring and Supportive visit to Health Facilities to Track Malaria Commodity Consumption and Service Data**

As part of the support to the State to address gaps in service delivery and malaria commodity utilization data documentation and concurrence, IHP in collaboration with GHSC-PSM provided technical assistance to guide deliberations during a meeting that reviewed the report of the last monitoring and supervision of malaria consumption and service data. The 40 health facilities covered were those with the highest data quality issues. The meeting provided feedback on the gaps identified, those addressed and remaining gaps. The meeting also discussed planning for the next set of 40 health facilities to be covered. Key outcomes from the meeting included a review of the approach for the monitoring and supervision activity and plan for analysis of the findings and dissemination with stakeholders. IHP participated in the monitoring of 8 of the health facilities in the second round of monitoring visits, supportive supervision and on-the-job mentoring provided to the health workers on quality malaria management and documentation.

### **Coordination and Collaboration**

### **MOU Basket Renegotiation and MSP Phasing Meeting**

IHP participated in a meeting organized by Bauchi State PHCDA and representatives of the MoU partners to renegotiate/revise the MoU funding arrangements and scope. The revision became necessary due to significant challenges with funds release and disbursement, as well as poor delineation of the activities to be funded by the MoU amidst inflow of newer PHC funding (e.g. Basic Health Care Provision Funds and the State Health Trust Fund).

The agreed to next steps were to:

- Revise the State MSP budget using a phased service delivery plan approach and realistic costing assumptions influenced by the existing systems, and streamlined services in line with the State Strategic Health Plan
- Recompute the PHC MoU funding contributions expected from the State using the revised MSP budget and factoring in the current fiscal space and budget realities
- Define and align with specific activities to be covered by the PHC MoU at all levels of PHC service delivery and the funding responsibilities of the State vs partners
- Realign the MoU milestones with the State M/E framework and define processes for routine tracking the progress of implementation
- IHP will provide analysis of the BHCPF assessment and the health facility profiling as part of inputs for costing and will continue to provide technical assistance and monitoring of the implementation of the MOU for PHC.

### **Deepening Collaboration between IHP, BA-N and GHSC-PSM**

IHP, BA-N and GHSC-PSM conducted a meeting at IHP office to enhance collaboration and increase synergies of the three projects. Activities conducted within the quarter (September-November) were discussed and it was agreed that the three USAID partners would hold joint meetings monthly (every 4th Thursday of the month), rotating venues amongst themselves. At the meetings, each partner will present plans for workplan activities to identify areas of closer collaboration and coordination. IHP will host the next meeting in January 2020.

## **2.3. IMPLEMENTATION CHALLENGES**

- Delay in conducting step down training on HMIS resulting from Federal Ministry of Health (FMOH) delays in releasing the 2019 NHMIS tools. The tools will be released, and training held in Q2.
- Slow process of agreeing on a common template of PHCs to use for the Business plans to the five-pillar system. In Q2, IHP will work with the SPHCDA to harmonize the facility business plan to be aligned with national guidelines. Once that is done, the training will be conducted in Q2.
- Dysfunctional health facility TWG due to poor interest shown by the Perm Sec, SMOH. This could be capacity and attitudinal issues. But we are hoping to revive the TWG now that there is a new Perm Sec for the Ministry.
- Delay in conducting an orientation and continued learning sessions for new and returning members of the Bauchi State House of Assembly Committee on Health (also members of the Legislative Network for UHC) on their roles and stewardship for health financing in the State because members of the House Committee on Health were away on a study tour to Rwanda to learn about the performance for results model. This has been rescheduled to Q2.

- The provision of mentoring to the LGHAs on M&E processes and tools to ensure quality reporting could not take place because the State M&E officers were engaged in the MNCH week, measles and Polio campaign. The activity was re-scheduled to January 2020.
- The Integrated Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition and Malaria Core working group meeting was rescheduled to Q2 due to the Polio, Measles and MNCH week campaign.

## 2.4. MONITORING, EVALUATION, AND LEARNING (MEL) PLAN UPDATE

IHP has developed FY20 targets for all the 39 performance indicators. The targets have been approved by USAID along with the FY20 workplan.

# 3. INTEGRATION OF CROSSCUTTING ISSUES AND USAID FORWARD PRIORITIES

## 3.1. GENDER EQUALITY AND WOMEN’S EMPOWERMENT



*Photo 12: Participants work together to develop the fistula advisory group’s work plan at the inaugural meeting. Photo Credit: IHP*

It is increasingly recognized that gender and social inclusion issues strongly influence health outcomes of men, women, and children and that gender-related barriers can limit access to quality of health services, as well as the reach and scale of health interventions. However, global analysis and the recent IHP Bauchi Gender Desk Review have shown that many health policies, programs, and strategies do not adequately consider gender-related themes in relation to health and other public services.

Social inclusion and gender norms, roles, and relations are powerful determinants of the health, social and economic well-being of individuals and communities. As such, gender-based inequalities can have a negative impact on health on and pose barriers to achieving health results. For example, women’s lack of decision-making ability may be a barrier to improving maternal and reproductive health. In promoting greater human development and human rights, we must prioritize interventions that advance gender equality as it is essential to achieving significant and sustainable progress related to health.

Several activities were conducted in Quarter I of FY20 to promote gender and social inclusion in support of IHP goals and objectives. For instance, IHP, in collaboration with other stakeholders, supported a Sensitization Meeting on the Violence Against Persons' Prohibition Act (VAPP) as part of IHP efforts to strengthen state level policies and practices. Closely related to that, the IHP Gender, Social Inclusion, and Community Engagement Advisor with other IHP staff participated in a rally to mark the 16 Days of Activism Against Gender-Based Violence and to sensitize State legislators on the VAPP act and support the domestication of the Act in order to help reduce gender-based violence in the State. IHP also supported the Obstetric Fistula Advisory Group to develop a workplan and set activities for the coming year. Additionally, with IHP technical assistance the Obstetric Fistula Advisory Group mobilized family planning commodities to support the Fistula Obstetric Center in Ningi. The Bauchi State Ministry of Women Affairs were supported to develop criteria for identification and selection of gender and youth ambassadors to be utilized in subsequent Quarters to address gender and youth-related health issues. Lastly, the Gender, Social Inclusion, and Community Engagement Advisor supported the HRH TWG by presenting on sex-disaggregated data and implications for planning to advocate for the inclusion on gender and social inclusion considerations in planning.

### **Stakeholder Sensitization Meeting on the Violence Against Persons Prohibition (VAPP) Act**

IHP in collaboration with other stakeholders, NGOs and MDAs conducted a sensitization meeting on the Violence Against Persons Prohibition (VAPP) Act in line with IHPs' objective of supporting State-level policies and practices. The VAPP Act seeks to protect persons against the different forms of violence. The objectives of the meeting were to understand the current legal landscape, take a deep dive into the VAPP ACT, and better understand how violence can influence health. In attendance at the meeting were legal experts, NGOs, MDAs, security agencies, traditional and religious leaders, and the media. The activity was a collaborative activity in partnership with Ikra Foundation for Women & Youth Development (IFWYD), a local NGO that works towards economic and social advancement and empowerment of women and youth. A total of 63 (M:37, F:26) participants attended the event. Participant's recommendations will help inform and advance the domestication of the VAPP Act in the State. In the next quarters, IHP will work with the stakeholders in follow-on activities that will facilitate the domestication of the Act in Bauchi.

### **Sensitization Rally and Advocacy to Bauchi State House of Assembly for VAPP Act and Commemoration of the 16 Days of Activism Against Gender-Based Violence**

IHP took part during the planning and participated in a rally organized by a local NGO, Syndicate for Supporting Women and Children Initiative to the Bauchi State House of Assembly to sensitize legislators on the VAPP Act. The rally complemented activities supporting during the 16 Days of Activism Against Gender-Based Violence to sensitize the legislators on the impact of GBV in the State and the need to end gender-based violence through the domestication of the VAPP Act. IHP partnered with NGOs working on women's and children's right/issues to plan and execute the rally. A synopsis of the VAPP Act was presented to the Speaker of the State House of Assembly at the end of the rally, which resulted in a commitment of the House to domesticate the VAPP Act so long as cultural and religious practices in the State were considered. IHP will continue partnerships and advocacy efforts to promote the domestication of the VAPP Act in the subsequent quarters.



*Photo 13: Fistula Advisory Group Chair delivers donated family planning commodities to VVF Center Ningi*

### **Obstetric Fistula Advisory Group Inaugural Meeting**

In FY19, IHP supported a Fistula Technical Consultation with stakeholders that led to the formation of the Bauchi State Obstetric Fistula Advisory Group. One of the roles of the fistula advisory group is to mobilize resources for VVF prevention, care, treatment, and rehabilitation. In this Quarter, IHP supported the inaugural meeting of the fistula advisory group that was attended by 21 individuals (Males 11; females 10) representing Ministry of Local Government and Chieftaincy Affairs, the Christian Association of Nigeria (CAN), Jamaatul Nasrul Islam (JNI), Bauchi and Katagum Emirates, State Primary Healthcare development Agency, Ministry of Health, National Obstetrics Fistula Center Ningi, National Association for Women Journalist (NAWOJ), Federation of Muslim Women of Nigeria (FOMWAN), Sun of Hope Foundation, and IHP. The Committee Chair (SMOH VVF Desk Officer), in his opening remarks, emphasized that obstetric fistula is preventable and must be tackled from different angles for greater success therefore the participation of the different MDAs, religious and traditional institutions and non-governmental organizations is critical. One of the main purposes of the meeting, was to inaugurate the group and to develop 2020 work plan. At the end of the meeting, the fistula group was inaugurated, and a 2020 work plan developed which centered on sensitization, advocacy, and resource mobilization. IHP will continue to provide technical support to the advisory group over the course of the project. The group is set to meet on a quarterly basis.

### **Donation of Family Planning Commodities to Obstetric Fistula Center, Ningi**

With technical assistance from IHP, the advisory group engaged local NGO Nakowa Community Empowerment for Health Actions (NACEHA) who donated family planning materials to the fistula center in Ningi. The Chair of the advisory group (Fistula Desk Officer for the State Ministry of Health in Bauchi) alongside IHP's Gender, Social Inclusion, and Community Engagement Advisor and Knowledge Management Specialist, presented the donated commodities which included 10 doses of Jadelle, 3,000 Microgynon Pills, 3,000 Excluton Pills, and 300 Noristerat injection to the fistula Center. Managing Director Dr. Umar Nasiru Ibrahim received the commodities and expressed appreciation to IHP and the advisory group for mobilizing the resources and assisting the Center in filling such an important need. The commodities will aid individuals accessing the Center's services from the community and across the region. IHP will continue to leverage partnerships and enhance collaborative efforts to improve fistula and related health needs across the State.

### **Identification and Selection of Gender and Youth Ambassadors**

IHP supported the Bauchi State Ministry of Women Affairs to develop criteria for identification and

selection of gender and youth ambassadors to address maternal mortality, child spacing, adolescent pregnancy/motherhood, male engagement, early marriage, fistula, GBV, and school retention for girls. The responsibilities of these young Ambassadors will be to support the incorporation of key gender priorities related to the areas above within the BSPHCDA, BMOH, BSHIA, and MOWA. Some of the criteria they are seeking in youth Ambassador include: passionate about gender issues and youth empowerment; open to learning; demonstrated desire to promote gender and youth inclusion in education, health, and other development areas in the State; demonstrated commitment and proven potential to address issues regarding adolescent pregnancy and motherhood, male engagement, girls' education, fistula, and early marriage. In next quarter, the Gender and Youth Ambassadors will receive training to better perform their roles.

### **HRH TWG Meeting to Discuss Gender and Sex-disaggregated Data for Planning**

The human resources for health technical working group (HRH TWG) periodically analyzes gender disaggregated HRH data and uses information for planning and decision making to improve the state workforce. As part of these efforts, IHP provided a learning opportunity to highlight what is gender and sex-disaggregated data, why disaggregated data is important, and implications for planning. This presentation was presented as part of coordinated capacity building and a gender orientation for the HRH TWG.

## **3.2. SUSTAINABILITY AND LOCAL OWNERSHIP**

IHP supported the state to develop the 2020 PHC AOP in line with the newly revised national guidelines and template. The AOP for the first time spells out clear roles and responsibilities, milestones, timelines, and financial commitments. It also measures of sustainability readiness and progress. The major source of funding for the AOP implementation is Bauchi State. This is to ensure sustainability and maintaining the right course on the journey to self-reliance. IHP health finance team (Advisor and consultant) supported the state to develop a more realistic state budget. This will go a long way to ensuring that budgets are backed with necessary funds for execution.

## **3.3. ENVIRONMENTAL COMPLIANCE**

There were no activities completed the quarter related to environmental compliance.

## **3.4. POLICY AND GOVERNANCE SUPPORT**

Bauchi State Commissioner for Health resigned to pursue his political career after winning elections in the Federal House of Representatives. The Permanent Secretary Ministry of Health in the interim is the Acting Commissioner of Health. Being new to post, IHP participated in briefing the Permanent Secretary on the status of partner support including the status of the PHC MoU.

The State Governor, Bala Mohammed has been confirmed as the duly elected Governor of Bauchi State following a favorable judgement by the Supreme Court of Nigeria. This hopefully means that there will be less distractions politically for the Governor. In the coming weeks, IHP will be working with other

partners to bring the governor up to speed on the Primary Health Care priorities in order to secure commitment to funding service delivery.

### 3.5. LOCAL CAPACITY DEVELOPMENT

During the quarter I, local capacity strengthening was a major focus for IHP Bauchi. IHP facilitated/co-facilitated a number of capacity building activities benefiting government officials, civil society organizations, women's groups, advocates, traditional rulers and community leaders, and health workers at State, LGA, and PHC/ward levels in a broad range of programmatic and cross-cutting areas, as described in the sections above. Capacity building covered the technical areas of RMNCAH+NM, as well as health systems with a focus on: health information documentation, reporting and data quality improvement; commodity logistics, storage and documentation; service delivery quality of care; health financing through readiness for the BHCPF and the state health insurance/contributory scheme; and improving leadership and governance through the development and costing of a health sector Annual Operating Plan. Funding for local capacity building came from a variety of sources, including the State multiparter PHC MOU, donors, implementing partners, non-governmental organizations and the State's own resources.

### 3.6. SECURITY

Security in Bauchi has been stable. While terrorism and banditry related occurrences have been low this period, petty crimes such as carjacking, armed robbery and burglary have been on the increase. In the quarter under review, a hotel, Pali Suites, within the vicinity of IHP came under attack by armed robbers. No life was lost but guests were robbed of their belongings, including laptops and phones. IHP does not utilize the services of this hotel because their security arrangements fell short of our requirements. IHP has advised all staff on the need to maintain a low profile and we have also shared phone numbers to call in case of emergency. We have also advised staff to remain vigilant and avoid unnecessary stops while traveling along highways. The IHP Bauchi Security WhatsApp group ensures real time reporting of travel and of any incidents.

The use of various communication channels to reach out and track all staff, in addition to security briefing/orientation provided by the security officer and periodic advisory shared by the Security officer regarding staff safety has remain a continuous exercise. In addition, the management of IHP has trained staff on security protocols to compliment the HEAT training conducted for batch one of IHP staff, with plans to conduct the second batch in the upcoming quarter. This has ensured all staff in their primary places of assignment are safe while discharging their duties. The security officer under the period of reporting facilitated the installation and activation of security monitoring devices on all the Bauchi project vehicles to enhance safe work environment for all staff. The Security Contractor at the Palladium Office in Abuja tracks all IHP vehicle movement.

### 3.7. SCIENCE, TECHNOLOGY, AND INNOVATION IMPACT

IHP's consortium partner, Viamo is maximizing the use of digital technology through mobile phones to improve efficiency and productivity of clinical skills acquisition and retention, for referrals and client appointment management. The main objective is for end-users to have access to the information they



need to make informed decisions in the provision of clinical services and to track referrals from the community and to higher level health facilities.

During Quarter 1, the IHP digital team work on the development of the following digital health interventions:

- Audio Job Aids
- Mobile Curricula
- mReferral Application (Appointment Management Application)

The project made significant progress and is on track with scheduled activities, although the timelines of some activities like the mobile curriculum have been reviewed to align with the substantive content workshops planned with State stakeholders to ensure local ownership of the digital interventions.

Highlights for the quarter include:

- Adapting and making available, on-demand Shops Plus Audio job aids (AJA) content for family planning providers on the 3-2-1 mobile platform
- Identifying and shortlisting available content for Audio job aids and mobile curricula
- mReferral prototype demonstration
- Engagement of NEMCHIC and ICT unit of FMOH to design concepts for digital health interventions
- Development of a concept note and an engagement plan with input from the ICT unit of the FMOH to appropriately engage relevant stakeholders from the concept design to implementation of Digital Health interventions.

**Audio Job Aids:** IHP adapted already existing on-demand family planning content hosted on 321 by the Shops Plus Project for providers. These audio job aids (AJA), as adapted for IHP, are currently live on 321 and will be introduced to health workers in Bauchi following the relevant training and sensitization activities scheduled for the health workers. This strategy will ensure minimal delays in getting audio job aids and relevant content to health workers. Such collaborations between USAID IPs ensures complementarity of interventions and efficiency in the use of USG funds. Additionally, with the LDHF training modular sessions for health workers available, we commenced the process of recommending RMNCH+NM content for Audio Job Aids. This process will continue in Q2 with the plan to have content ready to go as training commences.

**Mobile Curricula:** As with the AJA, IHP reviewed the LDHF training modules to select priority content for the mobile curriculum intervention. In Q2, IHP will engage the Federal Ministry of Health and BSPHCDA and SMOH to validate the proposed content and hold a joint content development workshop with a broader list of stakeholders. The completion of this activity was dependent on the finalization of the low-dose high-frequency modules, which was completed by the end of Q1.

**mReferral Application:** During the quarter, the beta version of the app was finalized and a demo session held in November 2019. The purpose of the demo was to share app development updates, display functionality and features and solicit feedback for iteration and improvement.

Hotline Concept Development for Quality Assurance monitoring and feedback: During the quarter, IHP introduced and oriented Government staff on the various IHP Digital Health Interventions, more specifically the accountability hotline that will require extensive government involvement and leadership. Following the meeting, NEMCHIC appointed a focal person to collaborate with IHP on the hotline concept design and development. Conversations are still ongoing about the logistics of the accountability hotline and its sustainability. Embedding the accountability hotline on existing Government program and interventions appears to be the most promising strategy. However, the development of the hotline has been put on hold temporarily at the instance of the project to enable it to carry out further and wider government engagements at both the federal and state level, that will promote ownership and sustainability

### **3.8. PUBLIC PRIVATE PARTNERSHIP (PPP) AND GLOBAL DEVELOPMENT ALLIANCE (GDA) IMPACT**

The Private Sector Landscaping Analysis (PSLA) began with the development of a concept note for IHP Bauchi. This exercise was originally scheduled for FY19; however, there was a long development and review process to ensure the scope of the study, methodology, sample frame, timelines and budget are in line with the overall objectives of the project. Following a series of reviews, USAID approved the PSLA concept note and study tools in October 2019. A total of 9 data collection tools were developed, which were all tailored to different categories of stakeholders.

Preliminary activities for the field work started early November and the PSLA team had engagement meetings with the state IHP office, various directors in the Ministry of Health and with other USAID implementing partners to identify the appropriate persons for interviews. A comprehensive list was created and a letter of introduction was distributed to all the stakeholders through the Bauchi SMOH. In total, 270 selected health facilities were contacted through the leadership of their respective associations and data collectors were recruited and engaged for the exercise.

A study protocol was developed according to the approved Concept Note and requirements of the Bauchi SMOH. The team obtained ethical approval for the PSLA from the State Health Research and Ethics Committee (HREC) on a letter dated December 2, 2019.

A total of 13 data collectors (5 qualitative and 8 quantitative) were trained for the field exercise which took place in the IHP conference room on the 26th and 27th of November. The purpose of the training was to familiarize data collectors with basic research methodologies and the content of the data collection tools. A pre-test of the data collection tools was conducted to detect problems that were not identified during the initial review process. Data collection was conducted between December 2nd and December 13th. The qualitative data collection, Focus Group Discussions (FGDs) and In-depth Interviews (IDIs) were conducted in the state capital where the majority of stakeholders are located. Quantitative data collection was conducted in 18 out of 20 LGAs. A total of 10 FGDs and 75 IDIs were conducted for the qualitative portion of the study. A total of 270 quantitative surveys were carried out in private sector health facilities (hospitals, community pharmacies and PPMVs). Transcription of all qualitative data has been completed and quality reviews are ongoing. Analysis will be made with NVIVO software. Epi-data software is being used for quantitative data entry and analysis will be done with SPSS. Report writing will start in the third week of January, and the draft report will be ready by mid-February.

### 3.9. GLOBAL CLIMATE CHANGE

There were no issues related to Global Climate Change this quarter.

## 4. STAKEHOLDER PARTICIPATION AND INVOLVEMENT

IHP Bauchi engaged with a wide range of stakeholders during the quarter, including MDAs from multiple sectors, including the health, women's affairs, budget and planning, agriculture and education, the Governor's office, local government authorities, civil society and advocacy organizations, traditional rulers, implementing partners in the health sector, and the private sector. For example, IHP-Bauchi collaborated with Plan International to assist the state in the domestication and implementation of the MPDSR tools and guidelines at the state and local levels. Furthermore, IHP demonstrated its commitment to strong MOU stakeholder engagement by co-convening quarterly coordination meeting with BMGF, SOLINA, and UNICEF to ensure closely coordinated technical support among PHC MOU partners. IHP collaborated with BMGF and SOLINA to assist the state to track MOU milestones and monitor implementation of MOU action plans. Additionally, IHP-Bauchi and SOLINA are collaborating to help the states develop an integrated DQA plan.

On the issue of Violence Against Persons Act, IHP collaborated with IKRA Foundation for Women & Youth Development (IFWYD), a local NGO working in the area of economic, social advancement and empowerment of women and youth to sensitize other NGOs, MDA security agencies, traditional & religious leaders and the media on Violation Against Persons' Prohibition act (VAPP act). In the same vein, IHP collaborated with other organizations notable among them is Syndicate for Supporting Women and Children Initiative to the Bauchi State House of Assembly to sensitize legislators on the VAPP Act. The aim was to facilitate the domestication of the VAPP Act in Bauchi State which if domesticated will punish offenders on gender-based violence which often contribute to maternal mortality.

In the area of nutrition, IHP collaborated with the multisector State Committee on Food and Nutrition that included a number of ministries and implementing partners working on non-health sectors such as the Canadian funded Mennonite Economic Development Associates (MEDA), an international economic development organization interested in sustainable and nutritional agricultural enterprises.

## 5. MANAGEMENT AND ADMINISTRATIVE ISSUES

- There was no staff turnover during the quarter.
- Management of IHP took proactive security measures that ensured implementation continues in the LGAs and that staff and property are secure.
- Office Space and Inventory. Bauchi main office and the three embedded offices of Ningi, Katagum and Bauchi LGA are all functional.
- Most of the office inventory were transferred from closed USAID projects. Some of the items like inverter batteries and server equipment have been subjected to wear and tear and require

replacement. Additional items and equipment may be required to ensure smooth implementation

## 6. LESSONS LEARNED

- State officials prefer to hold workshops and meetings outside of Bauchi, which strains already very limited State resources and reduces revenue for the State. The Governor has commented on the frequency of outside activities and is likely to limit such practices.
- Locating offices outside of the main town in distant LGAs has facilitated the practice of frequent supervisory and mentoring visits to LGAs and PHCs.
- It is possible to find and important to search for simple, no- or low-cost solutions to persistent problems.

## 7. PLANNED ACTIVITIES FOR NEXT QUARTER INCLUDING UPCOMING EVENTS

### Objective 1: Strengthen Health Systems Supporting PHC Services

- Facilitate the completion of the IHP baseline assessment data collections.
- Accompany the State and foster good practices during AOP implementation supervisory visits to PHCs and LGAs.
- Work with Stakeholders to facilitate the development of the facility-based Business Plans for all the LGAs in the state.
- Facilitate/work with the Department of Planning Research and Statistics unit of SMOH to convene second quarter HRH TWG meeting.
- Train HRH committee to utilize the analytical tools to be used for generating data for decision making (on equitable HRH distribution to ensure the appropriate numbers and types of health workers are available in PHCs).
- Work with state to draw up a five-year HRH strategic plan from the national HRH policy document
- Conduct an orientation for the IHP team (Integrated PHC Advisors and other Advisors), BSPHCDA and SMOH on diagnostic tools, data collection methods etc.
- Co-facilitate a self-assessment of state M&E system using standardize tools, Identify and document Issues, bottlenecks and appropriate solutions to address issues
- With UNICEF, co-sponsor and co-facilitate LGA 3-Day step down training on the new national AOP guidelines/templates and PHC-level business plans for 2020/2021 in 14 LGAs
- Provide onsite mentoring at 233 PHCs in 14 IHP-supported LGAs to develop Integrated PHC 2019/2020 workplans, business plans, and budgets.
- Provide TA and funding support to the Health Financing Technical Working Group to hold quarterly meetings aimed at addressing health financing issues, including budget advocacy for health and improved efficiency of health spending using periodic health financing evidence generated by the Health Financing Unit (HFU).

- Advocate for and provide TA to the state for engaging with the World Bank State Fiscal Transparency Accountability and Sustainability (SFTAS) project to improve state budget realism, accountability and transparency with a focus on the health sector.
- Co-sponsor workshop to develop the State Human Resources for Health Plan, 2020-2025.
- Conduct rapid diagnostic landscaping of the State M&E system for Health using appropriate tools. This will be conducted as part of the Baseline Assessment.
- Complete and disseminate the findings of the Private Sector Landscape Analysis and apply findings to develop a Private Sector Engagement Strategy for the State.

## **Objective 2: Improve access to primary health care services**

- Configure the LiST Model for RMNCH +NM and run the models for various scenarios
- Empower SEMCHIC members to generate and use multiple sources of data to inform action plans
- Conduct a 2 Day meeting with 14 LGHA to develop and disseminate RMNCH + NM coverage maps of services (Utilizing results from the baseline assessment and LiST/One Health plus MSP costing)
- Provide TA for the development of PHC-specific plans and to mobilize finances to renovate IHP supported PHCs based on data from health facility assessments.
- Co-sponsor the standardization of the minimum service packages, training, curricula, sustainable incentives, supervision and reporting for a uniform Community Health Volunteer Scheme such as Community Health Influencer Promoters and Services in Bauchi state

## **Objective 3. Improve quality of primary health care services**

- Complete and implement the integrated plan for Bauchi LGHA and PHCs
- Scale up the implementation of the integrated Reach Every Ward plan
- Support State analysis of service data and commodity utilization to identify the outlier PHCs and closely monitor for improved performance
- Provide TA to the SMOH and SSPHCA to prepare for a single state-wide ISS structure and system including the new national digitized ISS tools and BHCPF requirements
- Provide TA to LGHA and BSPHCDA technical staff to develop dashboard for monitoring Quality Improvement activities
- Co-sponsor quality improvement training to 236 PHCs phased over the course of the year
- Award grants and conduct Training of Trainers for the grantees on MNH/BEmONC, Long Acting Reversible Contraceptive/RH, and child health/nutrition/malaria in collaboration with IHP Abuja Technical Leads.
- Contract and monitor expert consultants to conduct trainings on “CEmONC” and on “Difficult to Remove Implants” for General Hospitals.

## **Gender:**

- Meet with human right lawyers, Shari'a Commission, traditional and religious leaders to discuss content and areas of controversy in the VAPP Act
- Select, train and mentor gender and youth ambassadors to address GBV, fistula and child marriage prevention. Track the gender and youth ambassadors' activities.

## **8. HOW IMPLEMENTING PARTNER HAS ADDRESSED A/COR COMMENTS FROM THE LAST QUARTERLY OR SEMI-ANNUAL REPORT**

All comments were addressed.

## **9. FINANCIAL MANAGEMENT**

Several activities and procurements that were budgeted for FY20 Q1 have been shifted to other quarters to evenly disburse implementation across the year. As a result, we adjusted the timelines for the ambitious FY20 Q1 activities and procurements, along with their budgets to Quarters 2, 3 and 4. This resulted in a lower than anticipate expenditure for the quarter; however, we plan to expend at a higher rate in the forthcoming quarters with the granting of GUC awards, acceleration of activity implementation, and finalization of large procurements, including vehicles and anatomical training models and material. See Annex B for the Quarterly Financial Report.

## ANNEX A: IHP BAUCHI PROGRESS SUMMARY

Indicator	Data Source	Baseline data (Bauchi State)		FY 2020 Annual Cumulative		Quarterly Status – FY 2020				Annual Performance Achieved to Date (%)	Comment
		Year	Value	Target <sup>1</sup>	Actual	Q1	Q2	Q3	Q4		
IHP Goal: To contribute to state-level reductions in child and maternal morbidity and mortality and to increase the capacity of health systems (public and private) to sustainably support q											
GBL 1_Neonatal mortality rate	MICS	2016 / 17	41	No MICS	NA	NA				NA	Not Applicable. Triennial data
	NDHS	2018	38 <sup>14a</sup>								
GBL 2_Under-5 mortality rate	MICS	2016 / 17	161	No MICS	NA	NA				NA	Not Applicable. Triennial data
	NDHS	2018	13214a								
GBL 3_Maternal mortality ratio	NDHS	2013 <sup>2</sup>	576 <sup>3</sup>	No NDHS	NA	NA				NA	Not Applicable. Quinquennial data
PMI-1_% of children under 5 with fever, who had blood taken from a	MIS	2015	11.3%	No MIS	NA	NA				NA	Not Applicable. Quinquennial data. MIS data is by regions

<sup>1</sup> Target is for 247 IHP-supported Facilities (233 PHCs and 14 GHs). Expansion to other LGAs and PHCs is expected to happen from July 2020.

<sup>14a</sup> Data is national from NDHS 2018 preliminary results. State-specific data would be included as soon as available

<sup>2</sup> Data from NDHS 2018 will be set as baseline as soon as findings are published

<sup>3</sup> National figure

Indicator	Data Source	Baseline data (Bauchi State)		FY 2020 Annual Cumulative		Quarterly Status – FY 2020				Annual Performance Achieved to Date (%)	Comment
		Year	Value	Target <sup>1</sup>	Actual	Q1	Q2	Q3	Q4		
		finger or heel for testing.									
PMI-2_% of women aged 15 – 49, who received three or more doses of SP at least one of which was received during an ANC visit	MIS	2015	18.3%	No MIS	NA	NA				NA	Not Applicable. Quinquennial data.
<b>Objective 1: Strengthen Systems Supporting PHC Services</b>											
<b>Strengthen Leadership and Governance</b>											
<b>Support Health Finance for UHC</b>											
HL 0.1_Financial risk protection - Percentage of people enrolled in USAID-funded financial protection schemes in USAID project catchment areas	BHCPF	2018	0	4% (23,300)	0	0				0	IHP co-facilitated the BHCPF step-down training in December 2019. Enrollment of beneficiaries begins in January 2019.
RF-2a_% of State budget on Health	SMBP	2019	16.02%	16%	Not Available	Not Available				Not Available	To be reported when data is available.



Indicator	Data Source	Baseline data (Bauchi State)		FY 2020 Annual Cumulative		Quarterly Status – FY 2020				Annual Performance Achieved to Date (%)	Comment
		Year	Value	Target <sup>1</sup>	Actual	Q1	Q2	Q3	Q4		
RF-2b_% of State expenditure on Health	SMBP	2018	17.4% <sup>4</sup>	22.4%	Not Available	Not Available				Not Available	To be reported when the data is available.
Strengthen Human Resources for Health											
Support Institutionalization of Information use and Research											
RF-1_% of health facilities (public / private) reporting on time through the HMIS.	DHIS2	Jan – Dec '18	43%	100%	98%	98%				98%	IHP provided TA to LGAs to track HF report timeliness using report receive monitoring chart. As well as mentoring LGAs to capture HF into DHIS2.
Objective 2: Improve Access to PHC Services											
Strengthen linkages between Communities and Facilities											
HL.7.2-2_# of USG-assisted community health workers (CHWs) providing Family Planning (FP) information,	CHMIS	Data not available	Community work to commence in FY2020. Targets to	TBD	NA	NA				NA	CHMIS is in pilot stage and targets will be set once rolled-out in the States.

<sup>4</sup> Government Health Expenditure as percentage of Government General Expenditure

Indicator	Data Source	Baseline data (Bauchi State)		FY 2020 Annual Cumulative		Quarterly Status – FY 2020				Annual Performance Achieved to Date (%)	Comment
		Year	Value	Target <sup>1</sup>	Actual	Q1	Q2	Q3	Q4		
		referrals, and/or services during the year			be determined for FY2020						
HL.9-2_# of children under two (0-23 months) reached with community-level nutrition interventions through USG-supported programs	CHMIS	Data not available		TBD	NA	NA					Data not available
HL.9-3_Number of pregnant women reached with nutrition-specific interventions through USG-supported programs <sup>5</sup>	DHIS2	Jan – Dec '18	318,507 <sup>27a</sup>	214,674	53,436	53,436				25%	

**Reduce Geographic, Social and Supply Side Barriers to Accessing Services**

<sup>5</sup> Number of women who were reached through counseling on maternal and/or child nutrition and Iron and folic acid supplementation during ANC would be used to track indicator

<sup>27a</sup> Number of pregnant women who have had at least 1 ANC visit is used as proxy here, given they all receive counseling on maternal and/or child nutrition  
USAID.GOV

Indicator	Data Source	Baseline data		FY 2020		Quarterly Status – FY 2020				Annual Performance Achieved to Date (%)	Comment
		(Bauchi State)		Annual Cumulative		Q1	Q2	Q3	Q4		
		Year	Value	Target <sup>1</sup>	Actual						
HL 0.2_Quality improvement - Overall service utilization rate among USAID-supported facilities implementing quality improvement (QI)	DHIS2	Jan – Dec '18	35%	59%	NA	NA				NA	Reported on annual basis
HL.9-1_# of children under five (0-59 months) reached with nutrition-specific interventions through USG-supported programs <sup>6</sup>  (Number of Children 6 – 59)	Revised DHIS2	Jan – Dec '18	671,327 <sup>28a</sup>	303,970	149,035	149,035				49%	The MNCH week campaign conducted in December 2019 contributed to the achievement in this indicator.

<sup>6</sup> Indicator would be tracked across several interventions - Vitamin A supplementation, Zinc supplementation for diarrhea, Multiple Micronutrient Powder supplementation and Treatment of moderate / severe acute malnutrition

<sup>28a</sup> Proxy data: Number of children (6 – 59 months) given Vitamin A

Indicator	Data Source	Baseline data		FY 2020		Quarterly Status – FY 2020				Annual Performance Achieved to Date (%)	Comment
		(Bauchi State)		Annual Cumulative		Q1	Q2	Q3	Q4		
		Year	Value	Target <sup>1</sup>	Actual						
months given Vitamin A as Proxy)											
HMIS.2-1_# of pregnant women who have had at least 1 ANC visit <sup>7</sup>	DHIS2	Jan – Dec '18	318,507	214,674	53,436	53,436				25%	
HMIS.2-2_# of pregnant women with 4 ANC visits	DHIS2	Jan – Dec '18	118,178	128,804	15,741	15,741				12%	The challenge with subsequent ANC visit has always been around women presenting late at the HF. This has been evidenced by “ANC one before 20 weeks” which indicate a low figure. IHP is working closely with BA-N to improve timely ANC visit in HFs in the subsequent quarters
HMIS.2-3_# of deliveries in facilities	DHIS2	Jan – Dec '18	145,546	94,989	23,394	23,394				25%	
HMIS.2-4_# of Live Births in facilities	DHIS2	Jan – Dec '18	106,120	68,834	21,308	21,308				31%	Improved recording of birth outcome observed in many HFs may have contributed to the over-achievement in this indicator

<sup>7</sup> Catchment area population estimates of pregnant women would be used to track Antenatal coverage within focal Wards  
USAID.GOV

Indicator	Data Source	Baseline data (Bauchi State)		FY 2020 Annual Cumulative		Quarterly Status – FY 2020				Annual Performance Achieved to Date (%)	Comment
		Year	Value	Target <sup>1</sup>	Actual	Q1	Q2	Q3	Q4		
		GNDR-6_# of people reached by a USG funded intervention providing GBV services	Revised DHIS2 <sup>29</sup>	Data not available	Data not available	TBD	NA	NA			
<b>Objective 2: Improve Quality of PHC Services</b>											
<b>Improve Quality of Maternal Health Services</b>											
HL 0.3_Responsiveness - continuity of care: Average of the service gaps between: a) ANCI and ANC4; b) Polio 1 and Polio 3*, in USAID-supported districts	DHIS2	Jan – Dec '18	63%	31.6%	NA	NA				NA	Not applicable, annually reported data.
RF-3_% of women whose last live birth	MICS	2016 / 17	22.10%	26%	NA	NA				NA	Not Applicable. Triennial data

<sup>29</sup> All data to be extracted from Revised DHIS2 will be available on the roll-out of the revised NHMIS Tools. This is expected to happen in Q4  
7 | USAID INTEGRATED HEALTH PROGRAM

Indicator	Data Source	Baseline data (Bauchi State)		FY 2020 Annual Cumulative		Quarterly Status – FY 2020				Annual Performance Achieved to Date (%)	Comment
		Year	Value	Target <sup>1</sup>	Actual	Q1	Q2	Q3	Q4		
		was assisted by a skilled provider	(NNHS <sup>30a</sup> )	(2018)	(23.2%)						
HL.6.2-1_# of women giving birth who received uterotonics in the third stage of labor (or immediately after birth) through USG-supported programs	Revised DHIS2	Data not Available	Target to be set after Baseline established	TBD	NA	NA				NA	NA
HMIS.3-1_# of maternal deaths	DHIS2	Jan – Dec '18	218	30	30	30				100%	Improved reporting of maternal death cases due to re-orientation on MPDSR
HMIS.3-2_% of deliveries in health facilities taken by skilled attendant	DHIS2	Jan – Dec '18	65%	69%	95%	95%				95%	
HMIS.3-3_% of women seen and	Revised DHIS2	Jan – Dec '18	13% (56/432)	TBD	NA	NA				NA	

<sup>30a</sup> Figures in parenthesis refer to the National Nutrition and Health Survey (NNHS) which will be used to track indicators annually as appropriate  
USAID.GOV

Indicator	Data Source	Baseline data (Bauchi State)		FY 2020 Annual Cumulative		Quarterly Status – FY 2020				Annual Performance Achieved to Date (%)	Comment
		Year	Value	Target <sup>1</sup>	Actual	Q1	Q2	Q3	Q4		
		referred for Obstetric Fistula									
HMIS.3-4_% of deliveries monitored using a partograph	DHIS2	Jan – Dec '18	18% (26,815)	65%	76%	76%				76%	
HMIS.3-5_# of women admitted with Eclampsia who received MgSo4	Revised DHIS2	Data not available	Data not available	TBD	NA	NA				NA	
<b>Improve Quality of Newborn Health Services</b>											
RF-4_% of children age 0-5 months exclusively breastfed	MICS (NNHS)	2016 / 17 (2018)	13.6% (23% <sup>8</sup> )	15.6%	NA	NA				NA	Not Applicable. Triennial data
RF- 4a % of women who initiated breastfeeding early	MICS (NNHS)	2016 / 17 (2018)	30% (7.8% <sup>9</sup> )	34.5%	NA	NA				NA	Not Applicable. Triennial data

<sup>8</sup> Regional Data for North West

<sup>9</sup> % of children 0-23 months who were put to breast within the first hour in NNHS. This will serve as an annual tracking proxy for the Indicator

Indicator	Data Source	Baseline data (Bauchi State)		FY 2020 Annual Cumulative		Quarterly Status – FY 2020				Annual Performance Achieved to Date (%)	Comment
		Year	Value	Target <sup>1</sup>	Actual	Q1	Q2	Q3	Q4		
		(Early Initiation of Breastfeeding)									
HL.6.3-1_# of newborns not breathing at birth who were resuscitated in USG-supported programs	DHIS2	Data not available	Data not available	TBD	NA	NA				NA	
HL.6.3-2_# of newborns who received postnatal care within two days of childbirth in USG-supported programs (Post Natal Visit within 3 days as Proxy) <sup>10</sup>	DHIS2	Jan – Dec '18	21,948	27,523	12,825	12,825				47%	Newborn tracking and referral for immunization by community leaders (popularly known as “Mai-Unguwa”) may have contributed greatly to the -achievement (60% of live births) in this indicator
HMIS.3-6_# of babies put to breast within 1 hour with	Revised DHIS2	Data not available	Data not available	TBD	NA	NA				NA	

<sup>10</sup> This indicator has been removed from the Standard Foreign Assistance Master Indicator List  
USAID.GOV



Indicator	Data Source	Baseline data		FY 2020		Quarterly Status – FY 2020				Annual Performance Achieved to Date (%)	Comment
		(Bauchi State)		Annual Cumulative		Q1	Q2	Q3	Q4		
		Year	Value	Target <sup>1</sup>	Actual						
skin-to-skin to keep warm											
<b>Improve Quality of Child Health Services</b>											
RF-5_ % of children fully immunized	MICS (NNHS)	2016 / 17 (2018)	13.9% (17.6% <sup>11</sup> )	16%	NA	NA				NA	Not Applicable. Triennial data
RF-6_ % of children with diarrhea treated with ORS and Zinc	MICS (NNHS)	2016 / 17 (2018)	12.2% (76.6% <sup>12</sup> )	13.6%	NA	NA				NA	Not Applicable. Triennial data
HL.6.6-1_# of cases of child diarrhea treated in USG-assisted programs (Diarrhea < 5 years - new case given ORS and ZINC as Proxy)	DHIS2	Jan – Dec '18	94,293	39,759	13,209	13,209				33%	More HFs rolling out DRF, making ORS available for managing diarrhea might have contributed to the over-achievement.

<sup>11</sup> % of children who received Penta vaccine in NNHS. This will serve as an annual tracking proxy for the Indicator

<sup>12</sup> % of children with diarrhea treated with ORS OR Zinc in NNHS. This will serve as an annual tracking proxy for the Indicator

Indicator	Data Source	Baseline data		FY 2020		Quarterly Status – FY 2020				Annual Performance Achieved to Date (%)	Comment
		(Bauchi State)		Annual Cumulative		Q1	Q2	Q3	Q4		
		Year	Value	Target <sup>1</sup>	Actual						
<b>Improve Quality of RH/FP Services</b>											
RF-7_ % of women using modern contraceptives (mCPR)	MICS (NNHS)	2016 / 17 (2018)	8.4% (3.4% <sup>13</sup> )	9.2%						NA	Not Applicable. Triennial data
HL.7.1-2_ % of USG-assisted service delivery sites providing family planning (FP) counseling and/or services	DHIS2	Jan – Dec '18	63% (737)	100%	99%	99%				99%	
HMIS.3-7_ # of women who received post-partum contraception	Revised DHIS2	Not Yet Available	Not Yet Available	TBD	NA	NA				NA	
<b>Improve Quality of Nutrition Services</b>											
RF-8_ % of children consuming a diet of	MICS	2016 / 17	23.5%	30%	NA	NA				NA	Not Applicable. Triennial data

<sup>13</sup> Percentage of women aged 15-49 years currently using a modern contraceptive measure in NNHS. This will serve as an annual tracking proxy for the Indicator  
USAID.GOV

Indicator	Data Source	Baseline data		FY 2020		Quarterly Status – FY 2020				Annual Performance Achieved to Date (%)	Comment
		(Bauchi State)		Annual Cumulative		Q1	Q2	Q3	Q4		
		Year	Value	Target <sup>1</sup>	Actual						
minimum nutrition diversity <sup>14</sup>	(NNHS)	(2018)	(12.8% <sup>15</sup> )								
HL.9-4_# of individuals receiving nutrition-related professional training through USG-supported programs	Program / Training reports	Not Applicable	Not Applicable	514	NA	NA				NA	TOT on IMCI set for new quarter
RF-9_ Proportion receiving an ACT among children under five years old with fever in the last two weeks who received any antimalarial drugs	MICS (NNHS)	2016 / 17 (2018)	15.4% (15.2% <sup>16</sup> )	18.5%	NA	NA				NA	Not Applicable. Triennial data

<sup>14</sup> International standard for this Indicator does not include the word **Nutrition**

<sup>15</sup> Percentage of children (6-23 months) who consumed Minimum Dietary Diversity in NNHS. This will serve as an annual tracking proxy for the Indicator

<sup>16</sup> Children with a fever in the last two weeks who were treated with ACT in NNHS. This will serve as an annual tracking proxy for the Indicator

Indicator	Data Source	Baseline data		FY 2020		Quarterly Status – FY 2020				Annual Performance Achieved to Date (%)	Comment
		(Bauchi State)		Annual Cumulative		Q1	Q2	Q3	Q4		
		Year	Value	Target <sup>1</sup>	Actual						
HMIS.3-8_ % of pregnant women who received malaria intermittent preventive treatment third dose (IPT3)  (% of pregnant women who received malaria IPT2 as proxy)	DHIS2	Jan – Dec '18	124,870 <sup>17</sup>	38%	70%	70%				70%	Increase in number of facilities reporting contributed to this achievement
HMIS.3-9_# of persons presenting with fever and tested by RDT	DHIS2	Jan – Dec '18	1,324,495	676,899	278,891	278,891				41%	Improved reporting of Malaria data through the DHIS2 (which has been a concern in 2018) as well as improved provision of commodity through the Last Mile distribution and DRF, all have contributed to the over-achievement in this indicator.
HMIS.3-10_# of persons with Confirmed Uncomplicated	DHIS2	Jan – Dec '18	1,009,565	516,296	239,519	239,519				46%	

<sup>17</sup> IPT3 data would be tracked and reported with the takeoff of the revised NHMIS / DHIS2

Indicator	Data Source	Baseline data (Bauchi State)		FY 2020 Annual Cumulative		Quarterly Status – FY 2020				Annual Performance Achieved to Date (%)	Comment
		Year	Value	Target <sup>1</sup>	Actual	Q1	Q2	Q3	Q4		
Malaria treated with ACT											



## **ANNEX B: QUARTERLY FINANCIAL REPORT**





## ANNEX C: IMPLEMENTATION STATUS

Objectives and Specific Actions/Activities	Timeline	Status	Description	Performance Review Comments, Challenges or Course Corrections
For each objective, list all milestones for the full project period as per the approved FY20 work plan	<u>Planned activity dates</u>	Completed	If completed, what source of evidence do you have to support the result?	What challenges did you encounter?
	-	In progress, on time	If in progress: What progress has been made?	
	<u>{Month - Month}, 2019</u>	Delayed	If delayed: What was the cause?	What course corrections or adjustments were made? Why?
	-	Canceled	If canceled / halted: Why?	
<b>Cross-Cutting Objective: Management</b>				
<b>Manage IHP to be effective, results- driven and cost-efficient</b>				
<b>Knowledge Management</b>				
Develop, and produce and disseminate IHP Bauchi Bi-Monthly Newsletter to IHP team, Implementing and State Partners	Dec. 19	Delayed	A format for documenting success stories by the technical team need to be developed first	The challenge was that it coincided with the quarterly reporting period which was a major priority.
			-	
<b>Gender and Social Inclusion</b>				

Objectives and Specific Actions/Activities	Timeline	Status	Description	Performance Review Comments, Challenges or Course Corrections
Strengthen State Level Policies and Practices: Support the Domestication of the Violence Against Person Prohibition Act in Bauchi State	Nov-19	Completed	Stakeholder sensitization meeting on VAPP Act held. Rally Held at the state house of assembly to sensitize law makers on VAPP. A synopsis of the VAPP act handed over to speaker Bauchi state house of assembly.	Cultural and social considerations in relation to the content of the VAPP Act
End child marriage and delay childbirth: Support the Bauchi state Ministry of Women's and Children's Affairs and Social Development to identify and engage gender and youth ambassadors in Bauchi state to address maternal mortality, child spacing, adolescent pregnancy/motherhood, child marriage, fistula, GBV and school retention for girls to support incorporation of these key gender priorities within the BSPHCDA, BMOH, and BSHIA, and the State Food and Nutrition Committee.	Dec-19	In progress, on time	Criteria for selection of gender and youth ambassadors developed in collaboration with MOWA	No existing committee on gender at the ministry to leverage on or build on existing structures. There will be need for more trainings for the youth and gender ambassadors to bring them to speed

Objectives and Specific Actions/Activities	Timeline	Status	Description	Performance Review Comments, Challenges or Course Corrections
Provide technical support to the RMNCH technical working group, sub-committee on fistula: support the fistula sub-committee to ensure that prevention, care, referral and treatment is incorporated into all RMNCH integrated services.	Nov-19	Completed	Fistula Advisory group formed and 2020 workplan developed. Fistula Advisory committee mobilised FP commodities to support VVF center, Ningi. Quaterly meeting will be held	
<b>Support to the State to promote sustainability</b>				
<b>Objective I: Strengthen Systems Supporting PHC Services</b>				
<b>Sub-Objective I.1: Strengthen Leadership and Governance</b>				
Co- facilitate a 3-Day training for 50 State and LGHA participants on the new Annual Operational Plan 2020/2021 using the national AOP template and aligned with the State Strategic Health Development Plan 2018-2021.	Dec-19	Completed	2020 AOP for SPHCDA drafted and undergoing reviews. The Tracking Team has been identified and they would be commencing tracking/mentoring visits this January.	
Co- facilitate LGA level 3-Day step down training on new national AOP guidelines/templates and capacity building on	April or May	Completed	For 2020, this was done with the BHCPF	This is delayed as a result of the slow process of agreeing on a common template of PHCs to use for the Business plans.

Objectives and Specific Actions/Activities	Timeline	Status	Description	Performance Review Comments, Challenges or Course Corrections
development of PHC-level business plans for 2020/2021 in 14 LGAs				
Provide onsite mentoring at 233 PHCs in 14 IHP-supported LGAs to develop Integrated PHC 2019/2020 workplans, business plans, and budgets for one PHC per ward of the 14 IHP supported LGHAs	Feb-20	Completed	PHC-level business plans for 2020 in 14 LGAs developed and aligned to the new template and milestones.	
With the State AOP Tracking Committee, the LGAs prepare AOP data analysis of the 2018/2019 AOP to be used during the State quarterly review meeting	Feb-20	In progress, on time	LG Data Management Teams primed for LGA-level data analysis and use in the state	
Support 8 Ongoing joint monitoring visits with the state AOP Tracking Team for improved tracking and oversight mechanisms of harmonized AOP planning, monitoring and evaluation	Mar-20	In progress, on time	Just about to commence the visits but the Tracking Team has been identified and given a ToR	

Objectives and Specific Actions/Activities	Timeline	Status	Description	Performance Review Comments, Challenges or Course Corrections
<b>Sub-Objective 1.2: Support Health Finance for UHC</b>				
Development of Toools and guidelines for the operationalisation of BASHCMA Scheme	October -December 2019	Completed	Tools developed and validated, submitted to ACO for onward distribution with USAID	
Support the Integration of all PHC-Funding streams to esnure efficient use of available rersources	Jan-20	In progress, on time	Training Modelues and Financial Management tools development in progress	
	Feb-20	In progress, on time	Training Modelues and Financial Management tools development in progress	
Provide TA and funding support to the Health Financing Technical Working Group to hold quarterly meetings aimed at addressing health financing issues including budget advocacy for health and improved efficiency of health spending using periodic health financing evidence generated by the Health Financing Unit (HFU)	October -December 2019	Delayed	Dysfunctional HF TWG due to poor intrest of the perm sec SMOH. This could be capacity and attitudinal issues. But we are hoping to revive the TWG now that there is change in per sec SMOH	

Objectives and Specific Actions/Activities	Timeline	Status	Description	Performance Review Comments, Challenges or Course Corrections
Advocate for and provide TA for the state to engage with the State Fiscal Transparency Accountability and Sustainability (SFTAS) project supported by World Bank to improve state budget realism, accountability and transparency with a focus on the health sector	Dec-19	Completed	BSPHCDA 2020 Budget	
Facilitate a 2 Day orientation and continued learning sessions for new and returning members of the Bauchi State House of Assembly Committee on Health (also members of the Legislative Network for UHC) on their roles on stewardship of health financing in the state	Sept-Dec	Delayed	Members House Committee on health have not been around for sometime, they were on study tour to Rwanda to understand performance for result model.	
Provide technical support to the state Health Financing Unit in conducting quarterly health budget performance tracking	October -December 2019	Delayed	Activity Overlap at the SMOH and absence of the DPRS for a while.	
Provide TA to the State Steering Committee, State Primary Healthcare Development Agency (SPHCDA) and Bauchi State	October -December 2019	In progress, on time	Phase I LGAs BHCPF enrollment has commencement.(Ongoing)	

Objectives and Specific Actions/Activities	Timeline	Status	Description	Performance Review Comments, Challenges or Course Corrections
Contributory Health Management Agency (BASCHMA) for the roll-out and operationalization of the scheme, including but not limited to review of PHC Business Plans, Claims management and reporting				
<b>Sub-Objective 1.3: Strengthen Human Resources for Health</b>				
Provide TA with WHO to strengthen the multi-sectoral committee on HRH in Bauchi state to utilize on a quarterly basis available data for decision making	November, 2019	In progress, on time	First quarter HRH TWG meeting held	None
Provide TA to update Bauchi state HRH registry in collaboration with WHO	November, 2019	In progress, on time	Awareness on HRH registry, function, and next steps on operationalization processes created for 34 TWG members.	The register though completed, is reported to have some technical issues that needs to be corrected. - Full access is yet to be granted to the all the relevant state authorities.
Co-sponsor workshop to development the State Human Resources for Health Strategic Plan, 2020-2025.	December, 2019	Delayed	The HRH policy is currently being developed at the national. States are expected to use the national policy to draw up a 5 year HRH startetgic plan.	The delay in finializing the HRH policy drafting process from the national

Objectives and Specific Actions/Activities	Timeline	Status	Description	Performance Review Comments, Challenges or Course Corrections
Provide TA to LGA health department Directors in 14 IHP focus LGAs to develop and update on a Monthly basis an employee training tracker.	December, 2019	Delayed	Awaiting the finalization of the training database by the PHC agency	Due to competing activities in Dec 2019, committee set up to review and finalise database could not meet.
Provide Ongoing mentoring to HRH focal persons at the BPHCDA and LGA health department Directors in 14 IHP focal LGAs to identify capacity/skills gap from quarterly integrated mentoring and supportive supervision findings and design capacity building plan to correct/address gaps.	December, 2019	Delayed	Awaiting the compilation of the 4th quarter ISS findings done by state and partners	Compilation of ISS results in progress at the agency
<b>Sub-objective I.4: Strengthen medical products and Technologies for PHC</b>				
Advocacy to relevant stakeholders (HCH SMOH, ED HSMB, ES SSPHCDA and communities) to improve commodity storage at health facilities	Nov 2019 - Sep 2020	In progress, on time	IHP an active member of the PHC Logistics Working Group Committee.	
Support monitoring, supervision, mentoring and coaching of HF HMIS officers on LMIS data documentation and reporting	October 2019- December 2019	In progress, on time	Coordinated with State LMIS officer and oriented the embedded teams on LMIS tools	



Objectives and Specific Actions/Activities	Timeline	Status	Description	Performance Review Comments, Challenges or Course Corrections
<b>Sub-objective 1.5: Support institutionalization of information use and research</b>				
Conduct rapid diagnostic landscaping of the State M&E system for Health using appropriate tools. This will be conducted as part of Baseline Assessment	Dec-19	In progress, on time	All relevant tools have been assembled and undergoing reviews	
Provide mentoring to the LGHA on M&E processes and tools to ensure quality reporting	October 2019 - December 2019	Completed	Mentoring done during monthly data review.	This is done monthly each quarter.
Provide technical support to monitor the implementation of Harmonized State Health AOP	Dec-19	In progress, on time	A draft indicator matrix has been developed to track the implementation of the AOP. The draft AOP and indicator matrix are being reviewed and would be finalized next quarter.	
Provide technical support to regular meetings of the State M&E TWG, HDCC and HDGC for the institutionalization and	Oct-19	In progress, on time	IHP supported the State M&E officer in reviewing and follow up actions from the communique developed from the last meeting. IHP did not participate in the HDCC	The invitation did not reach IHP on time

Objectives and Specific Actions/Activities	Timeline	Status	Description	Performance Review Comments, Challenges or Course Corrections
coordination of all M&E / HIS partners and activities			meeting held in December 2019	
Following the TOT training competed in FY19, provide technical support for 5-Day step-down workshops on Revised NHMIS v2019 Tools and SOP (for 14 LGHAs, 236 focal PHCs)	October 2019 - December 2019	In progress, on time	Provided TA to state HMIS and M&E officer to develop training plan and budget	The revised NHMIS tools dissemination delayed till 16th December 2019.
Conduct routine monitoring visits (for on-site mentoring and supportive supervisory) on use of NHMIS/DHIS2 data tools (in 236 focal PHCs across the 14 LGAs selected for Yr.2)	October 2019 - December 2019	In progress, on time	1. Developed protocols for conducting Data Gap analysis and monitoring plan to LGA and HFs 2. Supported the LGA M&E officers to conduct data gap analysis	
As an initial step in improving the quality of data reported in DHIS 2, conduct state level-training for the initial data collection of health facility GPS coordinates and names to ensure accuracy in DHIS 2 and remove redundancies (data collection will be funded by the state)	October 2019 - December 2019	Delayed	This activity could not hold as planned because the trainers from the National were not available to come to Bauchi State	

Objectives and Specific Actions/Activities	Timeline	Status	Description	Performance Review Comments, Challenges or Course Corrections
Conduct 2-Day training (for BSMOH, SPHCDA, LGHAs) on Data Quality and national DQA Tool (piggy back on the upgraded DHIS2 training)	Oct-19	Delayed	This activity did not hold as planned because of the delay in the dissemination of the revised NHMIS version 2019 tools and the finalisation of the revised NHMIS DQA SOP and checklist	
Conduct quarterly joint DQA exercise (with BSMOH, SPHCDA, LGHA) to selected PHCs among the 236 PHCs in the 14 IHP-supported LGAs and other (private and public) health facilities reporting to the NHMIS	October 2019 - December 2019	Completed	This is a quarterly activity. Quarter I has been conducted which involved the following task: i. Provided TA to state M&E officer to adapt an integrated DQA SOP and checklist ii. Provided TA to state M&E Officer develop a joint DQA plan iii. Provided TA to Orient the state and LGA program officers on the integrated DQA SOP and Checklist and analysis template iv. Provided TA to state M&E officer to Conduct joint DQA excersise across selected HFs v. Provided TA to state M&E Officer to Analyze and disseminate findings, develop and implement corrective action plans	

Objectives and Specific Actions/Activities	Timeline	Status	Description	Performance Review Comments, Challenges or Course Corrections
Conduct Monthly internal Data Quality check with the 14 IHP-supported LGHA and provide feedback to the 236 PHCs.	Dec-19	In progress, on time	Conducted monthly HMIS data gap analysis based on dhis2 data, followed up and mentor LGA M&E officers for correction	
<b>Objective 2: Improve access to primary health care services</b>				
<b>Sub-Objective 2.1: Strengthen linkages between communities and facilities</b>				
TO3 2.1.1 As part of the baseline, document the roles played by ward development committees and facility management committees in PHC quality improvement and develop capacity building plans in the 14 target LGAs for Year 1 (excluding 4 already assessed by BA-N)	OCT 2019 to Jan 2020	Delayed	The baseline assessment has been re-scheduled to February 2020. Hence the delay in starting this activity.	The lead would link up with BA and work in collaboration with them to develop plans for capacity building
Conduct a 2 Day meeting with 14 LGHA to, develop and disseminate RMNCH + NM coverage maps of services (Utilizing results from the baseline assessment and LiST/One Health plus MSP costing)	November - December 2019	Delayed	Finalised the list of indicators for the LiST Model and identified relevant data sources.	Move to Q2
<b>Sub-Objective 2.2: Reduce geographic, social and supply side barriers to accessing services</b>				

Objectives and Specific Actions/Activities	Timeline	Status	Description	Performance Review Comments, Challenges or Course Corrections
<b>Objective 3. Increase quality of primary health care services</b>				
<b>Cross-cutting interventions: Standardize, harmonize and institutionalize quality improvement systems</b>				
TO3 QI3.0.4 Facilitate meetings/workshops to finalize the state QI Implementation Strategy started in FY19.	OCT TO DEC 2019	In progress, on time	A draft QI operational plan has been developed. TA was provided by IHP throughout the process of its development. Draft QI Strategic implementation plan would be adapted and validated with state stakeholders (QoC steering committee members) Next quarter - January 2020	A challenge experienced was time delayed in getting the attention/participation of the key state stakeholders saddled with responsibility of developing the draft
TO3 QI3.0.6 Support state QoC Steering Committee and create LGHA steering committees in alignment with MPDSR	OCT 2019- SEPT 2020	In progress, on time	IHP has supported the state to develop a draft state QI operational plan that includes the MNCH QoC improvement aims and has aligned complementary initiatives to augment achievements and reduce opportunity costs such as the MPDSR, BHCPF SEMCHIC etc. Adapting and Validation of this QI operational plan provide further Technical support to the state QoC steering	NIL

Objectives and Specific Actions/Activities	Timeline	Status	Description	Performance Review Comments, Challenges or Course Corrections
			committee. LGHA QoC committees are yet to be established	
TO3 QI3.0.7 Update Bauchi state guidelines for the establishment and functioning of Facility QITs to align with BHCPF QI requirements.	NOV-DEC 2019	In progress, on time	IHP supported Bauchi SMOH to conduct a planning meeting to review Bauchi State QITs Guidelines. It was agreed to conduct the review meeting in January with aim of harmonizing existing QIT approaches in the state including Basic Health Care Provisions Fund to produce one QIT harmonized Guideline IHP will support the conduct of the review meeting for harmonized Bauchi State QIT Guidelines.	NIL

Objectives and Specific Actions/Activities	Timeline	Status	Description	Performance Review Comments, Challenges or Course Corrections
TO3 QI3.0.11 Provide on-site technical support for initial Monthly quality improvement coaching for the purpose of building capacity of facility QITs. This will involve continuously assessing the data and results, identifying “best practices” based on the standards of care and documenting best practices	OCT 2019 TO SEPT 2020 (ongoing)	Delayed	This activity is to commence after QI trainings and establishing of QITs at PHCs. QI trainings are yet to take place and are scheduled to commence in Q2.	
TO3 QI3.0.12 Support state to regular shared learning and dissemination of quality improvement activities and lessons learned at various levels	Dec-19	In progress, on time	IHP attended the inaugural Quality of Care Meeting in Bauchi with the facility in-charges and LGA teams in attendance from the 3 pilot LGAs	NIL challenges, IHP would have continued participation and support for this activity and provide TA for issues that arise in the next quarters
TO3 QI3.0.16 Provide TA to State ministry of health to conduct quarterly MDPSR committee meeting to share learning and experiences on MPDSR process implementation	OCT 2019 TO SEPT 2020 (ongoing)	In progress, on time	An ongoing activity; IHP's Integrated PHC Advisor participated at last quarter's state MPDSR steering committee meeting that held on the 11th of Oct	NIL
<b>Cross-cutting interventions: Build Capacity for the delivery of integrated services at all levels</b>				

Objectives and Specific Actions/Activities	Timeline	Status	Description	Performance Review Comments, Challenges or Course Corrections
Provide TA (data analysis and synthesis) to quarterly meetings of the IRMNCAH +NM core working group in Bauchi	Oct-19	Delayed	IRMNCAH+NM Core working group meeting was rescheduled due to Polio, Measles and MNCH week campaign.	
<b>Sub-Objective 3.1: Improve Quality of Maternal Health Services</b>				
TO3 3.1.2 Standardize maternal and newborn health training methodology using the onsite LDHF modular and competency-based skills training approach at PHCs through a 8-Day training of trainers course for 50 master trainers, including state trainers, GUC trainers and consultants for knowledge updates and skills standardization, including effective facilitation, coaching, and mentoring skills on BEmONC/ LSS including antenatal, intrapartum, and postnatal care. This will include the introduction of GANC in selected facilities.	NOV-DEC 2019	In progress, on time	LDHF Training modules related to MNH have been developed but final review and finalization is pending.	There have been delays in the award of grants, thus related delays in the standardization of the training modules for the sub-grantees.
TO3 3.1.4 Provide a grant to conduct capacity-building for provision of evidence-based antenatal, intrapartum and	OCT 2019 TO SEPT 2020 (ongoing)	In progress, on time	SoW for sub-grantees have been develop, RFI and sub-granting is in process	Delays in the granting process



Objectives and Specific Actions/Activities	Timeline	Status	Description	Performance Review Comments, Challenges or Course Corrections
postnatal maternal care, including routine and complications care to 236 PHCs using appropriate dose appropriate frequency (ADAF) approach for Basic Emergency Obstetric and Newborn Care (BEmONC) and LSS capacity building				
Provide TA on data validation, analysis and feedback for integrated Monthly LGHA meetings to review program performance review including RI (LERICC/LEMCHIC) and other PHC health services	Dec-19	Completed	Data validation meeting for the month of October and November conducted. IHP cofacilitated meetings in 4 LGAs and provided mentoring and coaching on good recording and reporting practices.	
<b>Sub-Objective 3.2: Improve Quality of Newborn Health Services</b>				
<b>Sub-Objective 3.3: Improve quality of Child Health Services</b>				
Provide technical inputs for the adaptation of existing national IMCI to include: immunization, nutrition, diarrhea management and malaria training and clinical mentoring manuals to LDHF	September/October	In progress, on time	Initial reviews on the Malaria modules received and feedback on other modules being expected for response.	

Objectives and Specific Actions/Activities	Timeline	Status	Description	Performance Review Comments, Challenges or Course Corrections
modulated approach (onsite, in-service training)				
Award Grants under Contract for professional associations/non-organizations for the delivery of onsite integrated child health, nutrition and malaria modular training packages using the LDHF approach to 236 PHCs.	November 2019 - July 2020	In progress, on time	EOIs of prospective Vendors shared by grants and graded,	
Procure IMCI training commodities	November - December	In progress, on time	The modules are not finalized yet ( procurement process is centralised at ACO)	
Printing of job aids for IMCI, immunization, nutrition and malaria (especially management of febrile illnesses)	November - December	In progress, on time	Job Aids and posters are also being finalized	
Work with SERICC and LERICC to identify poor performing facilities for Routine Immunization using HMIS data. Within the poorest performing facilities, conduct a rapid assessment to determine cause of problems (provider competency, management, supplies of	October 2019 - September 2020	In progress, on time	Activity is covered in the mentoring and ISS being done by ISS/QI and IPHCAs at the PHCs during PHC visits	

Objectives and Specific Actions/Activities	Timeline	Status	Description	Performance Review Comments, Challenges or Course Corrections
vaccines, cold storage, lack of consistent micro-planning, HRH gaps etc.). This is done in collaboration with WHO and UNICEF				
As appropriate, deliver LDHF immunization training (or micro-planning TA) for poorest performing PHCs and LGHAs, to address root causes of poor immunization performance.	October 2019 - September 2020	In progress, on time	Grants not awarded yet for PHC training but Activity is covered in the mentoring and ISS being done by ISS/QI and IPHCAs at the PHCs during PHC visits	Grants not awarded for training of Health workers
Provide TA to the LGHA and PHCs (including WDCs) to develop annual OIRIS micro plans to facilitate the transition from RI focused intervention to integrated PHC approach as per MOU. Micro-plans will be used to ensure efficiencies in programmatic outreaching, including community engagement for efficient outreach.	October 2019 - September 2020	In progress, on time	This has been piloted in 1 LGA (Bauchi LGA) and will be scaled up to other supported LGAs in a phased approach as required by the State.	State request for phased approach to implementation

Objectives and Specific Actions/Activities	Timeline	Status	Description	Performance Review Comments, Challenges or Course Corrections
<p>Provide TA for QI activities to LHGAs and PHCs targeted at strengthening REW activities including facility based RI/MNCH+NM services and Optimized Integrated Routine Immunization Services (OIRIS) focusing more on integration of RI with other services (linked to routine mentoring, IMCI and iCCM through grantees). To help scale this model, develop a competitive sub grant for a local organization that can provide TA at LGHA and PHCs in close collaboration with the ISS/QI.</p>		<p>In progress, on time</p>	<p>One LGA</p>	<p>The activity is suppose to be through sub granting for TA which is now on hold until FY21</p>
<p><b>Sub-Objective 3.4: Improve quality of reproductive health and family planning services</b></p>				
<p>Conduct 6 Day TOT on LARC and DMPA-SC, PFP for 50 master trainers in Bauchi including CLMS (in 2 batches of 25 each from the government and GUC sub-grantees) on delivering the LDHF approach</p>	<p>Nov-19</p>	<p>Delayed</p>	<p>SOW written &amp; submitted. EOI reviewed for final selection</p>	<p>TOT to be done after grant is award</p>

Objectives and Specific Actions/Activities	Timeline	Status	Description	Performance Review Comments, Challenges or Course Corrections
Award a grant to and supervise a sub-grantee conduct capacity-building and ongoing mentoring for provision of evidence-based family planning counseling and method delivery (interval and postpartum, including short acting and long acting reversible methods) to 236 PHCs and 20 GHs in 14 LGAs using LDHF	Dec 2019 -Sep 2020	In progress, on time	SOW on GUC written & submitted. EOI of GUC sub-grantees being reviewed for final selection	Competitive selection underway
Provide TA to sub-grantee master trainers and LGHA managers ( as appropriate) to provide post-training follow up, mentoring and supportive supervision for maintenance ( and continuous improvement) of FP skills of trained providers	Dec 2019 -Sep 2020	Delayed	Awaiting grant award	
Collaborate with PSM to support the state in building the capacity of service providers to provide quality services by strengthening the contraceptives supply logistic management (CLMS) for family planning	Oct 2019 - Sep. 2020	In progress, on time	Collaborated with PSM during LMD bi-monthly monitoring visit to health facilities build capacity of health workers on CLMS tools. PSM orientated IHP QI/ISS specialists, HSS coordinators and data analysts on filling the various relevant LMIS forms for	

Objectives and Specific Actions/Activities	Timeline	Status	Description	Performance Review Comments, Challenges or Course Corrections
			family planning so they can mentor staff at health facilities.	
Procure training manuals and mannequins for family planning trainings	Oct-Nov 2019	Delayed	The procurement of the training models and training manuals underway.	
<b>Sub-Objective 3.5: Improve quality of nutrition services</b>				
Integrate high impact nutrition services into routine maternal, newborn and child survival care. Early initiation of EBF (0-5 Months); IYCF (6-23 Months); Reach children (6-59 Months) with 2 doses of Vitamin A; deworming of children (12-59 Months); reach pregnant women with appropriate dosing of Iron+folate supplementation; and WASH.	October - December	In progress, on time	As part of PHC visits: 1. Observed status of services and integration; 2. Mentored and provided supportive supervision to close gaps; 3. Provided TA to PHCs for establishment of DRF and effective utilization of free commodities.	1. Baseline assessment not yet conducted; 2. Vitamin A is available for biannual MNCH week
Provide technical assistance through a nutrition consultant to identify bottlenecks and gaps in the SCFN functioning and develop a capacity	November 2019-January 2020	Completed	The Consultant's report and other deliverables made available to the State to follow up on implementing recommended actions and	

Objectives and Specific Actions/Activities	Timeline	Status	Description	Performance Review Comments, Challenges or Course Corrections
building plan to strengthen the State Council Food and Nutrition (SCFN)			consider the draft plans to close the gaps	
Support validation and finalization of the State policy and strategic plan (2019 - 2021) on food and nutrition. (This will guide subsequent AOPs specific to State needs)	November - January	In progress, on time	Draft reviewed documents with track changes for validation	Sorcing of relevant data
Provide TA in training of personnel and supervision during implementation of MNCH week	November - December	In progress, on time	Data for the services rendered at the November - December (2019) round available	No availability of certain commodities such as albendazole.
<b>Sub-Objective 3.6: Improve quality of malaria services</b>				

Objectives and Specific Actions/Activities	Timeline	Status	Description	Performance Review Comments, Challenges or Course Corrections
<p>Facilitate strengthened quality of data reporting (facility level), and at State and Local Government level the utilization, review and analysis in alignment with the Malaria Operational Plan requirements.</p>	<p>October 2019 - September 2020</p>	<p>Completed</p>	<p>Meeting led by BA-N to discuss providers behavior on standard procedure for the use of mRDT and ACT for management of uncomplicated malaria, and service documentation in HMIS and LMIS registers. Fourteen OICs attendance (Males 9; Females 5). IHP facilitated the sessions on National guideline on malaria case management and documentation of service data into HMIS and provided technical guidance on use of standard operating procedures. •The meeting addressed common providers myths around malaria testing and reinforced the importance of accurate record keeping.</p>	



Objectives and Specific Actions/Activities	Timeline	Status	Description	Performance Review Comments, Challenges or Course Corrections
<p>Collaborate with State LMCU to provide TA to BACATMA, SPHCDA and LGHAs to provide ongoing mentoring for improved commodity use and reporting</p>	<p>October 2019 - September 2020</p>	<p>In progress, on time</p>	<p>For QI ongoing mentoring done. •IHP in collaboration with GHSC PSM provided technical assistance to guide deliberations during a Stakeholders meeting led by LMCU to review the report of the last monitoring and supervision of malaria consumption and service data to 40 Health facilities. •plan made for the next set of 40 health facilities to be covered. •Review of monitoring and supervision activity</p> <ul style="list-style-type: none"> <li>• Pan made for analysis of the finding and dissemination with the stakeholders.</li> <li>•IHP monitored and provided supportive supervision for 8 PHCs in the second round, along with on the job mentoring provided to the Health Workers on quality malaria management and documentation as well as documenting the key findings.</li> </ul>	

Objectives and Specific Actions/Activities	Timeline	Status	Description	Performance Review Comments, Challenges or Course Corrections
<p>In collaboration with the ANC activities outlined above, strengthen Malaria in Pregnancy interventions include early second-trimester use of IPTp, early diagnosis and treatment of malaria in pregnancy via ADAF capacity building of Health Workers, job aides and horizontal and two-way referral.</p>	<p>October 2019 - September 2020</p>	<p>In progress, on time</p>	<p>Activity is covered in the mentoring and ISS being done by ISS/QI and IPHCAs at the PHCs during PHC visits</p>	<p>Training for PHC Workers on Malaria case management is yet to commence</p>
<p>Work with SMOH, BACATMA and WRAIR-N to address the challenge of non-performing and untrainable laboratory scientists (secondary/tertiary); and collaborate with WRAIR-N to support a state-wide EQA system. Assist BACATMA, SPHCDA and SMoH to establish a functional and sustainable state-wide EQA coordination system for malaria which includes PHCs and community level service provision (integrated with ISS and monitoring visits).</p>	<p>November 2019 - May 2010</p>	<p>In progress, on time</p>	<ul style="list-style-type: none"> <li>•IHP paid advocacy visit to the Executive Chairman of the Hospital management board and BACATMA as part of the technical assistance to the State on the proposed training on malaria microscopy</li> <li>•Meeting held with seven out of twenty participants previously trained provided feedback on possible impediments to good performance at post training evaluation</li> <li>•IHP provided technical assistance in identifying selection criteria of suitable Participants which was applied in drawing out the most capable participants. .</li> </ul>	<p>1. Poor performance of the State Participants at the 2 trainings conducted</p>

Objectives and Specific Actions/Activities	Timeline	Status	Description	Performance Review Comments, Challenges or Course Corrections
			State submitted request for retraining of Laboratory Personnel on Malaria Microscopy towards establishing EQA system in the State.	
Provide TA to BACATMA and LGA health teams to mentor community-based agents to ensure referral of all persons with fever cases are appropriately to the health facility.	October 2019 - September 2020	In progress, on time		



## ANNEX D: FEATURE STORY

### Simple, No Cost Solution to Oxytocin Storage at Primary Health Care facilities in Bauchi, Nigeria



*[Redacted] a labor room in-charge at the Urban Primary Health Care Center in Bauchi*

Oxytocin is a life-saving maternal health drug that prevents and treats post-partum hemorrhage, a major cause of deaths to mothers in Nigeria. Oxytocin administered via injection is recommended by WHO for the prevention and treatment of PPH.

A recent study found that: "... oxytocin injection products labelled for storage at  $\leq 25^{\circ}\text{C}$  should not be procured for use in territories with hot climates, which include most low- and middle-income countries. Therefore, these results are supportive of the joint WHO/UNICEF recommendation that all oxytocin injection products, irrespective of labelling, should be supplied and stored in the cold chain to maintain quality."

The USAID Integrated Health Program in Nigeria, known as IHP, is a flagship service delivery project working at the federal level and in three States of Northern Nigeria - Bauchi, Kebbi and Sokoto. IHP in Bauchi State is working to contribute to state-level reductions in child and maternal morbidity and mortality and to increase the capacity of health systems (public and private) to sustainably support quality primary health care (PHC) services for reproductive health/family planning, maternal, newborn, and child health, plus nutrition and malaria.

During routine monitoring visits to health facilities in Bauchi State, IHP staff observed that oxytocin was being stored on shelves and in cupboards outside of a required cold chain, as there was no functioning refrigerator besides the vaccine cold storage units meant only for vaccines. In one case where there was a refrigerator in the labor and delivery room donated by UNFPA, the Oxytocin was kept in the refrigerator; however, the electricity had been out for weeks and when we opened it, the refrigerator was warm. We also observed that some of the supplied Oxytocin products were labelled for storage at  $\leq 25^{\circ}\text{C}$ . Furthermore, in discussions with health workers, IHP staff discovered that many health workers were unaware that Oxytocin required a cold chain and storage at  $2^{\circ}\text{C}$ – $8^{\circ}\text{C}$ .

The Oxytocin cold chain problem is not new and has been discussed for years without resolution. This puts women at risk of dying without viable Oxytocin to prevent and treat postpartum hemorrhage. As part of IHP's effort to improve commodity management and quality of services in primary health care facilities of Bauchi State, IHP worked with the State Emergency Routine Immunization Coordination Center (SERICC) to come up with a solution that would not interfere with vaccine storage and ensure that the cold chain for oxytocin is maintained.

The solution IHP came up with would not require any cost and would be simple to implement. Every Primary Healthcare Center in Bauchi State has many unused vaccine carriers and ice packs left over from the highly successful Polio Eradication Campaign. We realized that these carriers could be used for oxytocin storage in labor and delivery units. The health facility would only need to put a cold ice pack in the vaccine carrier with the Oxytocin vials and then every 8-12 hours replace the old ice pack with a cold new one to maintain the required temperature of  $2^{\circ}\text{C}$ – $8^{\circ}\text{C}$ .

The SERICC agreed and wrote a letter to all local government health authorities (LGHAs) in October 2019 instructing PHCs to henceforth store oxytocin in dedicated vaccine carriers with ice packs to maintain its potency and keep the carriers in the maternity unit. LGHAs and health facilities are already complying with the directive and IHP field staff are collaborating with the USAID Global Health Supply Chain – Procurement Supply Management Project to follow up and ensure compliance at the PHC level and during transport from the central warehouse to the PHCs. Compliance with the directive was observed in several sites visited during the quarter in Bauchi LGA, such as the Urban Maternity and Town Maternity.

As this problem exists in most primary health care facilities in Northern Nigeria, IHP hopes to demonstrate the effectiveness of this easy, no-cost solution to a persistent quality of care issue that can save the lives of women during and following delivery.