

## **MONTHLY NARRATIVE REPORT FOR FEBRUARY 2020**

### **INTRODUCTION**

The PAS project is a health accountability project which aims to build the capacity of Nigerian CSOs to hold government to account on policy and funding commitments in child and family health, to make adequate budgetary provision matched with timely releases of funds and remove administrative and regulatory barriers to the efficient implementation of child and family health interventions.

The PAS project is currently in the year third of the scale up phase, currently with 20 indigenous civil society organizations operational at the National and in Kano, Kaduna, Niger, Lagos, Taraba, Anambra and Enugu States, all advocating on Family Planning, Routine Immunization, Ending Childhood Killer Diseases and Primary Health Care Under One Roof to reduce administrative and regulatory barriers in child and family health. This document is a follow up report on series of activities carried out in the reporting period by the PAS project highlighted below.

### **EXECUTIVE SUMMARY**

#### **Kaduna state**

The PAS project in Kaduna state is implemented by Six PAS partners comprising of Faith based organization, professional body, community-based organization and civil society organization

- 1: National Association of Nigeria Nurses and Midwives NANNM-PAS working on childhood killer Diseases and Family Planning
- 2: Initiative for Integrated Grassroots Empowerment and Support IIGES-PAS with Primary Health Care Under One Roof as it thematic issue area
- 3: Global initiative for Women and Children GIWAC-PAS working on Family Planning as it issue area
- 4: Maintaining Family Health Support Care Empowerment Initiative Group MAFHSU-PAS working on RI
- 5: Planned Parenthood Federation of Nigeria PPFN-PAS working on family Planning as it issue area
- 6: Interfaith Mediation Centre IMC-PAS working on Routine Immunization as it thematic issue area

## **Activities implemented by Kaduna pas coalition**

- Attended the state PHC MOU review
- Continues representation in SERICC meetings

## **National PAS partners**

The national PAS partners is made up of one health professional association and one gender based organization

2: National Council of Women Society- NCWS-PAS working on Routine immunization as it issue area

4: Society of Gynaecology and Obstetric of Nigeria- SOGON-PAS working on family planning as it issue area

## **Lagos state**

In Lagos state the PAS project is being implemented by The Alumni Association of the National Institute AANI-PAS, it thematic area of the project are family planning and Routine immunization

### **Activities planned for the month under review**

- 1: Continues Active attendance and participation in SERICC, HDPF platform for routine Immunization and active representation in the state task force team on immunization
- 2: continues active representation in family planning platform
- 3: support family planning technical working group by providing stationaries, and transport stipend
- 4: Continues engagement with the state executive and the legislature for improve budgetary allocation to the health sector as well as timely release of the budget

### **Activities conducted**

- supported the State Reproductive health technical working group
- supported the state routine immunization technical working group meeting
- Active representation in SERICC

## BRIEF REPORT OF ACTIVITIES

### Report on the family Reproductive health Technical working group review meeting held on 17 February 2020

#### Introduction

The state Reproductive health technical working group (SRHTWG) is a partnership of stakeholders established for the purpose of driving the agenda for improving family planning/Reproductive health outcomes at state and sub state level. It is to guide, outline the roles and responsibility of the state and sub state in the successful implementation of national policy on family planning/Reproductive health on peoples for optimal development.

The RHTWG comprises of Civil society organization, faith-based organization, development partners/Donors, SMOH, SPHCB, state ministry of budget and planning, Advocate/Champions and the media.

#### Roles of Reproductive health technical working group RHTWG

- Serve as Multi sectoral advisory body to the state government
- Lead Advocacy body for increased government and stakeholders' resource mobilization and program commitment for Reproductive health programmes.
- Platform for collaboration-foster partnership by strengthening linkages with others sector such as ministry of women affairs etc.
- Facilitate the implementation of Reproductive health activities to achieved desire impact
- Advocate for budget line for Reproductive health
- monitors and evaluates policies and programs for impact
- Disseminate relevant state data in a disaggregate manner

#### Objective of the meeting

- To review the outcomes of 2019 Reproductive Health/family planning activities in the state
- To share and present the 2020 family planning/Reproductive health annual operational plan of the state
- To share update on Reproductive health and Routine Immunization integration efforts
- To share update on n the Task shifting and Task sharing policy implementation in the state

Venue: Lagos state chamber of commerce and industry (LCCI) building, Alausa Ikeja Lagos

Participants for the meeting were drawn from

Lagos state ministry of health (LSMOH), Lagos state primary health care development board (LSPHCDB), NURHI 2/JHUCCP, Association for Reproductive health and Family planning , UNFPA, M-SPACE, AANI-PAS, PHSAI, SFH/Integrate, CHAI and PPFN

## Methodology

Projected power point presentation and Group work discussion were used as the methodology for the meeting: thematic area of presentation was on

- Performance and outcome of family planning/Reproductive health activities of 2019
- Schematic areas of the 2020 family planning/Reproductive health annual operational plan, with the aim of gathering inputs abs support from stakeholders by Dr Omoera RH coordinator LSMOH
- Update on the ongoing integration of family planning with Routine immunization services as well as the extension of the integration of family planning services to AYFS) by Dr folami assistant Director and RH coordinator LSPHCB
- Update on the ongoing Task shifting and Task sharing policy implementation pilot at the IBILE area in Lagos state through the use of community pharmacist, PPMV, and CHEWs after extensive training by the state program manager for integrate SFH pharmacist Bolaji oladay

Best practice identified from the pilot implementation of Task shifting and Task sharing policy in Lagos are

- Home visitation of mother postpartum service established in 100 health facility
- Inclusions of retail community pharmacist in the provision of non invasive family planning services

## Comments by AANI-PAS

At the end of Dr Folami Presentation, AANI-PAS applauded the Lagos state FP coordinator and the director for the innovative efforts by the government to make family planning services easily accessible and readily available. I also applauded the idea to integrate FP with other services at the PHCs, like RI and ANC, and that part of the challenges faced was paucity of funds, inaccessibility of funds as well as constitution of the board at the PHC are likely to slow activities due to bureaucracy, what are the efforts been made to resolve the funds issue? Advised that Advocacy will play a crucial role and should be taken up and explored and that AANI-PAS will play a crucial role in that as and Advocacy project

The coordinator of FP stated that the Operational work plan will be sent to all stakeholders to input activities they could support and revert back

Challenges identify from the pilot implementation of Task shifting and Task sharing policy in Lagos state as identify are, Paucity of funds and inaccessibility of the counter funds and Refusal of nurses to work with community health extension workers

The Main theme of discussion were on

- Funding for family planning activities in the state in 2020
- Task shifting and task sharing policy implementation in the state
- Reconstitution of the Sub-Committee to align with the NRHTWG Reconstituted sub committee
- Domestic resource mobilization for funding Reproductive health activities
- Advocating for the inclusion of the RHTWG in the steering committee of the BHC PF

### **Opportunities identified within the RHTWG meeting for AANI-PAS**

- AANI-PAS to Review the implementation of the state costed implementation plan for family planning and disseminate key findings from the Review to the State RHTWG
- AANI-PAS to advocate to the state governor to increased funding for family planning
- AANI-PAS to advocate to the state social health insurance scheme to set aside one percent of their allocation for procurement of family planning commodities
- AANI-PAS to Support the development of national guidelines for state funded family commodities
- AANI-PAS to advocate for the representation of the state reproductive health technical working group in the basic health care provision fund steering committee at the state level
- AANI-PAS to Hold a one day consultative meeting with partners/donors, government official and the private sector on funding family planning from domestic resource mobilization
- AANI-PAS to Convene a one day stakeholders meeting with partners and government official to develop monitoring to monitor the implementation of the FP 2020 commitment by the FG
- AANI-PAS to advocate for timely implementation of the reproductive health annual operational workplan
- AANI-PAS to reconstitute the state reproductive health technical working group sub committee to align with the newly reconstituted National reproductive health technical working group sub committee at the national level

### **AANI-PAS contribution**

- Rallies around all the key stakeholders, partners/donors and government official to attend the meeting
- AANI-PAS ensure the hosting and coordination of the meeting.

### **Next step**

- AANI-PAS to reconstitute the state reproductive health technical working group sub committee to align with the newly reconstitute National reproductive health technical working group sub committee at the national level
- AANI-PAS to advocate for increased FP funding for the state

- Disseminate the 2020 Reproductive health annual operational work plan to partners to input activities their organization wants to implement
- Harmonise input from stakeholders into the 2020 family planning/Reproductive health annual operational plan

### **Conclusion**

- Advocacy effort needed to actualise the platform RHTWG plans, There is need for capacity building of nurses and CHEWs on leadership and governance to consolidated on the efforts to make available family planning/Reproductive health services in the state :

### **Report of the Routine immunization technical working group meeting held on the 20<sup>th</sup> February 2020**

The Routine Immunisation technical working group is a group comprising of NGO/CSO partners and government officials working in the Routine immunisation unit of Lagos State Primary Healthcare Board (LSPHCB). The aim of the RI TWG is to ensure all children in the state (aged 0-5) are fully immunised to increase their childhood survival. Stakeholders from the LSPHB include the, Permanent Secretary of the LSPHCB, the Director of Medical Services, the State Program officers, State immunisation Officers, Health education officers, Monitoring and evaluation officers and Supply and Cold chain officers. Other partners in the working group are representatives from World Health Organization (WHO), AANI-PAS, United Nations International children education Fund (UNICEF), Clinton Health Access Initiative (CHAI), Rotary international, Saving one million lives (SOML) as well as representative from the National parent body, National Primary Health Care Development Agency (NPHCDA)

The Routine Immunisation platform has an annual work plan that guides all activities, programs and project in the state. The TWG review RI activities monthly at it monthly review meeting and also during the expanded quarterly review meeting where all stakeholders meet to discuss updates on planned activities and programs as well as other prevailing matters. Usually the monthly review and the expanded quarterly meetings are coordinated by the Immunisation Program officer, chaired by the Permanent Secretary of the board

The objectives of the meeting include

- Follow up on action points from the last meeting, Presentation of vaccination coverage, dropout rate and number of unimmunized for each LGA and state for the last month, Feedback from routine immunisation supportive supervision, Information on community linkages activities and Feedback on defaulter tracing

### **Participants profile:**

Government officials: DMS, DME, IPO, ASIO, AIPO, ADHE. DCHS,



Partners WHO, UNICEF, NPHCDA, AANI-PAS, CHAI, Rotary international and Rep SOML



## **Methodology**

The meeting was a non-residential technical meeting held at the LSPHCB conference room  
Coordinated by Immunisation Program officer, Dr Akinlade

## **Overview**

◦ Minutes of the last meeting was read by an M&E officer LSPHCB. It was adopted by Dr Ijeoma from CHAI and seconded by Dr Tope from AANI-PAS.

◦ Follow up on action points confirmed all had been done.

Presentation of vaccination coverage, dropout rate and number of unimmunized for each LGA and State by Mrs Shodi – Assistant State Immunization Officer

The presentation center on the 20 LGAs and the 317 wards in the state with a new target population of 14,718,915 across all LGs, performance was less than 50%, averaging an estimate of 36%. At the end of Jan 2020, the number of unimmunized came to 12,095 accounting for 2%

In responding to the presentation Dr Tope AANI-PAS stated that there was something wrong with the data as it did not tie together and it needed to be reviewed. It was stated that the data was based on what was entered from the various LGs. It was then stated that this feedback needed to get to all LGA

◦ Presentation of ODK assisted RISS feedback for Jan 2020 by AIPO - Dr Disu, his presentation center on Data tools used include Tally sheet, Immunisation register, HFMSF and NHMIS. More data came from tally sheet followed by the Immunisation register. The Health Facility Monthly Summary Form gave the poorest data feedback. Overall, there was disparity in data entry in all the tools, Mushin LGA had no record of RISS, Kosofe LGA had just 1 record; other LGAs were also not impressive.

◦ Presentation of Feedback on Defaulter Tracing by ADHE Mr. RAsaq LSPHCB He reported that he tried his best but he had to contend with Poor documentation from the LGAs, Poor address tracing due to poor street mapping and inadequate funds for mobilisation and logistics.

## **Information from partners**

WHO: To support the upcoming training on AEFI

UNICEF: To support technically with a stand-alone checklist to help with RISS

AANI-PAS: To support next TWG meetings

## **Evaluation Findings**

◦ Routine immunisation target population has change to reflect the new expanded age coverage of under 24mths as against under 12moths. (New TP is 14, 718,915)

◦ There is disparity and inconsistency in the presented data for Jan 2020 RI feedback

## **Conclusions/ Recommendation**

At the Local government level there is need to conduct regular RI meeting with all the crucial officers for unification of purpose especially where data collation and entry is concerned because there is disparity in data entry in all tools

### **Next Steps:**

- Confirm the actual Total population for data analysis from the State immunisation officer, conduct a Data quality assessment
- Share data from DQC and receive input from everyone within a week
- Conduct training on DHIS to assist in RISS

## **NIGER STATE**

In Niger state PAS is re-arranging and straitening on co-opting CSO component of the OGP in Niger state as it PAS partner. In view of this PAS state coordinator Niger state has been attending SERICC meeting and representing PAS in the various health platforms in the state

### **Platforms Meetings attended**

- Attended one day review meeting for partners activities organized by the state ministry of health on the 13<sup>th</sup> February 2020 at Haske luxury Hotel minna, Niger state
- Attended BMGF PHC MOU high level joint review committee meeting on the 19<sup>th</sup> February 2020

## **BRIEF ACTIVITIES REPORT**

### **Report of the one-day review meeting for partners activities organized by the state ministry of health on the 13<sup>th</sup> February 2020 at Haske luxury hotel minna, Niger state**

The objective of the meeting was to ensure partners activities aligns with the Niger State developed AOP for health and to ensure partners with similar activities work jointly.

the one (1) day review meeting for partners activities, tagged the Niger Partners Forum, was organized by the Niger State Ministry of Health and was held at Haske Luxury Hotel, Minna, The gathering brought all health partners in Niger State to present its completed, ongoing and yet to start activities for 2019 as well as its planned activities for 2020. The cost implications for all identified activities by partners were provided irrespective of the status of these activities. About 26 partners made their presentation using the provided format shared by the SMoH prior to the date of the meeting.



Prior to end of the meeting partners with similar activities were asked to meet and collaborate with one another. During the Niger PAS presentation, one of the partners MAMAYE, pick interest in one of the Niger PAS planned activities for 2020; Assessment of the BHCPF in 274 PHCs in Niger State, as the partner sought my attention for collaboration in the area of co-funding. The partner promised getting back to PAS Niger for further discussion.

The next step drawn from the meetings were

- All partners with similar activities should meet and collaborate to work jointly, All partners whose activities for 2020 do not align to the 2020 AOP should adjust and align it with the stated AOP and re-forward to the SMoH/NSPHCDA
- Next Niger Partners Forum will be in June, 2020, specific date to be communicated

### **Report on the BMGF PHC MoU high level joint review committee meeting**

The BMGF PHC MOU high level joint review committee meeting was held on the 19<sup>th</sup> February, 2020 at the Niger State Government House in Minna. The meeting saw the presence of the Executive Governor of Niger State, Niger State cabinet members and permanent Secretaries, 6 member BMGF team, ED NSPHCDA, Directors from SMoH and NSPHCDA, Program officers of Units and BMGF partners.

According to the ED, NSPHCDA, in his presentation, the objective of the meeting focused at achieving seven key objectives within the BMGF/Niger State MOU agreement timeline, and these were; Strengthen government's health sector stewardship, Reduce out-of-pocket health expenditure, Improve availability of skilled HRH, Improve data visibility, quality and use for action, Ensure access to quality and affordable health products, Deliver quality PHC services and Empower communities to utilize PHC services

The synopsis of the ED's presentation captured the following;

#### **Financial**

- Both partners (BMGF and Niger State) have fulfilled their MoU financial commitment in the first year (2018)
- For 2019, the state has made its financial contribution and awaits BMGF to do same
- Niger State have been fulfilling in this commitment, with an expectation of contributing about ₦187,298,140.00 while BMGF will be contributing ₦238,379,450.00 for 2020.

#### **Staffing**

- The percentage distribution of PHC workforce age range, 2018 revealed about 23% of health personnel are within retirement
- The percentage distribution of PHC HRH Cadre-Mix, 2018 showed that about 34% of health personnel are Health Assistance & Attendants.
- Larger percentage of health personnel work in the urban areas with other areas of the state under staffed

## **Budget Allocation and Releases**

- Releases of the health sector budgeted/ allocated funds have been abysmally low over the last 5 years.
- In 2019, only 5% (₦656,226,715.00 out of ₦12,177,000,000.00) of the health sector budget was released. This has significantly affected the implementation of planned activities, thus, the reason for the observed decline in health indices in the state
- There is need for the government to significantly increase the releases of the health sector budget for optimal health outcomes

Achievement during the review meeting presentation were

- Improved implementation of PHCUOR from 73% (score card 4) to 93% (scorecard), Institutionalized Technical Working Groups, Transfer of LGA's staff to NSPHCDA 80% completed, 274 focal PHC facilities have fully functioning bank accounts, Capacity building on financial management for all staff completed, Funds for the focal PHCs (out reaches and Health Promotion activities) are disbursed, NGSCHS established, First SHA study mapping of all relevant health expenditure lines for 2015-2017 conducted, Funding for the two gateways (NPHCDA and NHIS) for BHCPF disbursed to the state, ISS model available and 274 PHC facilities received ISS for the 2019 Q1 and Q4, HWF productivity study conducted, to promote distribution among existing HWF cadres & cope with shortages.
- Redistribution plan for HCWs have been developed, Implementation of data control room, 89% DHIS reporting rate and 87% DQA score achieved, DHIS generating data of moderate quality, supply chain, FMIS and HRH-IS have been developed, LMIS visibility improved to 80-90% at the pilot HF Data collection, validation and analysis mechanism in place, Developed performance management Dashboard for program review, Supply installed for improved delivery, assess to quality data and visibility, SDP developed in line with SSHDP II and is being operationalized, 14% of the 269 assessed Focal HF have basic medical equipment, Clinical in-service training and mentorship plan completed, and tracking tool developed, Developed strategy document and 4-year costed implementation plan for state-owned community health workers program (CHIPS), Approved and released the first- and second-year state's contribution of the MoU basket fund

## **Key Ask for 2020 (Recommendation)**

### **State Government**

- Improve budget release for Annual Operational Plan (AOP) activities (Quarterly review and Development), Finalize transfer of salaries and fast tract remittances of funds from LGAs to the SPHCDA in line with statutory stipulations, Lift restriction on Human Resource for Health (HRH) employment, Complete the revitalization of the focal PHCs, Hasten the release of equity funds for the vulnerable population, Scale-up (BEmONC & ENCC) clinical training and mentoring and Launch of the NGSCHIS

### **BMGF**

- Timely release of MoU contribution and Deepening engagement with the State and increase the MOU budget

## **NPHCDA**

- Continued commitment in supporting the State's PHC Programmes and activities
- Timely supply of vaccines and other health commodities based on needs

## **Niger state House of Assembly**

- Support the Health Sector in the review of SPHCDA's law to capture key elements of the PHCUOR

## **Development Partners**

- Synergy, collaboration, harmonization and coordination of Partner's activities
- Support the implementation of the health sector Annual Operational Plan (AOP)

The Executive Governors highlight for the meeting were;

- The state government is prioritizing its activities but security is the priority of the state government for now
- The 2020 counterpart contribution/funding will be spread, directing the Ministry of Finance, planning and Local Government to take responsibility
- Review recommendation and take action

next steps (key target for 2020) for the meeting were;

- Review the law, complete formalities for staff salaries transfer (Leadership and Governance)
- Review the SPHCDA Law in line with the updated organizational structure (Leadership and Governance)
- Develop an MSP investment framework and operational plan for the implementation in line with national task shifting policy (Leadership and Governance)
- Design and develop PHC workers' specific hardship package and include in the regulations (HRH)
- Incorporate the (Cost-benefit plan conducted for redistribution of health care workers) plan into the State budget (HRH)
- Prioritize the scale up of the Clinical Training and Mentorship approach to rapidly increase access to Skilled Birth Attendants (SBA) in the state (Service Delivery, HRH)
- Finalize the PHC Dashboard and link all the information systems (HRHIS, FMIS and supply chain and logistic information system (+CBHMIS/CHIPS/DHIS2) (HMIS, Supply Chain)
- Upgrade the capacity of health facilities in order to meet national standards of care and function optimally to provide quality health services (BHCPF, NGSCHS, SOML & Partners to provide the basic medical equipment) (Service Delivery, HCF)
- Launch CHIPS Programme and strengthen service delivery through quality supervision and monitoring and Evaluation (Community Action, HMIS)
- Commence operationalization of the State Contributory Health Scheme

## **KANO STATE**

The PAS project in Kano comprise of one civil society organizations and three health professional association

- 1: Women in Media communication initiative-WIM-PAS working on primary health care under one roof as it issue area
- 2: Medical Women Association of Nigeria-MWAN-PAS working on childhood killer Diseases CKD pneumonia and Diarrhoea
- 3: National Association of Nigeria Nurses and Midwives-NANNM-PAS working on family planning as it issue area
- 4: Federation of Muslim Women Association of Nigeria working on family planning, Routine immunization, CKD and primary health care under one roof as it issue area playing cross cutting role

## **ACTIVITIES CONDUCTED IN THE MONTH UNDER REVIEW**

- 1: Kano State 2020 PHC summit – 11<sup>th</sup> February 2020
- 2: 2020 BMGF Kano Health Grantees Meeting - 18<sup>th</sup> February 2020
- 3: Routine Immunization (RI) SERICC Meetings:
- 4: Minimum Service Package (MSP) Investment Plan (RI Component).
- 5: Participation in the BHCPF Implementation Committee Activities
- 6: 2019 End of year Review – 25<sup>th</sup> February 2020
- 7: Dinner for BMGF Representatives in Kano – 25<sup>th</sup> February 2020
- 8: State RMNCH+N technical working group – 22<sup>nd</sup> January – 20<sup>th</sup> February 2020

## BRIEF ACTIVITIES REPORT

### Report of the 2019 End of year Review – 25<sup>th</sup> February 2020

The end of year review commenced with opening prayers and a presentation by the Honorable Commissioner of Health, Kano State. His presentation highlighted the achievement made in terms of 2019 Health System Strengthening Program End of Year milestones and stated the Health System Strengthening Program top priorities for January – July 2020 to include: Optimize reach every ward Microplan to incorporate other PHC services beyond Routine Immunization , Develop plan to fill identified state wide human resource for health gap to achieve Kano State Polio free certification , Design integrated health commodity supply chain with focus on Family Planning to the last mile , Scale up existing referral network service between primary health centres to secondary health facilities , Implement resolutions of 2020 Primary Healthcare summit with emphasis on operationalization of the minimum service package investment plan, Incorporate demand generation strategies of broader PHC services in current CE approach, Institutionalize the Kano state Emirate Council Committee on Health and Development, Develop and implement a harmonized financial accountability measure which effectively monitors multiple funding streams; particularly at LGA and health facility levels.

The speech of the HCH was followed by the following remarks:

Dr Chris Elias (BMGF Representative) commended the progress the state has made with its Polio Eradication efforts; timely release of state counterpart funds and non-detection of cVDPV. He also appreciated the: The successful conduct of the 2020 PHC Summit, Improvement the state has made in PHCOUR implementation, Evident scale-up of 2-way referral services from primary health centers to secondary health facilities, Roll-out of the Basic Healthcare Provision Funds pre-implementation activities

He urged the state to prioritize the following over the next 6 months, The need for integrated planning and management of PHC services including supply chain and REW microplanning, Revised supply chain architecture aimed at reducing stock out commodities (particularly family planning), Strengthen state surveillance system and development of polio ramp down strategy and Improve LGA chairmen participation and release of LGA counterpart funds for SIA campaigns

Alhaji Aliko Dangote (ADF) expressed his satisfaction with the ongoing data improvement interventions in the state. He also commended: The continued efforts in maintaining up-to-date newborn list data and data reconciliation, Improvement in fund retirement

Over the next 6 months, he urged the state to: Strengthen financial accountability measures to effectively manage multiple funding streams, particularly at LGA and health facility levels, Institutionalize KECCOHD across the 5 emirates, Expand CE strategy to beyond RI to include primary health indicators such as ANC and SBA, Specify measures to ensure the effective campaigns this year

Dr Osagie Ehanire (Honorable Minister of Health) applauded the state on the steady progress across its PHC indicators and roll-out of CHIPS program. He urged the state to: Strengthen uptake and delivery of integrated of PHC services beyond RI, Improve management of staff attrition, Improve basic amenities especially water supply and electricity at primary health care facilities, Leverage on strategies like CHIPS to improve health education on basic health care and preventive illnesses

Dr Faisal Shuaib, (ED NPHCDA) applauded the state in its increased routine immunization coverage and implementation of the CHIPs program in 10 LGAs. He then urged the state to: Look into the poor uptake of family planning services by looking at the demand and supply-side and increased rate of stunting, improve its holistic management of basic primary healthcare services, Revitalize PHC with at least 1 PHC per ward

Dr Abdullahi Umar Ganduje OFR Executive Governor, Kano state reiterated his commitment to implementation of the Seattle declarations particularly transfer of salary payment by the SPHCMB from next month and operationalization of the MSP. He highlighted the current achievement of the state including increased number of health facilities with DRF capitalization, scale-up of 2-way referral systems and timely release of state counterpart funds for campaigns

Alhaji Aminu Ado Bayero (Emir of Bichi) applauded the benefits of the current tripartite MoU in the health sector and highlighted the need for similar investments in other sectors particularly education. He then urged all religious and traditional leaders to maintain their efforts in promoting uptake of primary healthcare services such as immunization, ANC etc. in their communities and commended all partner support to the traditional institution

## Update report on Family Planning from the sub-grantees in Kaduna, Kano and Lagos States on the PAS Project -February 2020

### Introduction

Family planning is a cost-effective strategy of preventing maternal, infant and childhood morbidity and mortality. FP achieves such milestone through reduction in the number of unintended pregnancies, number of unsafe abortions and proportions of births at high risk. Over the years different government programs in collaboration with development partners have achieved varying results and the indices from the 2018 NDHS report showed huge deficit in terms of accessibility, availability and affordability of FP services especially in rural and semi-urban areas. Advocate groups work with governments at different levels to clamour for increase in the budgetary allocations for FP services and also strengthen the result accountability framework that holds government officials and bodies to public account. The PAS project provides a catalytic participatory platform for INDIGENEOUS CSOs to advocate for more investment in child and family health through increased budgetary allocation and cash release. Thus, providing a strong basis for CSOs involvement at policy and programs design, implementation and evaluation levels FP services form an integral component of the of the PACFaH@Scale project. It is implemented at the National Level and in 4 states through 11 sub-grantees/Civil Society Organizations.

### PAS focus states with sub-grantees on FP partnership

Sub-grantees implementing the FP component of the PAS project at state level are as follows:

S/N	States	Sub-grantee
1	Kaduna	1. Global Initiative for Women and Children (GIWAC) 2. Planned Parenthood Federation of Nigeria (PPFN)
2	Kano	1. Women in Media Communication Initiative (WIM) 2. Medical Women Association of Nigeria (MWAN-Kano State)
3	Lagos	1. Association of the Alumni of National Institute (AANI)
4	Niger	1. Niger-OGP

## Contribution of PAS Sub-grantees to the FP accountability platforms

The sub-grantees at National and state levels play vital roles as stakeholders across the FP platforms through holding governments to account at state and federal levels, policy documentation and advocacy through the media and community gatekeepers. The contributions of the subgrantees disaggregated by states is further analysed below:

State	Sub-grantees	Platforms	Contribution to the platforms
Kaduna	1.Global Initiative for Women and Children (GIWAC)	Family Health Advocates in Nigeria Initiative (FHANI)	<ul style="list-style-type: none"> <li>• Arrangement of Advocacy visit to Kaduna State Contributory Health Management Authority (KACHMA) leadership to be carried out by FHANI members in the month of March 2020. Exact date for the visit will be communicated.</li> <li>• <b>Contribution made by PAS-CSO:</b> with regards to advocacy visit to KACHMA, GIWAC-PAS agree to take the responsibility to follow up and get the available date for the visit from leaders of KACHMA.</li> <li>• Update on EFCC SCUML number for FHANI domiciliary account still a challenge. The FHANI secretary said that registration for the SCUML number was done since last year 2019 but till date the number is not available and it also require for the new project account that was awarded to FHANI.</li> <li>• <b>Contribution Made by PAS-CSO:</b> GIWAC -PAS suggest to FHANI secretary to go to EFCC Head Office Abuja IT unit. In addition to that GIWAC-PAS shared a contact number of the Head of EFCC IT unit to the FHANI sec. to assist in getting the SCUML number.</li> <li>• New Project (Opportunity Funds) was awarded to FHANI by Maryland University Baltimore. The fund was supported for advocacy on FP. FHANI were to work with Kaduna</li> </ul>



			<p>State Spacing Working Group for the project.</p> <p>The project will focus on development of advocacy messages after that there will be advocacy visit to:</p> <ul style="list-style-type: none"> <li>○ State Ministry of Health</li> <li>○ Ministry for Budget and Planning</li> <li>○ Kaduna State Primary Health Care Development Agency</li> <li>○ Kaduna State Drug Supply and Management Authority.</li> <li>○ Breakfast meeting with desks officers with various members of MDAs</li> <li>○ Bi-Annual review meeting of FHANI members.</li> <li>○ Lastly will be project exit meeting with regard to the above line activities of the project.</li> </ul> <p>● <b>Contribution Made by PAS-CSO:</b> GIWAC-PAS suggest for the implementation the above-mentioned line activities it will be good to come up with an Action Plan/Work Plan that clearly to shows time frame and persons responsible in each line activities. Also added that members can be divided in to team each assigned with responsibilities with regards to line activities</p>
	<p>3.Planned Parenthood Federation of Nigeria (PPFN)</p>		<ul style="list-style-type: none"> <li>● The acting chairman informed the house of a soft grant by BMG through PATHFINDER INTERNATIONAL to continue its advocacies in the state to hold government accountable for the promises it made in 2019 and ensure adequate provision of staff and commodities in the state</li> <li>● The acting chairman who stood in for the chairman who was away on a workshop in Abuja equally informed the house that as soon the chairman gets back, the team will form committees for the different visits to be embarked this quarter as FHANI is already running behind schedule.</li> </ul>

			<ul style="list-style-type: none"> <li>• Members were enjoined to settle their outstanding levies so that the coalition can pay its bills that is the rent and other logistics including paying the salaries of the administrative staff.</li> <li>• The Acting chairman called on members to support the coalition by involving them in their activities with specific reference to PPFN who have involved some of the members to train some men in their project of male involvement in family planning where there was a positive response and increase in clients for information and services on family planning</li> <li>• Members were encouraged to always be punctual and participate actively in meetings as our diligence will yield result in the advocacy drive of the group</li> </ul>
Kano	4. Medical Women Association of Nigeria (Kano State)	RMNCH+N TWG	<ul style="list-style-type: none"> <li>• Presentations were made on the following: MNCH+N strategy document was made by Dr. Dayyabu Muhammad (CHAI consultant)</li> <li>• Findings of the Community Misoprostol Misuse Assessment by Dr Musa Bello and Progress of Quality of Care strategy document by QOC Focal person.</li> </ul> <p><b>DISCUSSION</b></p> <ul style="list-style-type: none"> <li>• The discussions made during the meeting mainly centred on intersectoral collaboration with other sectors (Education, Information, Women affairs and Agriculture etc). It was agreed that this should be reflected in the RMNCAH+N strategy. The poor attendance of partners to the MNCH TWG meeting.</li> </ul>

			<p><b>RESOLUTIONS</b></p> <ul style="list-style-type: none"> <li>• State to take stand and enforce sanction to all partners that refuse to attend an important meeting without apology and to communicate to partners to the seriousness of aligning planned activities for each quarter</li> <li>• The RMNCAH+N Strategy should have a yearly operational plan incorporated into the document</li> <li>• The life span of the RMNCAH+N should be 5yrs instead of the 10yrs presented</li> <li>• Fastrack integration of multi sectorial approach to RMNCH+N strategy especially the Nutrition component</li> <li>• Identify key personnel from TWG members and partners for engagement visit with relevant line ministries to foster intersectoral collaboration towards implementation of the RMNCH+N strategy</li> <li>• The need to develop a technical guideline to guide the sitting and a calendar for the engagement visits as well as identifying focal person from each sector visited. CHAI promises to make it practical</li> <li>• The Ministry will reactivate Partners Coordination Forum (PCF) and ensure relevant programmatic challenges are discussed for mitigations proffered</li> <li>• The Ministry will invite key partners to make presentation of their intervention to identify areas for alignment</li> <li>• The state quality of care strategy will incorporate HIV-PMTCT quality of care approaches.</li> </ul>
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			<ul style="list-style-type: none"> <li>• State to resume community distribution of misoprostol since it wasn't found to be associated with uterine rupture in the state based on the results reported by the assessment</li> <li>• Discuss with the commissioner for permission regarding the community distribution of the drug</li> <li>• Conform the health systems building blocks in the documents to the WHO six blocks</li> <li>• Replace Chieftaincy Affairs with Emirates Councils and Ministry of Local Government</li> <li>• Utilize the stakeholder engagement checklist shared by Dr. Dayyabu to facilitate the stakeholder engagement with line agencies for the strategy document</li> <li>• Develop yearly milestones for the year strategy operational plan</li> <li>• Utilize the Kano State Integrate Agriculture Strategy to facilitate identification of partners and agencies for inter-sectoral collaboration</li> <li>•</li> </ul>
Lagos	1.Association of the Alumni of National Institute (AANI)	Lagos State Health Development Partners Forum (HDPF)	<ul style="list-style-type: none"> <li>• Performance and outcome of family planning/Reproductive health activities of 2019</li> <li>• Schematic areas of the 2020 family planning/Reproductive health annual operational plan, with the aim of gathering inputs and support from stakeholders by Dr. Omoera RH coordinator LSMOH</li> <li>• Update on the ongoing integration of family planning with Routine immunization services as well as the extension of the integration of family planning services to AYFS) by Dr. Folami assistant Director and RH coordinator LSPHCB</li> </ul>

			<ul style="list-style-type: none"> <li>• Update on the ongoing Task shifting and Task sharing policy implementation pilot at the IBILE area in Lagos state through the use of community pharmacist, PPMV, and CHEWs after extensive training By the state program manager for integrate SFH pharmacist Bolaji Oladay</li> </ul> <p>Best practice identified from the pilot implementation of Task shifting and Task sharing policy in Lagos are</p> <ul style="list-style-type: none"> <li>• Home visitation of mothers as postpartum service has been established in 100 health facility</li> <li>• Inclusions of retail community pharmacist in the provision of non-invasive family planning services</li> </ul> <p><u>Comments by AANI-PAS</u></p> <ul style="list-style-type: none"> <li>• At the end of Dr. Folami Presentation, AANI-PAS applauded the Lagos state FP coordinator and the director for the innovative efforts by the government to make family planning services easily accessible and readily available.</li> <li>• Dr. Tope also applauded the idea to integrate Family Planning with other services at the Primary Health Centres, like Routine Immunisation and Ante-natal Clinics; also stated it was noted during her presentation that she said that part of the challenges faced was paucity of funds, inaccessibility of budgeted funds as well as constitution of the board at the PHC were likely to slow activities due to bureaucracy</li> <li>• Dr. Tope asked what were the efforts been made to resolve the funds issue? Dr. Tope also advised the platform that advocacy will play a crucial role and should be taken up</li> </ul>
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			<p>and explored I also said that advocacy is likely to get them the required financial support and commitment required to carry out their activities successfully. AANI-PAS will play a crucial role in that as advocacy project</p> <ul style="list-style-type: none"> <li>• Secondly Dr. Tope mentioned that an issue common to two of the presentation was refusal and reluctance of the Nurses to work with the CHEWs.</li> <li>• AANI-PAS also advised that a capacity building training/workshop in leadership, governance and coordination be held for Nurse and CHEWs to re-orientate and equip them for the Task shift and task sharing policy before its full implementation</li> <li>• The coordinator of FP stated that the Operational work plan will be sent to all stakeholders to input activities they could support and revert back</li> </ul> <p><b>OUTCOME:</b></p> <ul style="list-style-type: none"> <li>• Integration of Family planning Services with other primary health care services such as Antenatal services (ANC), Postnatal services, Routine immunization (RI) etc.at the primary healthcare center is on going</li> </ul> <p><b>NEXT STEP</b></p> <ul style="list-style-type: none"> <li>• To disseminate the 2020 family planning annual operational work plan</li> <li>• To harmonise the various input into the 2020 family planning annual operational plan</li> </ul>
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|  |  |  | <ul style="list-style-type: none"><li>• AANI-PAS to ensure support for the next meeting</li></ul> |
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### Picture moments



*Pic 1.0 showing FHANI members, including PPFN-PAS and GIWAC-PAS in attendance at the monthly FHANI meeting*

### Conclusion

The involvement of CSOs is vital to the expansion and achievement of increased CPR across all tiers of government. They act as strategic partners involved in advocacy and public accountability with the media and other stakeholders. All the sub-grantees involved in the PAS project are involved in different coalition and accountability platforms as vital stakeholders in the advocacy for increased FP funding across all levels of government as shown above. In addition to health benefits of FP, it also offers other social and economic benefits like reduction of poverty and accelerate socioeconomic development, promotion of gender equality, reduce incidence of HIV and other STIs, and promote environmental protection.

## Update report on Routine Immunization from the sub-grantees in Kaduna, Kano and Lagos State on the PAS Project – February 2020

### Introduction

Participation of PAS-CSOs across RI platforms in the states and periodic assessment of the contributions they make on the platforms is an important outcome evaluation measure for the PAS project. The involvement of CSOs is important because PAS-CSOs bring the view and experience of the grassroots to inform program planning, implementation and evaluation.

### Contribution of PAS Sub-grantees to the RI accountability platforms

The sub-grantees at National and state levels play significant roles across the RI platforms through holding government to accounts to account at local, state and federal levels, policy documentation and technical inputs. The contributions of the subgrantee disaggregated by states is further analysed below:

State	Sub-grantee(s)	Platforms	Contribution to the platforms
Kaduna	3. Maintaining Family Care and Empowerment Initiative Group (MAFAHSU-PAS) 4. National Association of Nigerian Nurses and Midwives (NANNM-PAS)	LERICC, SERICC	<ul style="list-style-type: none"> <li>• It was discussed and agreed that dissemination of the REW Micro plan will commence in the LGAs. The M&amp;EWG Desk Officer, <b>Mr. Hussain Musa</b> was told to plan extensively on the dissemination and present the plan to the house.</li> <li>• The Director PHC Services, <b>D. Neyu Iliya</b> was requested to endorse that LCCOs should send their stock report data using the new template for each HF's so that it can be analysed to see the real stock level in the state</li> <li>• Similarly, the house directed <b>all working groups</b> to present to the house the activities intended to carry out for Q1.</li> <li>• On Operation Group item 1 i.e. provision of Program Vehicle. <b>The PM</b> stated that if it can't be possible to get it during Q1, it can be slated for Q2</li> <li>• <b>Bartholomew Sati</b> stressed the importance of a dedicated program vehicle for ease of movement and maintenance.</li> <li>• <b>Action:</b> Dr. Bakam &amp; Neyu to meet the ES on the issue</li> <li>• The Deputy Governor attended the meeting.</li> <li>• <b>M&amp;EWG</b> presented the situation report on the integrated services to be provided alongside RI. They are IMCI (diarrhoea, pneumonia &amp; malaria)</li> </ul>



		<p>Nutrition, FP, ANC &amp; PMCT for children of 0-59 months.</p> <ul style="list-style-type: none"> <li>• The report indicated that many facilities experienced stock out of FP consumables &amp; commodities, Zinc Lo-ORS, Amoxicillin DT &amp; HIV Testing kits.</li> <li>• On HRH, over 1,000 Primary HFs have only one technical staff.</li> <li>• <b>Christiana Bawa</b> expressed concern on the insufficiency of technical staff in the HFs, and urged government to expedite action on the ongoing recruitment process.</li> <li>• <b>Ibrahim Abubakar</b> briefed the house on the LG PHC REW micro plan dissemination feedback.</li> <li>• <b>The Deputy Governor</b> assured that process of the recruitment is been given adequate attention.</li> <li>• She directed for the design of a simple form for the Mai-anguwas which they will understand and will capture vital information</li> <li>• She suggested the addition of condoms to the FP commodities and observed the abandonment of home visit as part of PHC activities</li> </ul> <ul style="list-style-type: none"> <li>• <b>Christiana J Bawa</b> expressed concern on the effect the recent transfer could have effect on the smooth provision of services, especially those who have been trained in special areas. The PM said he had complained but was told that transfers are part of the civil service operations.</li> <li>• The house spoke about the follow up with the ongoing recruitment process by the Agency. PM said those that passed the aptitude test have been shortlisted for interview</li> <li>• <b>Bartholomew Sati</b> recommended for strengthening the Secretariat by making available the long awaited lap top. PM directed that the M&amp;E officer should contact Micro Manna Computers to find out what was delaying the supply.</li> <li>• The house suggested that a follow-up with the health facilities immunizing less than 20 children to see if there are any improvement</li> <li>• Poor line listing and reconciliation in some wards was also recorded</li> </ul>
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		<ul style="list-style-type: none"> <li>• <b>Bartholomew Sati</b> opined that it was very necessary to address the issue of outstanding payments to RIOs’ outreach allowances in which payment for two quarters is in arrears. It was resolved that <b>Dr. Neyu, Dr. Bakam &amp; Dr. Onah</b> will see the ES in that respect in addition to not approving further outreach services until outstanding retirements are done.</li> <li>• The PM asked the RI providers to ensure that all the DATA tools are filled correctly and up to date and sent timely report where necessary.</li> <li>• <b>Christiana Bawa</b> observed the issue of incorrect and delayed data submission has remained a reoccurring challenge and recommended that there is a need to address that. The house suggested that shelves should be provided to improve management of space in the dry store.</li> <li>• As an AOB, the PM called on partners to support with refreshment during SERICC meetings if possible DPM 2 was asked to conduct 2<sup>nd</sup> phase of AEFI training</li> </ul> <p><b>FDC/VDC meeting NOT regularly conducted in HC Danjinjiri, HC Jakara and HC Dorayi.</b></p> <ul style="list-style-type: none"> <li>• MAFASU-PAS Encouraged WFPs to continue with the good practices.</li> <li>• MAFASU-PAS suggests that action plan should be put in place with SMO, WFPs to conduct meeting to reactivate FDC in those mentioned facilities</li> </ul> <p><b>Weak Community engagement activities in HC Jakara, PHC Tukur-Tukur, and HC Dorayi.</b></p> <ul style="list-style-type: none"> <li>• MAFASU-PAS suggests that all the weak performing mai-unguwas should be identified and re-orient them on the importance of keeping update line list and reconciliation.</li> <li>• MAFASU-PAS further suggested that KSPHCDA or other Supporting partners should employ women as adhoc staff for community mobilizers to replace mai-unguwas strategy since they cannot go for house to house for mobilization and tracking of defaulters</li> <li>• Vaccines kept in good condition in most of the facilities visited</li> </ul>
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			<ul style="list-style-type: none"> <li>• All RI vaccines available and within stage 1&amp;2 in most of the facilities</li> <li>• Temperature chart available and up to date in HC Jakarta</li> <li>• MAFHSU/PAS encourage staff to sustain with good practices.</li> <li>• Shortage of staff in HC Kwarbai, HC Aba, HC Kako, and HC Rubuci which lead to high number of uncovered settlements.</li> <li>• Poor planning for outreach session observed in HC Dorayi.</li> <li>• MAFHSU-PAS advised that under staffed HFs should always be supported and prioritized during joint supervision and OIRIS activities.</li> <li>• MAFHSU/PAS suggests that all RI providers should ensure the out-reach session is regularly conducted according to plan in their HFs.</li> </ul>
Kano	<p>5. Women in Media Communication Initiative (WIM-PAS)</p> <p>6. Medical Women Association of Nigeria (MWAN-PAS)</p>	SERICC	<ul style="list-style-type: none"> <li>• Kano State Minimum Services Package (MSP) Validation meeting.</li> <li>• Objectives</li> <li>• Validation and adoption of the MSP Investment Plan</li> <li>• Introduction of the MSP investment Plan Monitoring team concept</li> <li>• Agree on next steps on MSP Investment Plan</li> <li>• Minimum Service Package (MSP) Investment Plan (RI Component). MWAN-PAS is integral part of SPHCB RI partner, supported the MSP investment plan review meeting and supported the Routine Immunization component, where by financial technical working group adopted the 2019 Q4 releases as agreed to roll over the of Q4 2019(104,723,095) on 1/17/2020 for Q1 2020 RI financial expenses.</li> <li>• Supported State PO BHCPF (SPHCB) HF accreditation, for the selected Apex health facilities in Takai and Albasu LGA (RI Component).</li> <li>• 20 selected HFs from Albasu and Takai LGAs was visited within the 5 working days, via the assigned team of 4 staff (NHIS, SPHCB, HMB and MWAN-PAS).</li> </ul>

			<ul style="list-style-type: none"> <li>• The exercise is part of initial stage of BHCPF process, where by the HF's assessed with ODK software based on the following:</li> <li>• HF's Accessibility /Physical structures</li> <li>• Personnel Qualification</li> <li>• Availability of Service provisions: Routine Immunization, ANC, Labor and delivery, Growth Monitoring, Treatment of Childhood disease, Malaria case management and Referrals services</li> <li>• Community participation services/linkages and accountability structure (WDC)</li> <li>• Availability of Drugs/Instruments and Data tools</li> </ul>
Lagos	2. Association of the Alumni of National Institute	RITWG	<ul style="list-style-type: none"> <li>• The meeting was supported by AANI-PAS</li> <li>• Minutes of the last meeting was read by an M&amp;E officer. It was adopted by Dr. Ijeoma from CHAI and seconded by Dr. Tope from AANI-PAS.</li> <li>• Follow up on action points confirmed all had been done.</li> <li>• Presentation of vaccination coverage, dropout rate and number of unimmunized for each LGA and State by Mrs. Oshodi – ASIO.</li> <li>• The presentation looked at the 20 LGAs and the 317 wards in the state with a new target population of 14,718,915. Across all LGs, performance was less than 50%, averaging an estimate of 36%. At the end of Jan 2020, the number of unimmunised came to 12,095 accounting for 2%</li> <li>• Dr. Tope stated that there was something wrong with the data as it did not tie together and it needed to be reviewed. It was stated that the data was based on what was entered from the various LGs. It was then stated that this feedback needed to get to all LGA</li> <li>• Presentation of ODK assisted RISS feedback for Jan 2020 by AIPO – Dr. Disu</li> <li>• Data tools used include Tally sheet, Immunisation register, HFMSF and NHMIS. More data came from tally sheet followed by the Immunisation register. The Health Facility Monthly Summary Form gave the poorest data feedback.</li> </ul>



Facilitating Participatory Development



		<ul style="list-style-type: none"><li>• Overall, there was disparity in data entry in all the tools. Mushin LGA had no record of RISS, Kosofe LGA had just 1 record, other LGAs were also not impressive.</li><li>• Presentation of Feedback on Defaulter Tracing by ADHE Mr. Rasaq</li><li>• He reported that he tried his best but he had to contend with Poor documentation from the LGAs, Poor address tracing due to poor street mapping and inadequate funds for mobilization and logistics</li></ul> <p><b>NEXT STEPS</b></p> <ul style="list-style-type: none"><li>• Confirm the actual Total population for data analysis from the State immunization officer.</li><li>• Conduct a Data quality assessment</li><li>• Share data from DQC and receive input from everyone within a week</li><li>• Conduct training on DHIS to assist in RISS</li></ul>
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### Picture moments





*Pic 2.0 shows Group photo of PAS-CSOs during a Kaduna SERICC meeting in February 2020*

## **Conclusion**

All the various sub-grantees have functional roles to play in the SERICC teams. The inclusion of the sub-grantees across the RI state platforms will help improve the capacities of Nigerian CSOs in building and maintaining cordial working relationships with government bodies and other stakeholders and hold them to account on their commitments towards child and family health in the states. The active involvement and contribution of the CSOs on the various RI platforms also aligns with the PAS project's intermediate outcome of increasing accountability for utilization of RI funds across the states.