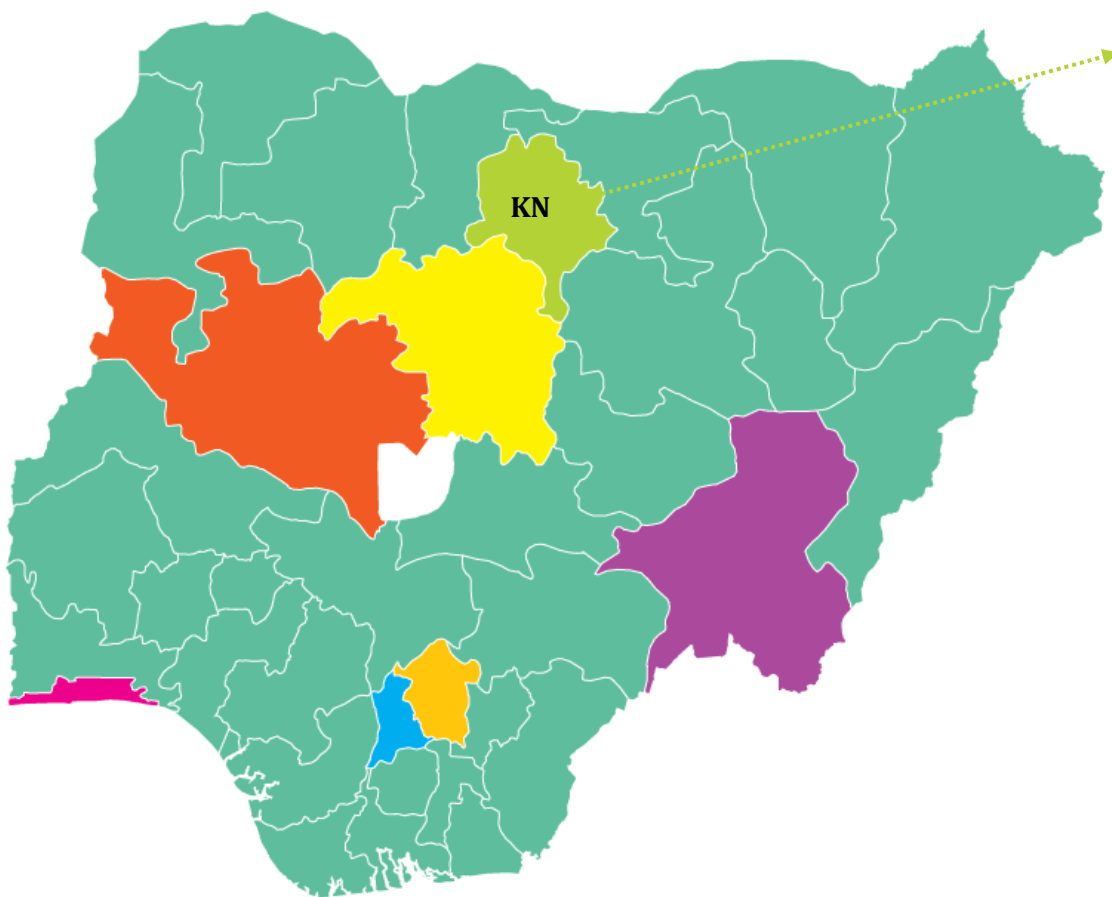




# **PAS KANO STATE'S JAN-JUNE 2020 FAMILY PLANNING (FP) PEOPLE'S SCORECARD**

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### **KANO STATE (KN) LEAD PARTNERS**

The PAS project in Kano is implemented by five partners;

Women in Media (WIM-PAS)  
National Association of Nigeria Nurses and Midwives (NANNM-PAS)  
Federation of Muslim Women Associations of Nigeria (FOMWAN-PAS)  
Medical Women Association of Nigeria (MWAN-PAS)  
Accountability Mechanism for MNCH in Kano State (AMMKaS)

# Objectives

- To strengthen official FP state Scorecards by complementing governments' assessments with participation and accountability indicators of relevance to the community
- To increase community participation in health service delivery Scorecard assessments through civil society participation in data gathering, validation and dissemination exercises
- To expand the scope of Scorecard assessments through in-depth local level assessments to complement state level reviews

# Building the capacity of CSOs to design & conduct People's Scorecard

- The People's Scorecard (PS) is a Community Scorecard
- PS are participatory tools to engage the community for assessment, planning, monitoring and evaluation of health service delivery
- Unlike official Scorecards, community members or CSOs participate in assessments
- Unlike official Scorecards indicators assess accountability, transparency and participation
- The PAS project trained CSOs to design & conduct People's Scorecards

# Methodology for People Scorecard Assessment

The Family Planning Scoring Sheet Assessment was conducted at the State Ministry of Health and each assessment was done manually (paper-based) administering to the State Family Planning Coordinator on 8<sup>th</sup> July 2020.

## Pre-Implementation Activities

- Adoption of Family Planning Scoring Sheet for Health Governance Scorecard for PAS State by the WIM-PAS (WIM-PAS)
- Submission of letter to The Kano State Commissioner for Health to obtain approval to conduct the Family Planning Scoring Sheet Assessment (Consultant).

## Implementation Activities

- Field work for Data collection in Kano States (Consultant)
- Meeting with the State Family Planning Co-Ordinator to administer the scorecard (Consultant)
- Data entry and analysis (Consultant)



# Methodology for People's Scorecard Assessment



*WIM-PAS AND MWAN-PAS KANO STATE  
WORKING ON PRE-IMPLEMENTATION  
PLANS FOR THE PEOPLE'S SCORECARD  
ASSESSMENT (8/6/2020)*

# FP Indicators for People's and Official Scorecards – Similar and Different

- No. of similar indicators between the Peoples' and Official Scorecards - nil
- No. of difference indicators between the Peoples' and Official scorecards – 20
- People's Scorecard indicators to assess accountability, transparency & participation - 4



# ANALYSIS OF PEOPLE'S SCORECARD

## Health System

Indicator	Value	Source
2017 population of Kano State	13,534,1251	NPC 2017 projection of 2006 census
Women of reproductive age	2,977,5082	Based on UNFPA/NPHCDA estimation of Women of Reproductive Age (WRA) being 22% of the overall population
Life Expectancy at Birth (as at 2001)		NPC
Male	51 years	
Female	53 years	
Total fertility rate (TFR)	6.8%	NDHS 2013
Maternal Mortality Ratio (MMR)	1,025 (per 100,000 live births)	NDHS 2013 average for the North-western region
Antenatal Care (ANC) coverage (complete visits)	64.3%	NDHS 2013
Delivery by health professionals and facility-based delivery rates are	12.9%	NDHS 2013
Deliveries assisted by a skilled attendant	23%	NDHS 2013

[1] Using the NPC estimated 3% annual population growth and projecting from 2006 NPC census

[2] Using the NPHCDA estimation of 22% of the population as being of reproductive age

# ANALYSIS OF PEOPLE'S SCORECARD

## State Ministry of Health CBS

			TARGET NOT ACHIEVED	ON GOING	TARGET ACHIEVED
THEMATIC AREA	INDICATORS	PERFORMANCE RATING			
Governance and Leadership	Existence of a Costed Implementation Plan (CIP) for FP				
Budget and Financial Management	Family Planning budget as a percent of state health capital budget				
	Timely release of FP funding				
	Existence of a budget line item for the procurement of contraceptives in the state's annual health budget				
Accountability & Advocacy	Existence of a functional RH/FP Technical Working Group				
	Financial information made available to the public				
	No of CSOs participation in RHTWG TWG				

# ANALYSIS OF PEOPLE'S SCORECARD

## State Ministry of Health CBS

			TARGET NOT ACHIEVED	ON GOING	TARGET ACHIEVED
THEMATIC AREA	INDICATORS	PERFORMANCE RATING			
Capacity Building	Proportion of recruited CHEWs trained for comprehensive FP (emphasis on injectables) in the state				
	% of nurses and midwives trained in comprehensive family planning (emphasis on LARC methods)				
	Quarterly trainings of logistics management and coordination unit (LMCU) officers at LGA on contraceptive logistics management system				
Supply Chain Management (Forecasting and distribution logistics)	Number of procurement and forecast meetings conducted at state level				
	State-level reporting is integrated into the CLMS database				
	Bimonthly review meetings with LGA FP supervisors to facilitate the distribution of FP commodities conducted				

# ANALYSIS OF PEOPLE'S SCORECARD

## State Ministry of Health CBS

	TARGET NOT ACHIEVED	ON GOING	TARGET ACHIEVED
THEMATIC AREA	INDICATORS		PERFORMANCE RATING
Demand generation and behaviour change communication	Number of State and community-level FP champions, identified		
	Number of targeted state multimedia FP advocacy and demand generation campaigns		
Service delivery	Number of new access points for FP service provision (hospital, clinic outreach, mobile FP clinics, and community venues where FP outreaches are conducted), in state		
	% of health facilities offering family planning services >80%		
	FP counselling and service provision integrated into other health services, including ANC, PNC, immunization, HIV/AIDS, etc.		
Supervision, Monitoring, And Coordination	Number of supervisory visits conducted at the state level		

# Discussions and implications

- There is dedicated FP budget and another in the State in the Saving One Million Lives workplan.
- The State has RHTWG and are conducting meetings quarterly.
- Presence of new access points for FP service provision (hospital, clinic outreach, mobile FP clinics, and community venues where FP outreaches are conducted), in the state will promote coverage and reach.
- There is accountability and advocacy opportunity (existence of more than 2 CBOs in the RHTWG and publication of FP budget performance, Mid and end of year)
- Bimonthly review meetings with LGA FP supervisors to facilitate the distribution of FP commodities conducted in the State
- There is Plans to integrate State-level reporting into the CLMS database is ongoing.
- There is at least 2 targeted state multimedia FP advocacy and demand generation campaigns aired in the past quarters (January to June)
- 50-100% of health facilities have integrated FP counselling and service provision integrated into other health services.
- No 2020 Costed Implementation Plan (CIP) for FP existed
- Family Planning budget is less than 1 percent of state health capital budget
- Timely release of FP funding
- No procurement and forecast meetings conducted at state level in the last quarter
- Less than 50% of planned supervisory visits conducted at the LGA level in the past quarter

## Cont'd

- There is a political will for the fully implementation of CBS/FP in the State.
- The government of Kano State should prioritize the following actions:
- To develop the 2020 CIP for FP in the State
  - To strengthen government ownership of family planning
  - Adequate Allocation of government funds for Family Planning Programs.
  - Timely release of those Funds
  - The State need to improve the Capacity building of HW on CBS in the State
  - Ensure full expenditure of the funds allocated for contraceptives by identifying and addressing the causes of under expenditure.
  - Create a Family Planning Program budget line within the Department of Public Health & Disease control of the Ministry of Health.
  - Create a Family Planning Commodities budget line, separate from Drugs and Medicines, within the Ministry of Health development budget.
  - To plan a supervisory visit to be conducted at the LGA level in all quarters/quarterly.



# THANK YOU FOR LISTENING