



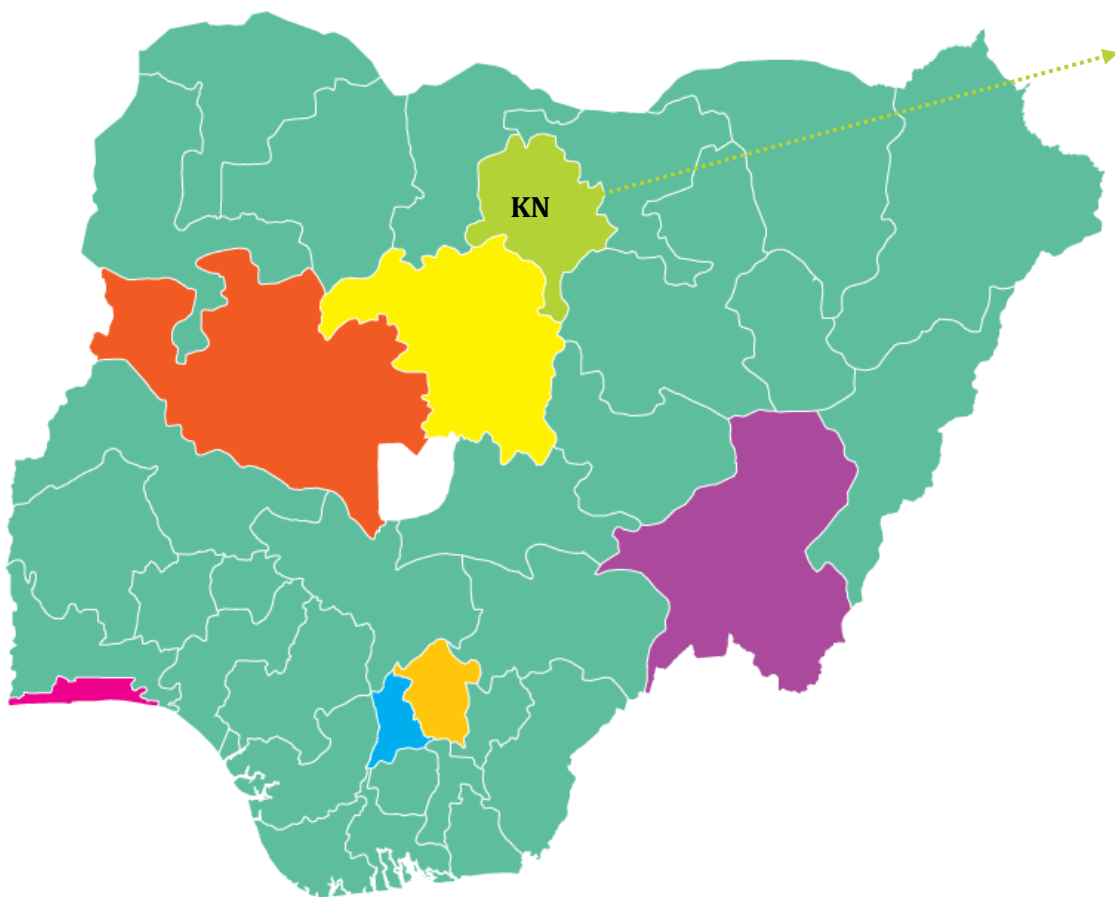
Women in Media Communication Initiative



KANO STATE'S JAN-JUNE 2020 PHCUOR 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 PHCUOR 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 PHCUOR Scorecard central Assessment was conducted all at the State level and each assessment was done manually (paper-based).

Pre-Implementation Activities

- Adoption of Scorecard by the WIM-PAS
- Submission of letter to ES-SPHCMB in obtaining approval to conduct the Central PHCUOR Scorecard Assessment.

Implementation Activities

- Field work for Data collection in Kano States
- Meeting with the Director Planning and M&E to administer the scorecard
- Data entry and analysis (Consultant)

Data Tools: Data was collected using the adopted PHCUOR Scorecard Assessment Checklist

Sampling Criteria: With respect to COVID-19 Pandemic, Central assessment was conducted at the State level using Key informants' personnel at the State Primary Health Care Management Board.

Data Collection: The information was recorded from the Key informants at the state level from the Director Planning and M&E and the Deputy Director Planning and M&E of the State Primary Health Care Management Board on 6th July, 2020, upon approval by the Executive Secretary, State Primary Health care Management Board (SPHCMB).

Methodology for People's Scorecard Assessment



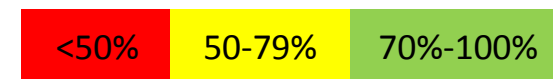
*WIM-PAS AND MWAN-PAS KANO STATE
WORKING ON PRE-IMPLEMENTATION
PLANS FOR THE PEOPLE'S SCORECARD
ASSESSMENT (25/6/2020)*

PHCUOR Indicators for People's and Official Scorecards – Similar and Different

- No. of similar indicators between the Peoples' and Official Scorecards - 31
- No. of difference indicators between the Peoples' and Official scorecards – 37
- People's Scorecard indicators to assess accountability, transparency & participation - 3






OVERALL PHCUOR PERFORMANCE



PHCUOR Pillars	OVERALL STATE PHCUOR PILLARS PERFORMANCE (%)	STATE PERFORMANCE (%)	LGAs PERFORMANCE (%)	PHCUOR Pillars	HEALTH FACILITIES PERFORMANCE (%)
GOVERNANCE AND OWNERSHIP	81	67.00	75.0	GOVERNANCE AND OWNERSHIP	100
LEGISLATION	100	100.0	100.0	COMMUNITY ENGAGEMENT	100
MINIMUM SERVICE PACKAGE	89	75.0	100.0	MINIMUM SERVICE PACKAGE	93
REPOSITIONING	77	80.0	67.0	HUMAN RESOURCES FOR HEALTH	75
SYSTEM DEVELOPMENT	100	100.0	100.0	INFRASTRUCTURE	100
HUMAN RESOURCE	92	100.0	100.0	COLD CHAIN & LOGISTICS	100
FUNDING SOURCES AND STRUCTURE	83	67.0	83.0	TYPES OF SERVICES	83
OPERATIONAL GUIDELINES	100	100.0	100.0	DATA TOOLS	100
OFFICE SET UP	100	100.0	100.0	QUALITY OF CARE	100
ACCOUNTABILITY & TRANSPARENCY	100	100		FINANCIAL SUPPORT	100.0
OVERALL STATE PHCUOR PERFORMANCE (%)					92

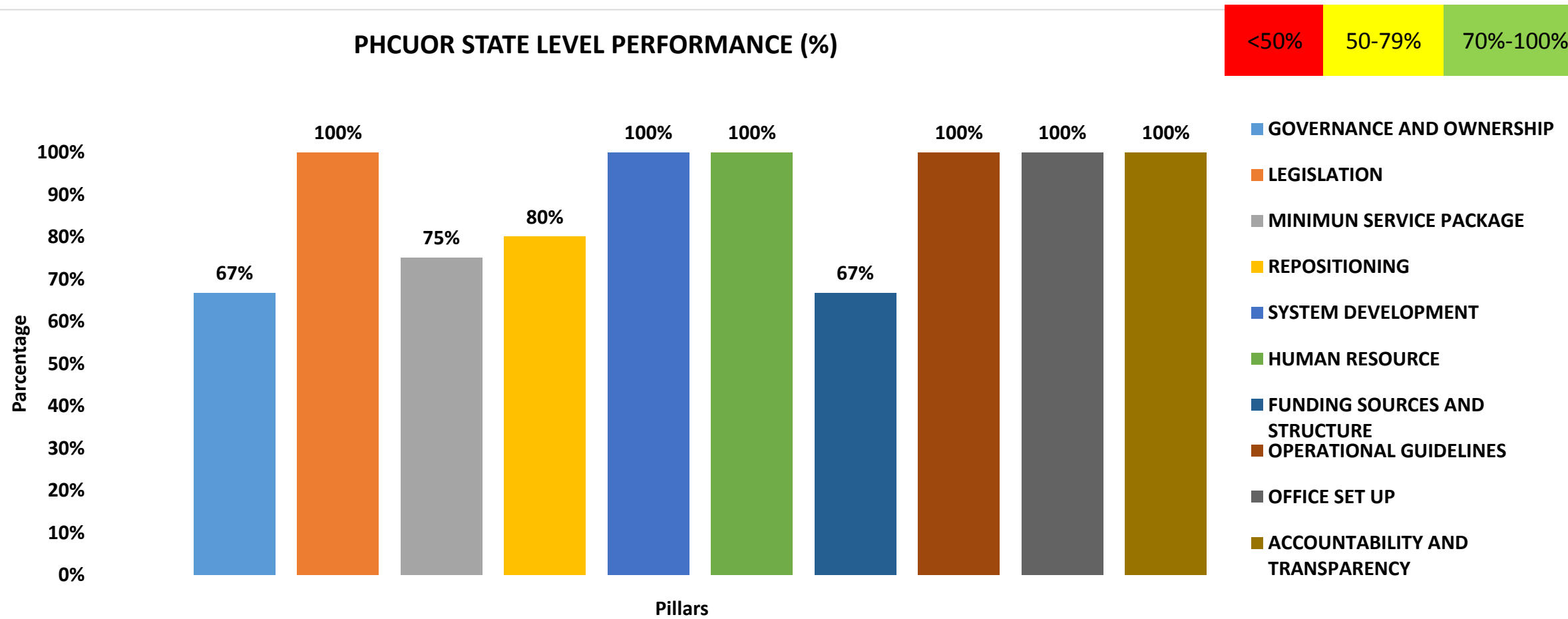
ANALYSIS OF SCORECARDS

State Primary Health Care Board PHCUOR implementation and performance level is defined from the 9 PHCUOR pillars scales and in addition, Accountability and transparency, which define the thematic areas performance as color coded of RED, YELLOW (Amber) and GREEN as traffic light indicated and tracking performance:

- RED color:**  0 - 49%.
- YELLOW color:**  50 -79%.
- GREEN color:**  80 - 100%.

ANALYSIS OF SCORECARDS

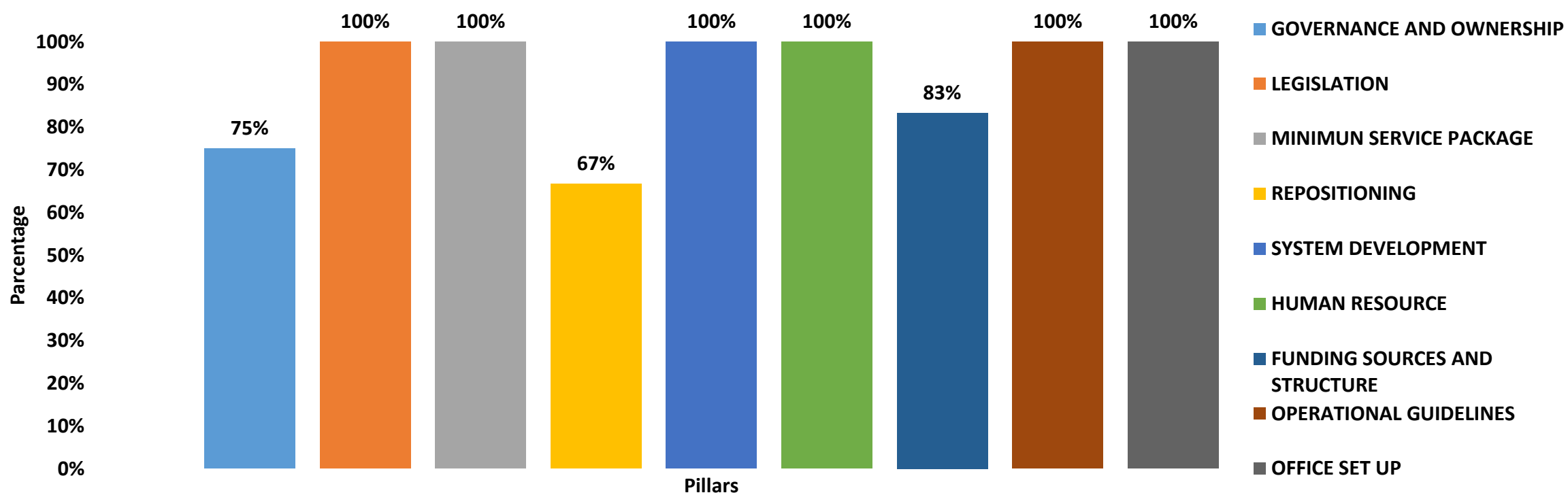
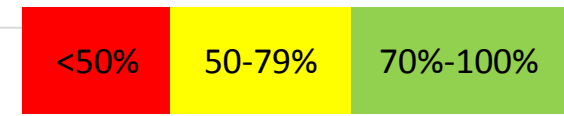
PHCUOR STATE LEVEL PERFORMANCE (%)



At the SPHCMB, the State scores best in Legislation, System Development, Human resource, Operational Guidelines, Office Set up and Accountability & Transparency (100%) with the lowest in Governance & Ownership and Funding sources and Structure (67%).

ANALYSIS OF SCORECARDS

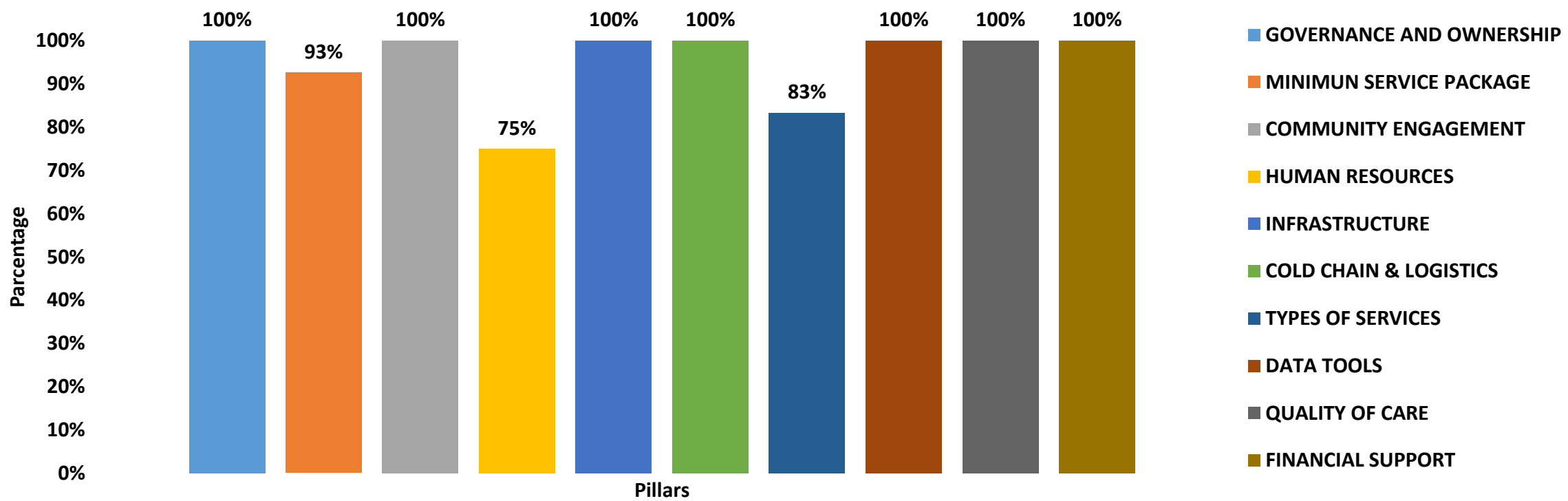
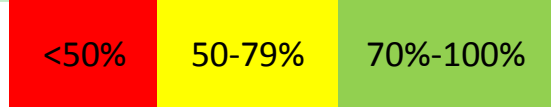
PHCUOR LGA LEVEL PERFORMANCE (%)



At the LGAs, the State scored best in Legislation, Minimum Service Package, System Development, Human Resource, Operational Guidelines and office set up (100%) with the lowest in the Repositioning (67.0%).

ANALYSIS OF SCORECARDS

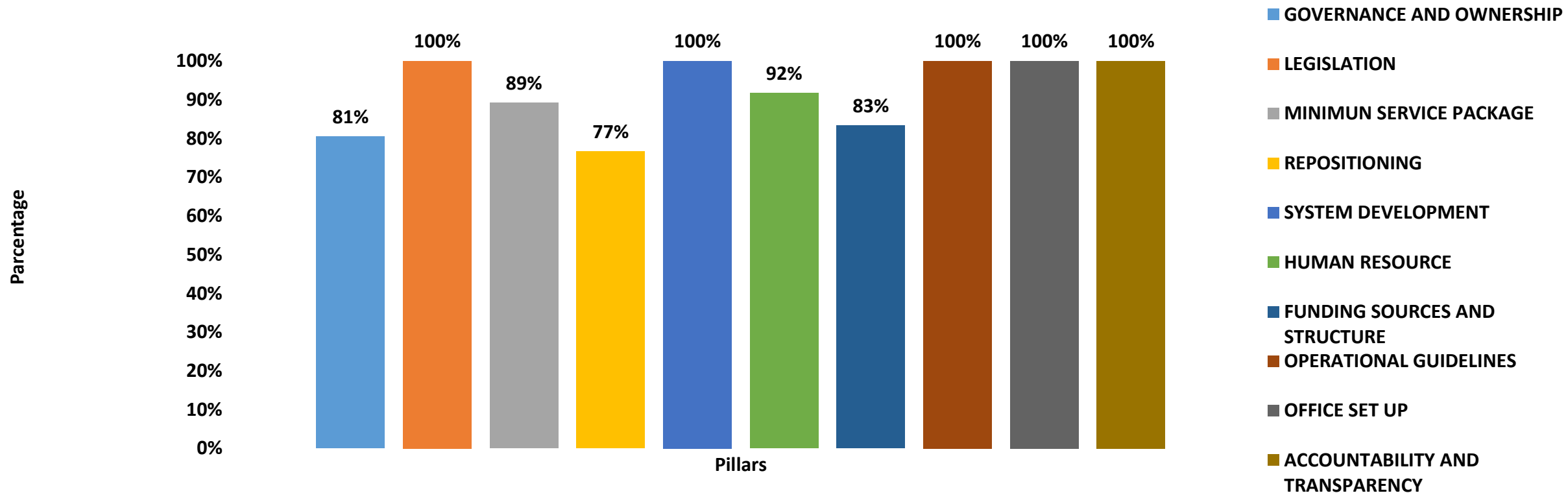
PHCUOR HEALTH FACILITY PERFORMANCE (%)



At the health facility level, the state scored best in Governance & Ownership, Community Engagement, Infrastructure, Cold Chain & Logistics, Data tools, data quality and Financial support (100%) and lowest in Human resource for Health (75%).

ANALYSIS OF SCORECARDS

OVERALL STATE PHCUOR PILLARS PERFORMANCE (%)



The State scored 92% overall in implementation of PHCUOR, scoring best in Legislation, system development domain, Operational Guidelines, Office Set up and Accountability and Transparency (100%) and has the lowest score in Re-positioning (77%).

Strengths:

- Availability of a gazetted law and regulations.
- Presence of dedicative management team.
- Presence of dedicative Governing board.
- Adoption and Costing of MSP with classification of different health facility type
- Equipped offices at the State and sub-State levels.
- There is State Strategic Health Development Plan for PHC component based on the MSP document developed by the SPHCB.

Weaknesses:

- PHC staff benefits not administered by Kano SPHCMB.
- No evidence of HRH committee, department or unit to address staff needs.
- The PHC department, staff, programmes and funds in the SMoH have not been moved to the SPHCB
- No implementation of the adopted manual on PHCUOR
- LGHA team have no copies of the PHCUOR Implementation Guidelines

Opportunity:

- There is a political will for PHCUOR implementation.

Discussion & Implications

- The state has done well to inaugurate the governing board set but should consider the inclusion CSOs representative.
- The state should implement the adopted and Costed MSP document.
- Provides the LGHA team with copies of the PHCUOR Implementation Guidelines for effectiveness and alignment.
- Adopt the SPHCB Law that provide the movement of PHC departments, PHC staff, programmes and funds in all LGAs in the State to the LGHAs
- Complete consolidation of all PHC functions under Kano SPHCMB including administering staff benefits.
- Re distributes the skewed HRH at all level.
- Ensure adequate documentation of Kano SPHCMB activities
- Adopt a costed Start-up plan for the take-off of the management team of LGHA.



**THANK YOU
FOR LISTENING**