



# Niger State` BHCPF Implementation Scorecard 2020

An evidence-based assessment by  
Center for Communication and  
Reproductive Health Services  
supported by PACFaH@Scale.



## THE SCORECARD

Niger state Basic Health Care Provision Fund Implementation Scorecard is developed by Center for Communication and Reproductive Health Services (CCRHS) and Niger PAS Partners through analysis of data collected on BHCPF implementation in the state at the 2 agencies responsible for implementation of the intervention at state level (i.e. Niger state Primary Health Care Development Agency and Niger state Health Contributory Scheme. In addition, data was collected at the Local Government Health Authority and Focal Primary Health Centers (6 PHCs).

The scorecard will be used by CCRHS and other stakeholders (government, civil society organizations, partners and media) to influence action to ensure effective and efficient implementation of BHCPF in Niger state with a view to improving access to health care services and promoting transparency and accountability.

## PACFaH@Scale

The Partnership for Advocacy in Child and Family Health at Scale is a four-year project in Nigeria with focus on evidence-based advocacy in four thematic areas of child and family health; Routine Immunization, Family Planning, Childhood Killer Diseases and Primary Health Care Under One Roof.

PACFaH@Scale, a social accountability project, aims to strengthen Nigerian CSOs capacity at local and national level to hold government accountable in five states and national in the following areas: Health Policies and Laws, Financial Commitments Bringing down regulatory barriers related to child and family health.

The project is implemented by a coalition of 18 indigenous non-governmental organizations/ professional associations, supported by two government think tanks and anchored by development Research and Projects Center.



## STATE LEVEL IMPLEMENTATION

Indicators	Finding	Indicators	Finding
<b>Capacity Building</b>		<b>Funds Release</b>	
SPHCDA/SHIS conducted ISS visits to review financial documents and submissions by PHCs		State has available a seperate BHCPF-TSA account domiciled at CBN	
State level training for MDA finance managers on BHCPF disbursemet and management conducted		Availability of funds in the state BHCPF-TSA account received from any of the gateways	
Other training for implementers on effective drive, management and implementation of BHCPF by NPHCDA/NHIS		Funds disbursed to focal facilities through: SPHCDA	
<b>Accountability &amp; Transparency</b>		NHIS	
Funds disbursement information publiclyavailable on media platforms		<b>Community Involvement</b>	
Are there any CSOs monitoring BHCPF implementation at state level?		Population Mapping and systematic identification and profiling of vulnerable groups as beneficiaries of BHCPF	

## LGHA AND FOCAL PHCs IMPLEMENTATION

Indicators	Finding	Indicators	Finding
<b>Capacity Building</b>		<b>Funds Release</b>	
Local Government Health Authority staff trained on effective drive, management and implementation of BHCPF by SPHCDA/SHIA		Do HFs have seperate commercial bank account with OIC, WDC Chairman and treasurer/secretary as signatories	
ISV conduct ISS to support and review work plans development for onward transmission to SPHCDA, review operations and financial documents, QM/QI service provision		Have HFs received any funds on BHCPF from any of the gateways? SPHCDA	
HF health workers and WDC stakeholders trained on effective drive, management and implementation of BHCPF by SPHCDA/SHIA		NHIS	
Any other training conducted for HF health workers and WDC stakeholders?		Are funds received from the two gateways lodged in a seperate commercial account?	
<b>Community Involvement</b>		Do HFs provide receipt for funds received from any of the gateways?	
CSOs/Community stakeholders are involved in planning, implementation monitorig and evaluation of BHCPF and quality of services provided		Are funds disbursements timely and in accordance with approved work plans?	
		Record management system on how BHCPF is spent available	
		<b>Accountability &amp; Transparency</b>	
		CSO involvement on ISV to PHCs for accountability	

### Response Key

Yes/Done/Available

No/Not Done/Not Available

## HEALTH SERVICES INDICATORS

### Family Planning

Availability of FP services at HF	<input checked="" type="checkbox"/>
Oral pills and injectables available	<input checked="" type="checkbox"/>
Availability of (other) commodities	<input checked="" type="checkbox"/>

### Routine Immunization

Routine immunization available at HF	<input checked="" type="checkbox"/>
Vaccine storage facility available	<input checked="" type="checkbox"/>
Adequacy of supply of commodities	<input checked="" type="checkbox"/>

### CKD Treatment services

Does HF render CKD services to patients	<input checked="" type="checkbox"/>
Is new treatment protocol (Amoxycillin DT & Zn-Lo-ORS) used*	<input type="checkbox"/>
Availability drugs for CKD treatment	<input checked="" type="checkbox"/>

### PHCUOR

Do HFs have integrated services under one roof	<input checked="" type="checkbox"/>
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\*Amoxycillin DT not found in all facilities

### Response Key

<input checked="" type="checkbox"/>	Yes/Done/Available
<input type="checkbox"/>	No/Not Done/Not Available

## BY THE NUMBERS

2



Number of CSOs identified actively monitoring implementation of BHC PF in the state to ensure accountability

171



Number of health facilities who received disbursement of funds from SPHCDA gateway. Only one HF has not accessed funds disbursed

601,500



Amount in Naira disbursed to health facilities through SPHCDA gateway for Q1 and Q2 only. No disbursement by SHIA gateway

## OUR RECOMMENDATIONS

- Government to ensure disbursement of funds from the SHIA gateway ensure procurement of and access to Basic Minimum Package of Services by vulnerable groups
- SPHCDA and SHIA to ensure timely (quarterly) release of funds to Primary Health Centers
- Government to improve monitoring and accountability by engaging more CSOs in monitoring and supportive supervision, especially at community and PHC level

## Acronyms

AG: Accountant General

BHC PF: Basic Health Care Provision Fund

CKD: Childhood Killer Diseases

CSO: Civil Society Organization

FP: Family Planning

HF: Health Facility

ISV: Integrated Supportive Visit

MDA: Ministries Departments & Agencies (SMoH, SMoF, AG of State, SPHCDA, SHIA)

OIC

PHCUOR: Primary Health Care UNDER One Roof

PHC: Primary Healthcare Center

Q1, Q2: Quarter 1, Quarter 2

SHIA: State Health Insurance Agency

SMoF: State Ministry of Finance

SMoH: State Ministry of Health

SPHCDA: State Primary Health Care Development Agency

WDC: Ward Development Committee

## CCRHS and Niger State PAS

Center for Communication and Reproductive Health Services (CCRHS), a nongovernmental organization in Niger state engaged by development Research and Project Center (dRPC) to pilot the implementation of PAS project in the state. the project is implemented by a coalition of CSOs and religious organizations comprising CCRHS, Federation of Muslim Women in Nigeria (FOMWAN) and Network of Muslim Leaders in Health (NMLH).

The coalition works to advance Niger state government's commitment to policy implementation and domestic funding for Family Planning, Childhood Killer Diseases, Routine Immunization and Primary Health Care Under One Roof through evidence-based advocacy and building Champions within the State Executive and Legislature.

For more information please contact

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