



## Implementation of I.S.S. in Katsina State

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Katsina State has been conducting integrated supportive supervision (ISS) with funding solely from the programme (PRRINN-MNCH) hence the limiting of the implementation to the cluster LGAs and facilities. The anticipated co-funding by the State primary health care development agency (SPHCDA) and the participating local government areas (LGAs) did not materialize.

Similarly, the expected formation and participation of the state team to lead the ISS and Peer Participatory Rapid Health Appraisal for Action (PPRHAA) did not materialize. Following continued effort by the PPRINN team, the current ISS checklist was harmonized in July, 2011 with indicators from the various stake holders and Partners incorporated. Another milestone is the formation of a state team with representation from the State Ministry of Health (SMOH), State Ministry of Local Government, SPHCDA, Local government Service Commission, Hospitals Management Board, World Health Organization (WHO) UNICEF and ACCESS. The significance of this development is that there shall be a joint supervision and funding of the process thus improving greatly the service delivery system in the state.

During this year, PRRINN-MNCH supported the conduct of ISS in the 1st and 2nd quarter during which 68 and 24 facilities in the 1st and 2nd cluster LGAs respectively were supervised and mentored on the development of systems. The findings from the ISS indicated major improvements as follows:

- Increased positive community/facility linkage resulting in inputs to facilities such as drugs supplies; ambulance with driver; renovation of facilities
- Over 90% of the facilities visited now use standing order as a guide in treatment of clients – there is the need to encourage the facilities to obtain the revised standing order as most of those found are not the revised copies
- Increased facility utilization in R.I. ANC and PNC, use of standard operating procedures,

protocols and using graphs to display services performance

- Increased utilization of ETS for supporting pregnant women to facilities

The analysis of the generated data also identified outstanding challenges that need to be addressed:

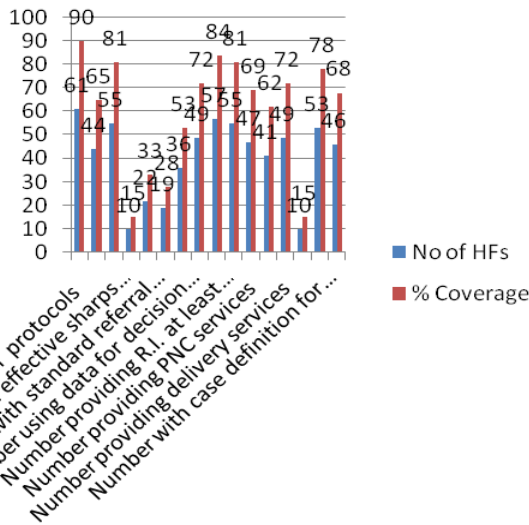
- Prescription of more than 3 drugs per client
- Large stock of expired drugs at facilities and LGA stores, particularly at Daura LGA store
- Acute shortage of skilled staff
- Inability to use generated data for decision making
- Use of old standing order in consulting clients

A cursory examination of the performance of the thematic areas (see graph below) also indicated high ante natal care (ANC) even though when compared with the number of deliveries, e.g. **12,954** women attended ANC out of which only **1413 (10.9%)** came back to deliver in the facilities. The routine immunization trend is rather unsatisfactory across the facilities and this need to be addressed.

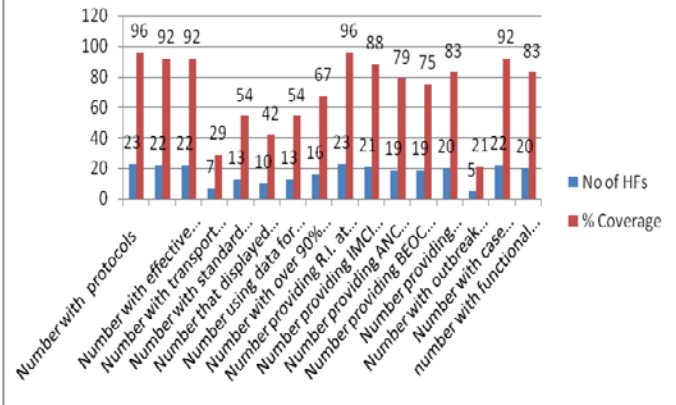
Improvement has been observed in the areas of integrated management of childhood illnesses (IMCI), availability of protocols, sharps disposal and active facility management committees. The glaring contribution of an association on education in Ruwan Godiya that provided an ambulance and a driver to the MDG, PHC is worthy of commendation.



### Trend of 68 Facilities performance during 1st quarter 2011 ISS 6 cluster LGAs in Katsina State



### Trend of performance of 24 PHCs in 6 cluster LGAs 2nd quarter ISS. Katsina State



### Observations and Recommendations

In view of the overall findings from the facilities, the following recommendations are presented for consideration in order to improve service delivery system in the cluster and vis a vis the state in general.

The increasing community participation in supporting facilities particularly in the 2nd cluster is worthy of commendation. The Ruwan Godiya MDG facility was provided an ambulance and a driver by the Ruwan Godiya Education Association. I recommend that PRRINN-MNCH approach the SPHCDA to formally acknowledge and commend this association. Other notable contributions include renovation of a PHC and supply of drugs

Although there is a general increase in the number of clients that come to deliver in the facilities, **(10.9%)** this is still low. Some of the reasons for this poor trend are the finding that a significant number of the skilled staff (CHEWs and Midwives) is casual staff who are often not paid the agreed allowances as with the case of Yanmaulu PHC in Baure LGA where the staff has abandoned the facility. It is recommended that increased sensitization is required as well as employment of skilled staff.

The immunization performance is rather poor and not acceptable, a meeting of the officers in charge of the 24 facilities should be arranged to identify the root cause(s) and find a solution to this trend. The attention of the partners need to be drawn to check this during supervision visits

### 2nd quarter performance of 24 PHCs

During the 2nd quarter, the number of facilities was scaled down from 68 to 24 that is 4 per each of the 6 LGAs the reason being that the LGAs are yet to counterfund the ISS process despite continued advocacy.

A very good performance has been observed in availability of protocols for the management of priority disease conditions, availability of universal precaution guidelines, effective sharps disposal system, improved routine immunization, ANC, delivery and IMCI services; as well as improvement in the number of facilities with case definition for epidemic prone diseases and a functional facility management committees.

See graph below please.



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The ISS teams are doing a good job, however they need to increase efforts aimed at supporting/overcoming:

- i. random drugs prescription
  - ii. Using generated data for decision making
  - iii provision of the revised standing order and standard referral forms
  - iv. Encouraging the OICs to discuss with communities to make transport arrangement for referring pregnant women to higher facilities
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- a) The large stock of expired drugs at the LGA and facilities stores should be addressed without further delay. A meeting should be held with the PHC Coordinators and an action plan agreed upon. The SPHCDA should participate in this meeting.
  - b) The long standing acute shortage of skilled staff is a significant factor for some of the weak performances in the facilities. It is hoped that the government will be continuously approached to reverse this trend.

Please email [info@prinn-mnch.org](mailto:info@prinn-mnch.org) for the full report



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