

TARGETED STATES HIGH IMPACT PROJECT (TSHIP)

# Advancing Health in Bauchi and Sokoto States

# ANNUAL REPORT

First annual report of the  
Targeted States High Impact Project (TSHIP)  
October 1, 2009 – September 30, 2010

# Advancing Health in Bauchi and Sokoto States

TSHIP Central Project Office, Bauchi  
October 2010

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## Abbreviations and Acronyms

ARH	-	Adolescent Reproductive Health
ARFH	-	Association for Reproductive and Family Health
BACATMA	-	Bauchi State Agency for Control of HIV/AIDS, Tuberculosis and Malaria
BCC	-	Behavior Change Communication
BSPHCDA	-	Bauchi State Primary Health Care Development Agency
CBO	-	Community-based Organization
CC	-	Cold Chain
CEDPA	-	Center for Education, Development and Population Activities
CHEW	-	Community Health Extension Worker
CIDA	-	Canadian International Development Agency
CLMS	-	Contraceptive Logistic Management System
COMPASS	-	Community Participation for Action in the Social Sectors
COP	-	Chief of Party
DCOP	-	Deputy Chief of Party
D&G	-	Democracy and Governance
DELIVER	-	USAID DELIVER Project
DSNO	-	District Surveillance Notification Officer
DPT	-	Diphtheria, Pertussis, Tetanus
EmONC	-	Emergency Obstetric and Newborn Care
FMOH	-	Federal Ministry of Health of Nigeria
FOMWAN	-	Federation of Moslem Women Association of Nigeria
FP	-	Family Planning
HF	-	Health Facility
HIV/AIDS	-	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HMIS	-	Health Management Information System
HSMB	-	Hospital Services Management Board
IEC	-	Information, Education & Communication
IPD	-	Immunization Plus Days
IPT	-	Intermittent Preventive Treatment
ITN	-	Insecticide Treated Bed Net
JSI	-	JSI Research & Training Institute, Inc.
LEAD	-	Leadership, Empowerment, Advocacy, and Development
LGA	-	Local Government Area
LLIN	-	Long Lasting Insecticide Treated Bed Nets
MDA	-	(Government) Ministry, Department, Agency
MDG	-	Millennium Development Goals
M&E	-	Monitoring & Evaluation
MOH	-	Ministry of Health (or SMOH, State MOH)
MLG	-	Ministry of Local Government
MNCH	-	Maternal, Newborn and Child Health
MSA	-	Management Strategies for Africa
MSN	-	Marie Stopes Nigeria
MSS	-	Midwives Service Scheme
NDHS	-	Nigeria Demographic and Health Survey
NEI	-	Northern Education Initiative
NGO	-	Non-Governmental Organization
NID	-	National Immunization Day
NPHCDA	-	National Primary Health Care Development Agency
NPI	-	National Program on Immunization

NSHDP	-	National Strategic Health & Development Plan
NYSC	-	National Youth Service Corps
OPV	-	Oral Polio Vaccine
ORS	-	Oral Rehydration Solution
ORT	-	Oral Rehydration Therapy
PHC	-	Primary Health Care
PMP	-	Performance Monitoring Plan
PPFN	-	Planned Parenthood Federation of Nigeria
REW	-	Reaching Every Ward
RH	-	Reproductive Health
RI	-	Routine Immunization
SHDSP	-	State Health Development Strategic Plan
SMOH	-	State Ministry of Health
SHDP	-	Strategic Health Development Plan
SPHCDA	-	State Primary Health Care Development Agency
TA	-	Technical Assistance
TBA	-	Traditional Birth Attendant
TFG	-	The Futures Group International
TOT	-	Training of Trainers
TSHIP	-	Targeted States High Impact Project
UNICEF	-	United Nations Children's Fund
UNFPA	-	United Nations Fund for Population Activities
USAID	-	United States Agency for International Development
USG	-	United States Government
WHO	-	World Health Organization
YFS	-	Youth Friendly Services

## Introduction

TSHIP completed its first year of implementation at the end of September 2010. Project offices (rented or donated) were set up in Bauchi and Sokoto, including the central project office in Bauchi. Most planned staff (85%) were hired and assumed duties. Baseline and other critical data gathering activities (such as the health facilities assessment) were completed and findings used to support implementation planning and decision-making.

Key project staff (from field as well as JSI home office) were oriented by USAID and introduced to other USAID projects. Partnership development (linking with government MDAs at federal, state and local government levels as well as local and international development partners) and internal TSHIP teambuilding activities were also undertaken. Many TSHIP staff come from previous USAID projects and bring with them skills and experiences that facilitated rapid start-up.

Within the first year key activities (advocacy and sensitization, training and HR development, improvement of service delivery facilities, and community education) were accomplished and began to impact positively on the health of mothers and children in the two states. While management structures were being set up during the first quarter, some “quick win” activities were identified to address critical health issues. For instance diarrheal diseases account for 16 percent of childhood death (NDHS 2008) and the use of ORS is known to significantly reduce case fatality. To address this, as a “quick win” low-cost, high impact intervention, ORT corners were set up in 214 health facilities (94 in Bauchi and 120 in Sokoto) within the second quarter of the year. Building on these accomplishments, TSHIP's subsequent quarters saw a rapid expansion and consolidation of activities, and initiation of actions to facilitate delivery of high impact MNCH/FP/RH services.

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In the following sections, the background to TSHIP and TSHIP activities during the first project year are provided. The situation and needs and gaps addressed as well as accomplishments and challenges are summarized in this abridged version of the more detailed report submitted to USAID.

## Background

Nigeria is the most populous country in Africa, the eight most populous country in the world with a population of over 140 million<sup>1</sup>. Despite the country's immense resources, a significant population lives in extremely poor conditions with the country ranked 158 out of 177 countries in the UNDP combined index for overall quality of life<sup>2</sup>.

The health system has been neglected for over two decades resulting in devastating health outcomes. About one million Nigerian children die each year before their fifth birthday due to preventable illnesses like malaria, pneumonia and diarrhea. Of every 100,000 live births, 800 women die with the country reported as one of the worst places in the world to be a mother<sup>3</sup>. The worst situations are consistently found in the northeastern and northwestern regions of the country where Bauchi and Sokoto states are located. Both States face huge challenges to bring public health care service quality and use to international standards.

In response, the Targeted States High Impact Project (TSHIP) works to establish strong and durable bonds between community institutions and the healthcare delivery system in every ward of the two States, with measurably improved household practices and increased use of services. TSHIP is a five-year USAID-funded project focused on increasing the use of high impact and integrated maternal, newborn and child health and family planning/reproductive health interventions in all 20 Local Government Areas (LGAs) in Bauchi State and all 23 LGAs in Sokoto State.

Using a tri-focus approach to improve community engagement, quality of health care services, and health system effectiveness, TSHIP aims to achieve four sub-objectives (see Box 1), and contributes to USAID/Nigeria's "Investing in People" strategic objective. The Project implements an integrated package assisting state and local governments to improve primary health care services by filling in gaps in capacity, building on institutional strengths, and improving each household's ability to protect and promote their own health.

Strategies focus on applying standards-based management to improve quality and performance, forging partnerships in all aspects, targeting the weakest links and building on existing strengths, integrating MNCH and FP/RH services, harmonizing methods for community engagement and mobilization, and transforming gender relations. End of Project outcomes in Bauchi and Sokoto include:

- Improved health practices among the most vulnerable groups – women of childbearing age, pregnant women, infants and children under five;
- Reductions in the maternal and infant mortality rates and increases in contraceptive prevalence rates
- Improved health systems, including human resources for health, health information systems, and use of data for decision-making, use of standards-based health management;
- Improved health facilities and logistics systems and improved overall capacity to plan, manage and evaluate primary health care programs;

TSHIP is a five-year USAID-funded project focused on increasing the use of high impact and integrated maternal, newborn and child health and family planning/reproductive health interventions in all 20 Local Government Areas (LGAs) in Bauchi State and all 23 LGAs in Sokoto State

<sup>1</sup> U.S. Census Bureau

<sup>2</sup> 2007-2008 UNDP Human Development Report

<sup>3</sup> 2008 State of the World's Mothers, Save the Children, 2008

- Strengthened policy environment at the state and LGA levels, improved allocation of resources for primary health care, and more efficient and effective utilization of resources;
- Empowered communities and key stakeholders, including religious leaders, social and political decision-makers, and private sector; and
- More active involvement of women in primary health care programs and social mobilization.

TSHIP is being implemented by a consortium of five organizations: Centre for Education, Development and Population Activities (CEDPA), Futures Group International, LLC (Futures Group), JHPIEGO, Management Strategies for Africa (MSA), and JSI Research & Training Institute, Inc. (JSI) as the prime organization.

## Strategic Approach

Led by JSI, the TSHIP consortium partners implemented the strategic approach presented in the TSHIP technical proposal and approved by USAID. The following are highlights of the broad strategic approach:

**Consortium partnership.** Each consortium partner brings unique and acknowledged expertise to complement one another: CEDPA brings community mobilization and community participation as well as gender and female participation; Futures Group brings advocacy, policy development and financing; JHPIEGO brings maternal and newborn health and family planning/reproductive health service delivery including quality assurance/management; JSI brings child survival, and project leadership and management; and MSA brings program and organizational capacity development.

**Overall strategic framework.** The basic strategic framework (Box 1) approved by USAID in the cooperative agreement with JSI (managing partner) remains unchanged.

**Sub-objective-based work planning.** Based on the basic strategic framework and findings from baseline and other data gathering activities, the first annual work plan focused on the four TSHIP sub-objectives (strengthening state and local government capacity, strengthening delivery and utilization of services, strengthening community and household practice, and improving policies, programming and resource allocation). As part of the work plan development process, the strategy for each main component was reviewed and revised where necessary.

**Coordination, collaboration and partnership.** Purposeful and systematic efforts were made to build and strengthen partnerships with other USAID projects (flagship and others), other development partners, federal, state and local government MDAs, and national and international NGOs.

**Strategic review and planning.** In July 2010, a strategic review and planning workshop involving USAID and key partners was used to validate the core strategic framework and develop a shared vision of success.

### BOX 1: TSHIP Strategic Framework

#### Overall Objective

To increase the use of high impact and integrated maternal, newborn and child health and family planning/reproductive health interventions

#### Sub-objectives

- Strengthen state and local government capacity to deliver and promote use of high impact MNCH/FP/RH interventions
- Strengthen delivery and promotion of high impact MNCH and FP/RH interventions at PHCs and establish essential referral levels
- Strengthen roles of households and communities in promotion, practice and delivery of high impact MCH/FP/RH interventions
- Improve policies, programming and resource allocation at the state and local levels

#### Overarching Strategies

- Applying standards-based management to improve quality and performance
- Forging partnerships in all aspects of TSHIP
- Targeting the weakest links and building on existing strengths
- Integrating MNCH and FP/RH services
- Harmonizing methods for community engagement and mobilization
- Transforming gender relations

#### Main Activity Areas

- Training and skills development
- Technical assistance
- Supportive supervision and technical backstopping
- Infrastructure development and equipping
- Grants and financial assistance

#### Organization and Staff Structure

- Central Project Office, Bauchi with CoP
- State Offices for Bauchi and Sokoto with DCoPs
- Sub-objective (SO) teams (5 in each state) for program implementation
- Field (zonal) offices (3 in each state)

## Program Activities

### Strengthening state and local government capacity

Although anchored in this sub-objective, capacity building is cross-cutting throughout all four sub-objectives of TSHIP. A simple understanding of “capacity” for TSHIP is presented in Box 2. In line with this understanding, capacity is the ability of individuals and organizations or organizational units to perform functions effectively, efficiently and sustainably. Capacity building is a process and institutional, organizational or technical capacity is the ability that enables an organization (or community) to systematically mobilize, direct and use resources. These resources help the organization achieve its objectives in accordance with its mandate and values.

Based on this understanding and within the context of WHO’s definition of “health system,” TSHIP focuses on four activity areas for building institutional capacity: health services management, training and development of human resources, infrastructure development and equipping, and commodity security.

#### Box 2: Capacity

Simple understanding of “capacity” as ability, to:

- Incorporate, integrate, accommodate (within an organization or program mandate)
- Perform to a set standard; enable an institution or individual to perform to a set standard
- Fulfill or achieve objective
- Carry out activities more effectively
- Deliver to expectation in relation to objectives

A major focus of attention is management of health services in general. In both Bauchi and Sokoto, the aim is to strengthen the sustainable capacity to manage the health system by developing the capacity for strategic and operational planning, strengthening intra- and inter-organization coordination, establishing and maintaining functioning management systems, and generating and using knowledge and evidence for decision-making. Human resources (quantitative and qualitative) is critical. As TSHIP is not able to assist with the quantitative aspect of HR, efforts focus on the qualitative areas: strengthening human, managerial and technical capacity

with an emphasis on HR for service delivery. Along with service delivery HR training and development, TSHIP focuses on improving infrastructure for service delivery (renovations and equipment), and commodities security required for service provision, including contraceptives.

During the year, action was based on findings from baseline, a rapid situation analysis and other assessments conducted at the beginning of the project to assess the health system and inform key interventions. To improve health services management, TSHIP facilitated the creation of an

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To improve human capacity, TSHIP trained officials of LGAs and civil society organizations on resource mobilization and proposal development following which the LGAs submitted proposals for specific projects to be supported by the MDG office in Bauchi state. Core trainers on maternal health and child survival services were trained to provide cascade training to all cadres of providers for improved high impact service delivery while

data managers at the state and LGA levels were trained in preparation for the introduction of the new NHMIS.

TSHIP engaged 83 health facilities in Bauchi and Sokoto states. "Engagement" includes training personnel and providing equipment. Nine health facilities were renovated to support increased access to quality health service delivery. Additionally TSHIP renovated and equipped the state FP commodity stores for Bauchi and Sokoto, and increased family planning service delivery points from 64 to 219 in Sokoto state, and in and Bauchi, facilitated the supply of FP, ORT, IPT, and other commodities as well as essential equipment including emergency trolleys to 30 HFs, and provided 45960 condoms, 20840 Depo Provera 8160 microlut, 14740 noristerat, 1752 Iofeminal and 35480 syringes as seed stocks to the Sokoto state ministry of health.



**A trainer leads a training session on FP counseling and SD for CHEWs in Bauchi state**

Through supportive supervision and monitoring the performance of health providers, TSHIP helped to strengthen service provision, commodity security, proper recording, and ensured compliance with family planning statutory requirements.

## Strengthening delivery and utilization of services

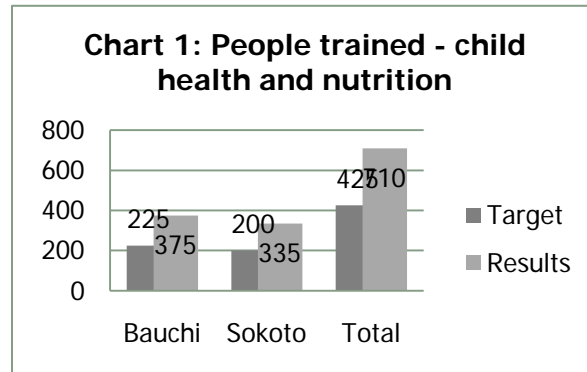
TSHIP implements an integrated and holistic package of high impact interventions to strengthen health care delivery and promotion of high impact MNCH/FP/RH interventions and essential referral levels, based on the priority needs in each state and LGA. Statistics suggest that there is more work to be done in Sokoto than Bauchi on ANC+ and more in Bauchi on RI. Both states need increased attention to FP service delivery barriers, and logistics especially at the LGA to health facility level. The Project also focuses on improving availability of vitamin A, vaccines, contraceptives, and malaria and pneumonia treatments.

TSHIP trained and supported 479 traditional birth attendants (TBAs) who successfully tracked 9220 newborns and referred them to health facilities for routine immunization. 350 ORT corners were set up in health facilities in collaboration with UNICEF and BACATMA.

In the first year, TSHIP focused resources on increasing the capacity and skills of primary health care facility and essential referral level staff in provision of high-impact interventions by providing technical assistance to the monthly state task force review meetings where operationalizing the Reaching Every Ward strategy was emphasized. Additionally, the Project retrained 92 state level, 131 LGA-level and 257 ward-level supervisors to strengthen the quality of routine immunization delivery. In Sokoto, TSHIP facilitated the state/GAVI organized training on REW for 93 participants and trained 64 traditional leaders including district heads from all 23 LGAs and emirate council members to improve their knowledge and facilitate support for RI. The district heads with support from LGA PHC staff will step down the training to ward heads in their various communities. This led to identifying gaps in the provision of antigens (OPV, BCG, Hepatitis B, measles and DPT) at the lowest operational level, the ward. TSHIP also provided technical

support to 60 health facilities for regular integrated supportive supervision and the provision of safe vaccines in wards.

TSHIP trained and supported 479 traditional birth attendants (TBAs) who successfully tracked 9220 newborns and referred them to health facilities for routine immunization. 350 ORT corners were set up in health facilities in collaboration with UNICEF and BACATMA. Establishment of the ORT corners coincided with the cholera outbreak in Bauchi and led to a reduction in case fatality in children. TSHIP also improved the capacity of nutrition officers, clinicians and service providers from 200 health facilities on the treatment protocol for diarrhea, trained 80 participants from three senatorial zones on the classification and management of diarrhea using ORT and procured 273,600 tabs of zinc/folate for inclusion in the management of diarrhea along with the use of ORT.



To reduce cases and improve treatment of malaria, TSHIP distributed 1.3 million Long Lasting Insecticide Treated Nets (LLINs) in collaboration with the state, UNICEF and other partners as part of the Child Health Week activities. Additionally, the Project collaborated with WHO, ARFH, BACATMA and BSPHCDA to support regular monthly reviews to track the number of health facilities providing Artemisinin-based combination therapy (ACT) and IPT and this provided BACATMA with reliable data, which was used to forecast 2011 projections.

To ensure compliance with WHO and national malaria case management and prevention protocol, TSHIP developed a module for training health facility service providers. The module incorporates the latest standards for malaria case management and prevention as contained in the 2010 WHO guidelines. Additionally, 236 service providers and women motivators were trained on malaria case management and prevention.

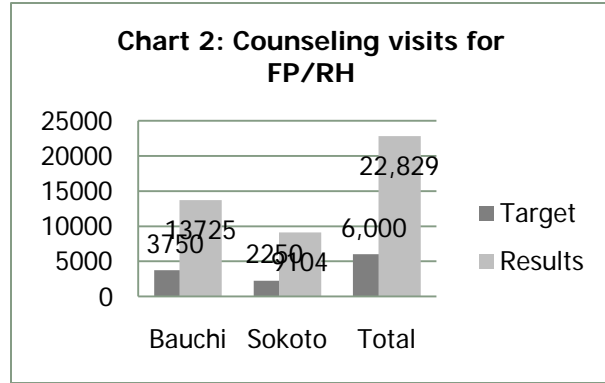


Child receives DPT vaccination at a health facility

TSHIP conducted activities to increase access and use of quality essential and emergency obstetric and newborn care (EmONC) services by pregnant women, mothers and their newborns. They include capacity building for 162 health workers in both states on the prevention and management of pregnancy-related life threatening complications and the review, printing and distribution of service protocols to service providers. To expand availability of competent health workforce, TSHIP oriented 161 NYSC doctors in both states on critical clinical interventions for reducing maternal, newborn and child mortality and morbidity, including family planning, quality of care, infection prevention and community mobilization. The project also facilitated a clinical skills training course for co-trainers, tutors and preceptors on mastery learning approach for proving competency-based training. In addition, 86 midwives were trained on essential maternal and newborn care, record keeping and effective referral

To facilitate service provision and reinforcement of knowledge, selected service delivery sites were provided with basic FP/RH equipment such as intra-uterine contraceptive device and post abortion care kits. Job aids and assorted behavioral change communication materials were adapted and reprinted. TSHIP also strengthened the knowledge, skills and attitudes of service providers through training for different cadres of 290 healthcare providers in FP/RH and contraceptive logistics management system, and supported FOMWAN to provide FP/RH information to young women ages 18 to 25 in some Islamiya schools and regular meeting places.

TSHIP scaled-up the Men as Partners strategy by training 125 community members to improve their support and promote FP/RH services. Women-focused NGOs in Bauchi were engaged to integrate FP/RH activities into their already existing micro-credit schemes and community-based distribution programs. Service providers in health facilities providing youth-friendly services were identified, trained and provided with BCC materials to empower them to continue to provide quality service.



## Strengthening community and household practice

TSHIP promotes positive home health and health seeking behaviors through a range of community-focused interventions. The aim is to strengthen sustainable capacity to manage the health system by developing capacity for strategic and operational planning, strengthening intra- and inter-organization coordination, establishing and maintaining functioning management systems, and generating and using knowledge and evidence for decision-making. TSHIP supports the promotion, practice and delivery of high impact health services based on coordinated, long term efforts by individuals, families, communities and governments. Key inputs for reaching results include small grants and institutional development work with community groups, NGOs and mass media partners; harmonized behavioral change communication messages; and specific efforts to target men, and religious and traditional leaders.

To strengthen household practice in year 1, TSHIP focused on building and strengthening the functionality of ward development committees; facilitating community-driven outreach volunteer programs to support household and community education and care; encouraging existing NGOs and FBOs to lead project-supported activities in LGAs; supporting NGOs to lead training and provide material and financial support to identified “Champions of Change”; scaling-up behavioral change communication activities to promote positive household practices; and targeting messages to promote a continuum of care through the life cycle approach.



Permanent secretary and director PHC at the malaria day celebrations in Sokoto state

To strengthen sustainable capacity at the grassroots in Bauchi and Sokoto states, TSHIP conducted an inventory of the existing village development committees (VDCs) and Ward Development Committees (WDCs), and oriented LGA health educators on how to administer an inventory form for future documentation. Following the inventory, the Project engaged 30 WDCs in Bauchi state through a series of activities including the joint celebration of World Population Day and World Breast Feeding Week and identified 80 champions within the 30 WDCs and trained them as Men as Partners in FP in the entire three zones. This was with a view to improving male participation in FP/RH activities and gaining their support in using modern methods of FP/RH to increase contraceptive prevalence rate. To scale-up community-driven outreach, TSHIP supported five prominent Islamic scholars to integrate key messages on FP/RH/MNCH into preaching during the Ramadan period in Sokoto state.

A community mobilization strategy consensus meeting with relevant state stakeholders including the media, NGOs, religious and traditional institutions and all IPs was conducted in both states with the objective of building on existing structures in the state through VDCs and WDCs. The general consensus by participants was that the TSHIP community mobilization strategy fits into the existing state social mobilization strategy

TSHIP compiled an inventory of BCC/IEC materials from past and present programs in Northern Nigeria with a thematic thrust in maternal and child health and family planning. The Project supported both States to create awareness on positive health practices through radio jingles, posters and other BCC/IEC materials on immunization, birth spacing, danger signs in pregnancy and ANC, and provided job aids to health facilities. Additionally, profiles on 40 NGOs/CBOs across Bauchi state to capture their location, organizational structure, areas of activities, capacity building needs, achievements and funding sources was prepared.

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## **Improving policies, programming and resource allocation**

TSHIP supports states and LGA authorities to develop and implement policies and regulations that draw on national policies modified according to local experience and evidence. Through operations research, TSHIP is working to improve programs and policy implementation targeting specific answerable questions relevant to each state or issue. Working with policy implementation groups, the project analyzes and disseminates policies working to eliminate barriers to implementation. To improve resource allocation, the Project works with Bauchi and Sokoto states and LGAS, helping to form local action committees where necessary and building their skills to advocate for adequate health resources and timely disbursement of allocated resources. Additionally, the Project expands the use of proven policy and advocacy tools.

In year one, the Project focused on identification of critical gaps in state policies through an assessment and inventory of stakeholders, policies, laws, regulations and successful models and approaches; reinforcing and building policy commitment of key state and local stakeholders and fostering policy dialogue; assisting with development and implementation of state and LGA-level policies and regulations that draw on national policies as well as local experience and evidence; and providing technical and analytic support to the development of proposals for MCH/FP/RH funding from the MDG and GAVI funds as well as other sources.

To improve resource allocation, the project conducted an analysis of Bauchi and Sokoto state budgets covering allocations and releases for EPI/ORT, vaccines, immunization/IPDs and malaria and disseminated the findings. TSHIP also supported Bauchi SMOH to develop a state strategic health development plan and budget using participatory approaches involving key players within the health sector and facilitated the operationalization of the state strategic health development plan by integrating it with the TSHIP strategic and workplan.



**Involving religious leaders: Sarkin Yaki Gagi, representative of the Sultan of Sokoto, monitors routine immunization services at the Gagi clinic in Sokoto**

TSHIP adapted the Ward Minimum Health Care package in an effort to decentralize and strengthen community health systems, supported Bauchi and Sokoto states to develop draft quality of care performance standard tools for their secondary health facilities and began the process for developing referral guidelines and linkages within the state health system.

As part of efforts to reinforce and build policy commitment as well as foster policy dialogue, TSHIP supported establishment of a group of champions and began the process of developing a RAPID model with key messages on health, housing and education. An evidence-based advocacy presentation based on the RAPID model<sup>4</sup> was developed. The model will be used to engage policy makers, technocrats, gatekeepers and civil society groups to focus more attention on social sector.

Additionally, TSHIP collaborated with the Sokoto state Arabic and Islamic education board and the state ministry of health to disseminate the contents, key strategies and importance of the IMNCH policy/strategy to traditional and religious leaders, conducted an assessment of prevalent national MCH and RH/FP policies and conducted workshops on MCH/FP/RH interventions for traditional and religious leaders from the six emirate councils in Sokoto state.

TSHIP also trained NGOs on resource mobilization, proposal writing, development of strategic and sustainability plans, financial management and organizational management; and identified relevant corporate organizations, developed strategies for partnerships and made direct contacts in implementing the project's public-private partnerships in health sector financing. Provision of technical and analytical support to local NGOs on proposal development will help improve access to MCH/FP/RH funding from the MDG fund, GAVI fund, and other sources.

TSHIP also supported Bauchi SMOH to develop a state strategic health development plan and budget using participatory approaches involving key players within the health sector and facilitated the operationalization of the state strategic health development plan by integrating it with the TSHIP strategic and workplan

<sup>4</sup> The RAPID Model is a computer-based tool that stakeholders can use to demonstrate the effect of rapid population growth on different sectors and the benefits of FP programs.

## Project Support Services

### Service and Management Quality Assurance

TSHIP implements set of activities to set standards and to monitor and improve performance so that healthcare services provided is as effective and safe as possible.

During the year, the project facilitated an evidence-based orientation meeting with state, LGAs and other relevant stakeholders to introduce and promote the use of performance standards in health facilities in Bauchi and Sokoto States. TSHIP also collaborated with states and LGAs to select 23 SBM-R phase one facilities consisting of twelve general hospitals and twelve primary health facilities to begin implementing the standards management and recognition approach. Additionally, during a three-day workshop, TSHIP worked with stakeholders to review and adapt performance standards for MNCH as well as immunization, malaria, nutrition, EPI, BCC, facility management, drug supplies management and infection prevention.

TSHIP collaborated with FHI/GHAIN project to distribute 820 injection safety boxes that were placed in labor and delivery rooms, family planning areas and child care areas in the 30 phase one SBM-R facilities thereby strengthening health facilities to provide safe injection services to communities. TSHIP also collaborated with SPHCDA in Bauchi to develop, print and distribute client rights posters and hand washing job aids. Infection prevention equipment including aprons, boots, utility gloves, containers for high-level disinfection, hand washing buckets with tap heads, waste bins were also procured and distributed.

### Operations Research

TSHIP uses Operations Research (OR) to improve programs and policy implementation, targeting specific, answerable questions relevant to a given state or issue. The Project focuses on using experiences from partners to identify and design concise, targeted OR for key issues. Evidence gained through the OR studies routine monitoring or other sources are shared with government stakeholders and partners.

In year one, state profiles for Bauchi and Sokoto states were developed based on a secondary analysis of the NDHS to provide evidence for advocacy efforts to states on relevant health issues. Additionally, the Project facilitated the establishment of Bauchi and Sokoto health research ethics committees in line with the states' strategic health sector development plans. In each state, the committee will continue to provide oversight to ensure that health research is in compliance with national and international ethical standards. TSHIP conducted a study on the operational barriers to ITN distribution in Bauchi and Sokoto state. Findings will help better understand current operational practices related to ITN distribution and ensure better technical assistance to strengthen ITN distribution. This report will be published and disseminated in 2011.

### Monitoring and Evaluation

Through a two-pronged strategy (strengthening M&E systems and promoting evidence-based decision making), TSHIP promotes the principle that M&E is a problem-solving and learning activity operating within the states' existing M&E system and has spent PY1 establishing a strong foundation for this approach. TSHIP M&E activities fell into two main categories: 1) supporting the TSHIP sub objective teams to collect, analyze, and use data for strategic planning and decision making and 2) strengthening state level M&E systems including HMIS.

The development of the performance monitoring plan (PMP), which was carried out in a collaborative process that included involvement of major stakeholders, established the Project's

overall M&E strategy, indicators to be reported to USAID, description of data sources and flow of project data, and approach to data quality assurance. The PMP is grounded in the strategy that TSHIP will facilitate the collection, analysis, and use of data within the existing state information system while building its capacity over time. With close partnership from the Bauchi and Sokoto state Ministries of Health as well as key state agencies, TSHIP implemented a health facility rapid baseline assessment in a sample of health facilities in the two states from January to April 2010. The purpose of the assessment was to determine the extent to which health facilities in each state provide quality and integrated FP/RH/MCH services, serve as a reference in dialogue with state policy and decision-makers, aid project work planning, and establish a project baseline. A baseline report was produced and disseminated to all key stake- holders.

LGA staff were trained to develop monitoring charts to track submission of different forms and were trained to develop and use data compilation forms to summarize monthly data. TSHIP also supported the states with printing and distribution of HMIS forms. Further, TSHIP started to develop a prototype M&E database to capture HMIS and other project data such as training information.

TSHIP developed internal M&E processes in order to collect, analyze, report, and use data. The project first developed procedures for HMIS data collection and quality assurance including a capacity building checklist to guide the process, gained initial feedback from LGA and state staff, and then familiarized project staff with the NHMIS and other state-based reporting forms. The Project started its capacity building and data collection visits at the LGA level in January 2010. After each month, the process has been reviewed together with state and LGA staff and necessary adjustments have been made and progress over time has been tracked. During the LGA visits, data management processes were established and strengthened. For instance, LGA

staff were trained to develop monitoring charts to track submission of different forms and were trained to develop and use data compilation forms to summarize monthly data. TSHIP also supported the states with printing and distribution of HMIS forms. Further, TSHIP started to develop a prototype M&E database to capture HMIS and other project data such as training information.

TSHIP provided technical assistance and support to Bauchi and Sokoto states to build macro-level capacity for leading and coordinating state-level M&E and supporting LGAs, facilities, and communities to strengthen M&E systems. In Bauchi, the project supported several meetings between the state and LGA M&E officers to define roles and responsibilities and to institute a more coordinated system of data flow. Further, these discussions included a review of existing data collection tools and brainstormed plans on how to harmonize existing forms as well as how to roll out the NHMIS tools. In Sokoto, all twenty-three LGA M&E officers were trained on how to use the NHMIS data collection tools. Further, TSHIP with the assistance of an M&E consultant, held several discussions in Bauchi and Sokoto States including all relevant ministries, agencies, and implementing partners regarding the development of a state level technical M&E working group, which would lead the development and implementation of a state M&E framework as well as lead and coordinate M&E activities within each state.

## Coordination, Collaboration and Partnership

TSHIP practices a participatory approach to work planning and implementation that encourages close collaboration with key project stakeholders.

To this end, TSHIP convened a number of advocacy and sensitization meetings with key government departments and agencies throughout the year. These included meetings with high-level officials of SMOH and its main service delivery agencies. Additionally, the Project

collaborates with the two other USAID flagship projects, NEI and LEAD. The two projects were actively involved in the development of the community and social mobilization strategy and WDC profile implemented by TSHIP. The Project also collaborated with another USAID-funded IP, GHAIN at the health facility level to integrate PMTCT and HIV care and support to reproductive health and family planning services. TSHIP also maintains an active coordination and collaboration with DELIVER, Marie Stopes Nigeria, PPFN, CIDA-CIET, ARFH, ACQUIRE Fistula Care, UNFPA, WHO, SFH, MSF as well as other stakeholders in the two Project- supported states.

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TSHIP conducted staff retreat and planning meetings. Each meeting hosted about sixty participants and were both held at Kaduna NAF Club hotel. The first meeting was planned to bring all the TSHIP staff together for team building and work planning to achieve a common understanding of the project objectives. The strategic planning meeting objective was to come up with a clear project implementation strategy road map for the remaining four years of the project. Both meetings were successful and achieved the intended objectives. In both meetings USAID, SMOH representatives, consortium partners and stakeholders were in attendance.

In order to improve service delivery and to motivate health personnel, TSHIP renovated and improved a total of six health facilities in both Sokoto and Bauchi. The improvement of 16 other health facilities was in progress in both states and expected to be completed by the end of October.

## Opportunities and challenges

Inevitably, there were challenges during the year but opportunities were also presented.

Challenges include: the unpredictable political situation in both States. It is however hoped that the landmark impressions made by TSHIP in the two states will be maintained so that the Project can build on existing supports without reinventing the wheel.

The inadequate skilled manpower including nurses/midwives and doctors in the two supported states pose a huge challenge to program implementation. Since CHEWs form the bulk of health manpower, TSHIP will identify and empower them with the necessary skills required to provide quality, integrated MNCH/FP services.

Other challenges to which the Project is collaborating with all stakeholders to affect include: inadequate availability of contraceptives stock and poor access to FP services; poor funding which is inhibiting the swift implementation of the SSDHP by states and LGAs; inadequate distribution of qualified staff in HFs; verticalization of programs; low-level of funding for IMNCH/FP/RH by state and LGAs; and inadequate research skills and capacity

Important opportunities include: general consensus on the TSHIP community mobilization strategy produced with a wide stakeholder participation fitting into the existing State Social Mobilization strategy; availability and willingness of many implementing partner agencies to collaborate with TSHIP in various areas of project implementation such as diarrhea control, immunization, malaria, policy, M&E, and community mobilization; and availability of State

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The leadership of the states and heads of collaborating ministries and agencies have shown a willingness to partner with TSHIP in the provision of integrated and quality MNCH/ FP/RH services.

Other important opportunities include the on-going MSS scheme which is a golden opportunity that TSHIP could buy into. TSHIP can identify and train midwives in facilities where they work in order to empower them to provide quality MNCH/FP/RH services; the availability of NHIS, MDGs and the states' free maternity, under-five and nutrition pro- grams. Even though they do not cover all facilities, might still present an opportunity to increase access and use of health services by communities; and existence of QITs and WDCs established during the defunct

COMPASS and IMMUNIZATIONbasics projects presents opportunities for involving communities in taking the lead in improving their health situations. TSHIP will reactivate and strengthen these existing structures.



# USAID | NIGERIA

FROM THE AMERICAN PEOPLE

## CASE STUDY

### Maternal Health Matters to Everyone

**Traditional and religious leaders in Northern Nigeria commit to saving the lives of mothers and children**

**CHALLENGE** The maternal mortality rate in the northern states of Nigeria is one of the highest in the world. In Bauchi State, women on average bear up to eight children in their lifetimes, yet only 45% of them receive prenatal care. Unfortunately, the statistics are not any better for children. Less than one percent of Bauchi's children under the age of one are fully immunized. This statistic is particularly worrisome



Usman Alrashidi, TSHIP

given that this area is one of the last places where the wild poliovirus is still a threat. The average person living in Bauchi experiences two malaria episodes per year – with pregnant women and small children being the most affected.

Overcoming these increasingly difficult maternal and child health challenges requires commitment and partnership at all levels – particularly with traditional and religious leaders, who can use their trust and authority to change health behaviors in their communities.

*TRADITIONAL AND RELIGIOUS LEADERS FROM BAUCHI STATE IN NORTHERN NIGERIA LISTEN ATTENTIVELY DURING A TWO-DAY MEETING WITH STATE HEALTH DIRECTORS AND CIVIL SOCIETY GROUPS. THE AIM OF THE MEETING WAS EXPLORE HOW THE LEADERS CAN WORK WITH THE STATE HEALTH APPARATUS TO IMPROVE HEALTH SEEKING BEHAVIOR AT THE COMMUNITY LEVEL.*

**INITIATIVE** USAID's Targeted States High Impact Project (TSHIP), a five-year maternal, child, reproductive health and family planning initiative, is engaging traditional and religious leaders in the effort to change community behaviors and perceptions about health care. TSHIP collaborated with the Bauchi State Ministry of Health to host a two-day meeting that allowed these leaders, as well as state health directors and civil society leaders, to come together to discuss how they can improve health outcomes in their communities.

The group explored issues such as the current health status of girls and women, Muslim and Christian views of the role of men in family health, birth spacing options, and the importance of children receiving immunizations on schedule.

**RESULTS** Traditional and religious leaders are now engaged *at the state level* in improving community health, which increases their collective level of impact. The leaders have agreed to meet with State health directors on a regular basis, in order to share information and coordinate efforts to address pressing health problems, such as cholera outbreaks, at the earliest possible stage. Another key result of the meeting, the leaders said, is that if they encounter resistance in their communities, they now know how to get in touch with their government counterparts for assistance.

Interestingly, the meeting also illuminated that the concept of safe motherhood is entrenched in the Quran. According to scripture, the shortest period between two babies should be two years and women are advised to breastfeed for two years. This was new information for almost all meeting attendees, and the Muslim religious leaders in the room said that it changed their perceptions about how women should be empowered to make decisions about their health. For example, many women are not allowed to go to a hospital or clinic without their husbands' permission, and this can sometimes endanger their lives if they are experiencing a medical emergency. The Muslim leaders acknowledged that women should be empowered to seek medical services on their own if needed.

Change will likely not be quick or easy, but because traditional and religious leaders have longstanding relationships with communities based on trust, they are in a strong position to help overcome the cultural barriers preventing health-seeking behavior.

TSHIP Consortium: JSI Research & Training Institute, Inc., JHPIEGO, Futures Group International, LLC, Center for Development and Population Activities (CEDPA), and Management Strategies for Africa (MSA).

# TSHIP

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Advancing Health in Bauchi and Sokoto States

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