



**NERICC Program Manager Dr. Bassey Okposen addressing traditional leaders during the community engagement in Bayelsa State**

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## IMPLEMENTATION OF THE COMMUNITY ENGAGEMENT STRATEGY FOR UPTAKE OF ROUTINE IMMUNIZATION IN BAYELSA STATE

Community engagement is the process by which the health system works collaboratively with host communities to improve community ownership of health and health programs in accordance with the tenets of Primary Health Care and address both supply and demand-side factors that contribute to poor programme performance, health indices and under-/non-immunization in the community. This strategy aims at increasing immunization coverage and reach the hardest to reach. This includes communities taking a lead in identifying, owning and resolving issues that contribute to low or stagnating immunization rates.

Improving this collaboration with communities requires a well-defined strategy that utilizes the traditional architecture of the community. In Northern Nigeria, this traditional architecture is well known and could be harnessed for coordination and mobilization of communities for action. The Global Polio Eradication Initiative (GPEI) utilized this community architecture in its polio eradication efforts with recorded success; the Expanded Programme on Immunization (EPI) is utilizing this architecture in the form of Ward Development Committees (WDCs) and Village Development Committees (VDCs) and in the development of micro plans for both routine and supplemental immunization activities. Some Northern States have also

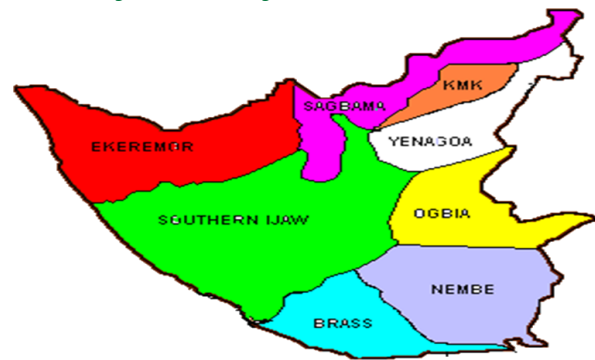
developed state-specific community engagement strategies which the leadership of the Northern Leaders Traditional Council, the Sultanate and some Emirate Councils are working to harmonize the various components within a coordinated framework. This approach therefore builds on these models in providing a definitive and harmonized plan for increasing community participation in routine immunization in Nigeria.

**Aim;** The strategy:

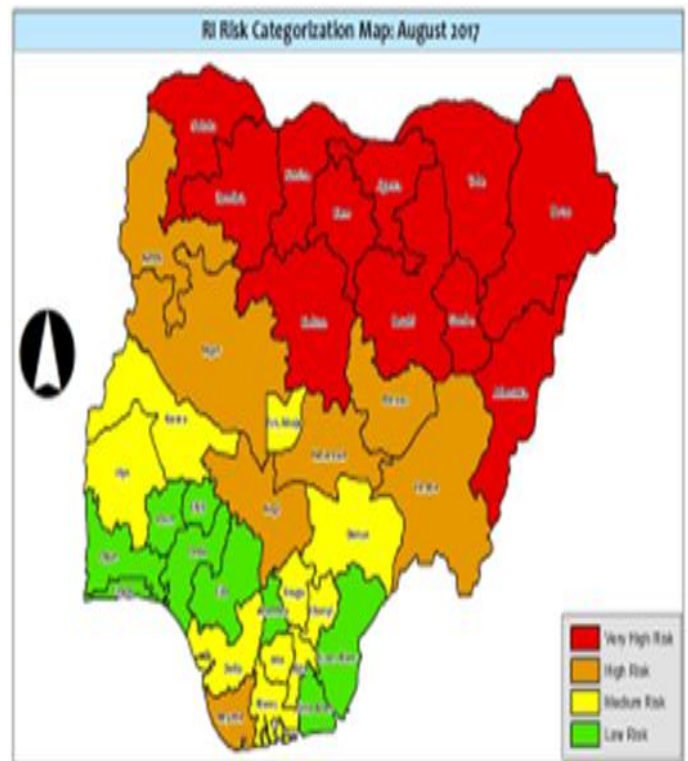
- seeks to engage and sustain community participation, ownership and responsiveness to immunization and other PHC services, through existing traditional structures in low performing States.
- seeks to increase and sustain community demand for RI with a view to achieving 85% coverage.
- puts the community at the centre of this strategic concept for sustainability and ownership.
- emphasizes community participation and involvement in the decision making process (planning and implementation of interventions) related to the health of the community.
- advocates demonstration of leadership and governance at the LGA and the community levels.
- provides for the establishment of an Emirate Council on Health which supports the coordination of the implementation of the strategy within the traditional system of the State level.

Others are the District Heads who support the coordination of the LGA level, the ward level which is domiciled with the Village Head within the WDC and the community level.

**The Bayelsa Story**



Bayelsa State Emergency Routine Immunization Coordination Centre (SERICC) was inaugurated on the 24<sup>th</sup> of November, 2017 as part of the National Emergency Routine Immunization Coordination Centre (NERICC)'s innovation to revamp routine immunization in the State. The 2016 Multiple Indicator Cluster Survey/National Immunization Coverage Survey (MICs/NICs) result places Bayelsa as the lowest performing state in the South-South Zone. Penta 3 coverage is 43%, OPV3 is 35% and Measles is 52 %. Child health card retention was 37%.



*Bayelsa State is the only Southern State in the lowest performing cohort in Nigeria*

Very Low Perf. (11)	<ul style="list-style-type: none"> <li>Sokoto, Jigawa, Kaduna, Kano and Kastina, Borno, Gombe, Bauchi, Adamawa, Yobe and Zamfara</li> </ul>
Low Perf. (7)	<ul style="list-style-type: none"> <li>Kebbi, Kogi, Taraba</li> <li>Nasarawa, Niger, Bayelsa and Plateau</li> </ul>
Medium Perf. (10)	<ul style="list-style-type: none"> <li>Kwara, Benue, Imo, Ebonyi, FCT</li> <li>Oyo, Abia, Delta, Enugu &amp; Rivers</li> </ul>
High Perf. (9)	<ul style="list-style-type: none"> <li>Edo, Akwa Ibom, Cross River, Ogun,</li> <li>Anambra, Osun, Lagos, Ondo and Ekiti</li> </ul>

*Categorization of States + FCT was based on a set of six (6) indicators; NERICC interventions are focused mainly on the 18 poor performing States with basic support to other States.*

### Community engagement strategy in Bayelsa State:

Being a Southern State, the community structure in Bayelsa differs from that of the Northern States. As such, the community engagement framework was adopted and modified to fit in the traditional structure in the southern state.

The concept was introduced to the State during the Optimized Integrated Routine Immunization Sessions (OIRIS) visit. Sensitization of the traditional institution started with engagement with three Royal Majesties, Compound Chiefs and Community Heads in their domain. They were delighted with the idea and their roles. The traditional ruler's council adopted the strategy and pledged full support to its implementation by sensitizing the traditional institution (Amayanabo/ Amananawei, compound chiefs etc.) in the State, to commence the implementation of the framework. True to their promise, the uptake of RI in Bayelsa State is steadily improving as a result of this collaboration.

## THE ED/CEO'S BIRTHDAY



*The ED with members of Staff and other partners in commemoration of his birthday*

14<sup>th</sup> day of August is the birthday of our team leader, the Executive Director/CEO, Dr. Faisal Shuaib. Quite discreetly, a few aides and staff in the ED's office had started making moves to arrange a birthday surprise.

Nobody knew how it got leaked to the ED. One after the other, the ED called 'the suspects' and warned against any arrangement for his birthday! It was a great shock when the news against any birthday arrangement broke out within the ED's office. "Why should ED stop such good attempt?" – some asked.

"ED is so engrossed in his pre-occupation to see and celebrate improvements in RI, PEI and maternal and child health interventions rather than his birthday" – quipped an aide.

"Of course, we all share in his vision, direction and agenda for a rapid positive change of narrative on RI, PEI and PHC in general. Come to think about it, ED appears irrevocably impatient and quite ambitious about all these but the truth is that we have made remarkable progress within so short a period

of his leadership; Routine Immunization has improved from 33% to 56% and NERICC, SERICC, LERICC and other initiatives are making a difference”, a top official contended.

What has ED’s birthday got to do with all these? “We are not celebrating, we just want a record that we identify with him on his birthday like he does with others. If we are to celebrate, we will move to a hotel and organize a bash”, the top official added. Others bought into the idea that it would be no offence if the birthday arrangement continued, especially low key. The plan resumed on full scale, consultations were made and the agenda was agreed upon by the planners.

For the 14<sup>th</sup> day of August, 2018, those concerned had agreed to beat the ED to his daily routine of resuming from 7:45 – 8:00a.m, by ensuring that all would be at his reception at 7:30am. They did. As expected, the ED walked into the reception at his usual time. He was caught unawares and pleasantly surprised amidst a roaring song of *“Happy Birthday To You”*.

Unbeknown to the group at the reception, the NERICC team had also put in place a similar birthday arrangement for the ED at the conference room. When informed, the Director, Admin & HR, Hajiya Aisha Lami Abubakar led the ED and others to join the NERICC team at the conference room for a joint ceremony to avoid duplication and save time.

Well-wishers took turn to congratulate and pray for the birthday ‘baby’ of the year, Dr. Faisal Shuaib and 3 other officers of the

Agency, Mrs. Hadiza Jibril, Mrs. Olubunmi Akeredolu and Mr. Yusuf, whose birthday coincided with that of the ED/CEO.

Speakers acknowledged remarkable progress the Agency had recorded on RI, PEI and PHC revitalization and series of commendable innovations and initiatives under Dr. Shuaib’s leadership. All the speakers prayed for long life and prosperity not only for the ED but other celebrants and indeed all management and staff of the Agency. In response, Mrs. Jibril and Mrs. Akeredolu expressed their profound appreciation and gratitude.

Also responding, the CEO, Dr. Faisal Shuaib thanked all Staff, Management and Development Partners for keeping faith and confidence reposed in his leadership and their encouraging support towards the success of NPHCDA. The ED was full of optimism for a brighter day ahead in PHC delivery in Nigeria.

On behalf of all the management and staff of the Agency, this is wishing the Executive Director and Chief Executive Officer and other birthday celebrants of the month of August “Happy Birthday and many happy returns”.

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**FEDERAL GOVERNMENT BUDGETS  
\$180M FOR PHC IN 2018 –  
Health Minister**

The Federal Government has set aside \$180 million for PHC revitalization in the 2018 budget. In addition, the World Bank’s support to Nigeria for PHC within the same period is put at \$20 million while the Bill and Melinda Gates Foundation (BMGF) is also complementing with a sum of \$2 million.

The Minister of Health, Professor Isaac Adewole disclosed this recently while addressing representatives of Global Alliance for Vaccine and Immunization (GAVI) and other stakeholders at meeting held in Dakar, Senegal. The Minister explained that the Government's budget was a practical demonstration of its commitment towards financing its ambitious project for the revitalization of the Nation's primary healthcare system.

He assured that Government would ensure direct flow of resources to health facilities at grassroots level, embark on necessary infrastructural facilities, procure health commodities and guarantee incentives for the health workers.

He reiterated Government's commitment to ensuring 10% increase each year in Nigeria's funding of immunization as already pledged to GAVI, while commending GAVI's Governing Board for extending its immunization financing in Nigeria by ten (10) years, ending in 2028.

Professor Adewole highlighted a long list of Nigeria's achievements on immunization which includes: putting an end to data falsification, declaration of state of public concern on routine immunization, drastic increase in the national coverage of routine immunization from 33% in the 2016 survey to 56%, six months after the introduction of a tracking strategy to ensure every child in the country is fully immunized against vaccine-preventable diseases.

He further disclosed that with the introduction of NERICC at the National level,

its replication at State and Local Government levels in all the 18 low-performing States and the current synergy between Federal and other levels of Government and Development partners, the national target of 80% coverage in immunization would be achieved at the end of 2028.

It may be recalled that in appreciation of the transparent, zero tolerance for corruption and the credible leadership of President Buhari's Administration, GAVI's Governing Board announced an unprecedented extension of GAVI's transition in Nigeria by ten (10) years ending in 2028, with additional funding of over \$1,000,000,000 USD.

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### FIRST NSHIP JOINT MISSION ZONAL REVIEW MEETING

"Performance-Based Financing (PBF) goes beyond NSHIP or a project. It is a way of life; a way of doing things. It is ensuring that quality health services are being delivered to the population". These were the words of the ED/CEO, NPHCDA, Dr. Faisal Shuaib who was represented by the Director, Primary Health Care Systems Development (PHCSD), Dr. Oladimeji Olayinka at the first zonal review meeting of AF-NSHIP in Gombe State.

In continuation of provision of implementation support for the project (AF-NSHIP) in the North East States, a joint mission to selected States took place in Gombe, in July 2018. The joint mission was also subsequent to the project's Technical Review Meeting (TRM) that took place in May 2018. It involved the Federal Ministry of Health (FMoH), National Primary Health Care Development Agency (NPHCDA), Federal Ministry of

Finance (FMoF), State Ministries of Health (SMoH), State Primary Health Care Development Agencies/Boards (SPHCDA/SPHCDB), the World Bank, Contract Management Verification Agencies (CMVA) and Independent Verification Agencies IVA).

Activities that took place included visits to some project sites, assessment and possible resolutions of State-specific project issues, as well as advocacy to relevant State stakeholders. The objectives of the joint mission were to appraise the progress of NSHIP in the implementing States, take stock of health facility performance with respect to PBF in AF-NSHIP States and address implementation challenges. Adamawa State has specific objectives which are to: determine the performance of the Demand Side Financing (DSF) component of the NSHIP, in pilot LGA Fufore and engage citizen/community to ensure they take ownership, have a voice and demand quality services.

Activities commenced on 15<sup>th</sup> July, 2018. The joint team was divided into two teams which visited different project States. The project States that were visited were Adamawa, Bauchi and Gombe States. Tremendous improvement was seen at all the sites visited by the teams especially in the areas of infrastructure, adherence to protocols and guidelines as well as community engagement as related to the quality of care. However, the States visited were noted to be in various levels of progress.

Various implementation challenges were also identified during the visit. It was also noted that stakeholders at all levels need to be

involved for the successful implementation of the project, its sustainability and maximum benefit to the communities. Hence, advocacy visits by the joint team were made to State stakeholders including the policy makers, religious and traditional leaders to seek support for the project.

The joint mission was rounded up with a 2-day zonal meeting of AF-NSHIP in Gombe on 20<sup>th</sup> and 21<sup>st</sup> July, 2018. The meeting was chaired by the Gombe State Commissioner for Economic Planning, Alhaji Danladi Pataki. The ED/NPHCDA, Dr. Faisal Shuaib was represented by Dr. Olayinka, the Director/PHCSD, while the World Bank's team was led by the Task Team Leader, Dr. Wole Odutola. Commissioners for Health, Executive Chairmen/ Executive Secretaries of SPHCDAs, Project Coordinators of AF implementing States, CMVAs and IVAs were in attendance.

Presentations were made by the State Projects Implementation Units (SPIU), CMVAs and IVAs on the experiences, performance and progress in their respective States. This generated a lot of discussions and peer review. There were also breakout sessions where discussions were held with the five (5) AF-NSHIP States in the north east (Bauchi, Borno, Gombe, Taraba, Yobe). State specific issues as well as general issues were discussed and resolutions were made. A major highlight during the meeting was the discussion around the sustainability of the project which also needs state specific approach.

Some States have made tremendous progress in implementation while some still need more support. However, it was noted that

more could be achieved with improved and frequent supportive supervision from the higher level. As the scope of the project is expanding, an additional Technical Assistant (TA) needs to be recruited to support the Bauchi State PIU. This is to enable the already engaged TA to focus on Gombe and Taraba States.

Grievance redress mechanism, an important component of the project, was noted to be weak and it is extremely necessary to get it well structured. NPHCDA is mandated to develop a Standard Operating Procedure (SOP) for grievances redress mechanism in order to strengthen the community voice, participation and ownership in line with the principle of PHC.

To enhance sustainability, Human Resource for Health (HRH) is still a concern for the States as they do not have adequate skilled human personnel at the facilities, in addition to the maldistribution of the available skilled personnel. Many health facilities have excess support/non-medical/unskilled staff. States are encouraged to rationalize/redistribute the available skilled staff while they also source for skilled staff beyond the States.

The design of the project is such that a secondary health facility is contracted within each LGA for the purpose of referral. But specialist hospitals and Federal Medical Centers (FMCs), which are tertiary facilities are contracted in some LGAs because such LGAs do not have a secondary facility. It was however noted that tertiary facilities cannot conform with some of the practices of the project because of their operational system. Also, these health facilities are already well

funded by the Federal Government, hence putting more fund into these facilities does not represent efficient use of the limited available financial resource. Therefore, NPHCDA and World Bank are to take a decision on how best to engage the tertiary health facilities in these States.

At the end of the two-day meeting, stakeholders concluded that NSHIP is no doubt a highly impactful intervention that is changing the face and narrative of PHCs in Nigeria. However, its sustainability is an ongoing task that needs the involvement and support of every stakeholder, especially the state stakeholders (state executives, legislature, traditional institutions etc.).

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## SERVICOM CORNER

### Quality Service Delivery

A customer is the most important visitor on our premise:

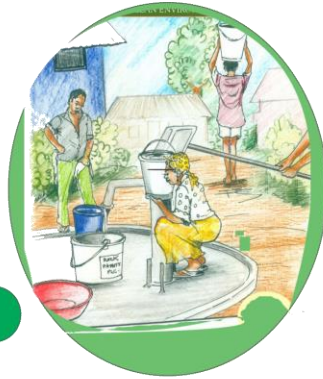
- ✓ He is not dependent on us, rather we are dependent on him.
- ✓ He is not an interruption in our work, he is the purpose of it.
- ✓ He is not an outsider in our business, but a part of it.
- ✓ We are not doing him a favor by serving him, instead he is doing us a favor by giving us an opportunity to serve.

Always do what is right; it will gratify most people and astound the rest.

***Service Delivery is key!!!***

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## ARTFLAKES



PHC IS ALSO ABOUT THE PROVISION AND AVAILABILITY OF **PORTABLE CLEAN DRINKING WATER IN A VERY CLEAN ENVIRONMENT...**  
**LET'S BE REMINDED.**



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