


**HEALTHY
IMPATIENCE!**





‘Opportunities and challenges in leveraging digital health for planning and policy implementation and monitoring’

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Overview of the presentation

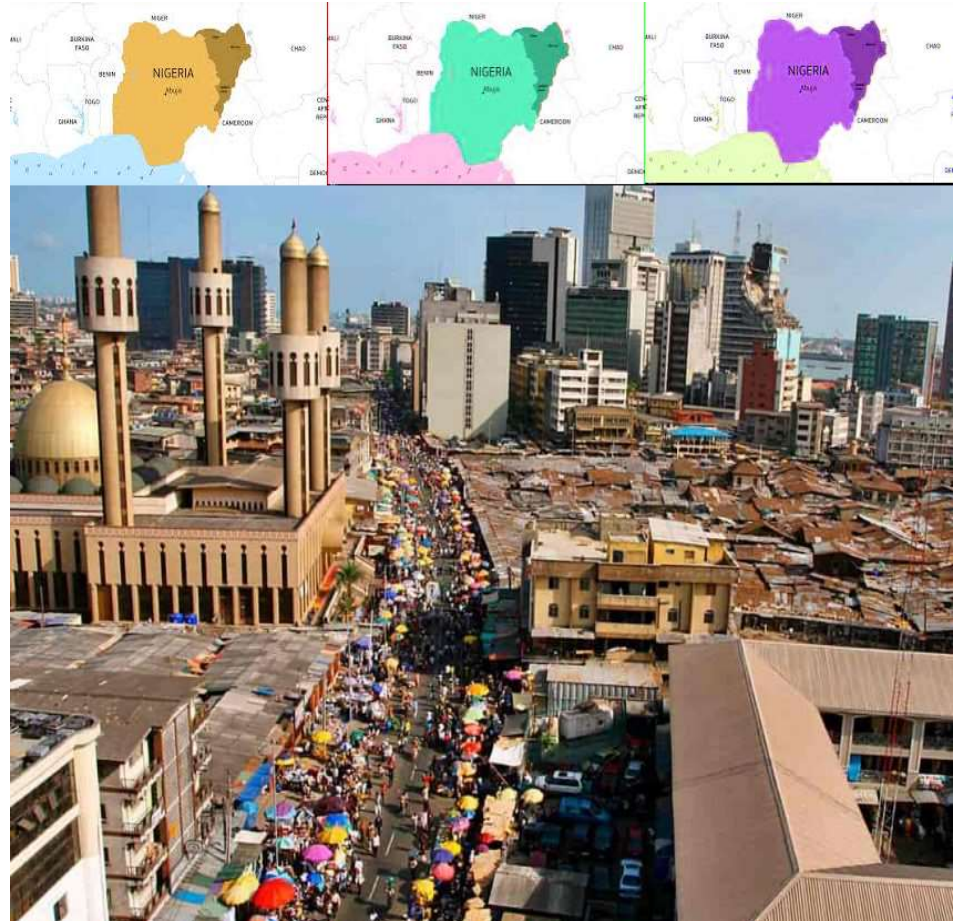
- Background and context
- Planning and policy implementation
- Monitoring at different levels
- Challenges
- Promising practices and Opportunities
- Summary and next steps

Nigeria

- **Largest economy and most populous country in Africa**
 - < 2.5% of the world's population
 - > 10% of global burden of child and maternal mortality
- **Population of 200 million people**
 - 40 million children
 - birth cohort of 7.5 million
- **Growth brings opportunity and burden on health infrastructure**



Urgent need to fast track results for maternal and child health in Nigeria.



Maternal and Child health in Nigeria: The Facts

- **One in every 15 Nigerian children dies before reaching age 1.**
 - **One in every eight Nigerian children dies before age 5.**
 - **Only 23% of Nigeria's children are fully immunized**
 - **Malnutrition underlies nearly 50% of child deaths in Nigeria.**
 - **Only 17% of Nigerian babies are exclusively breastfed for the first 6 months of their life.**
 - **Only 25% of Nigerian children under 5 years of age sleep under insecticide treated mosquito nets**
 - **29% of young Nigerian women aged 20 – 24 years gave birth by the age of 18.**
 - **31% of pregnant women receive no ANC services**
 - **Knowledge of MTCT of HIV is stagnant since 2001 at around 50%**
 - **Only 20% of pregnant women living with HIV access PTMCT services.**
- **Source:NDHS 2013 , NAIIS 2018**



Multiple challenges: Both supply and demand

- Lack of demand for services
- Insufficient human resources and/or lack of skills
- Poor state of health facilities
- Lack of equipment and commodities
- Difficult access to health clinics, especially for hard to reach populations;
- Poor health seeking behavior in general due to lack of knowledge as well as cultural norms and practices.



FACTS

- Political commitment
 - Policy environment – NSHDP II
 - Planning given high importance and attention – AOP
 - Leveraging data for results (and monitoring)
-
- Shift from program specific planning and monitoring towards comprehensive health sector strategic planning and monitoring
 - Digital platforms and solutions
 - Sense of urgency
 - Collaborations and partnerships
 - Engagement at all levels

Leveraging digital health platforms towards accelerating action for results

OPPORTUNITIES AND CHALLENGES

**Program
specific
interventions**

**Planning
and
Monitoring**



**Share and
scale and
sustainability**

Step 1: PLANNING-National Strategic Health Development Plan

To change the status quo and aim towards achieving Universal Health Coverage and the SDG3, a five year strategic Health Development Plan was produced using a bottom up approach- NSHDP II (2018-2022)

Vision, Mission and Goal of NSHDP II

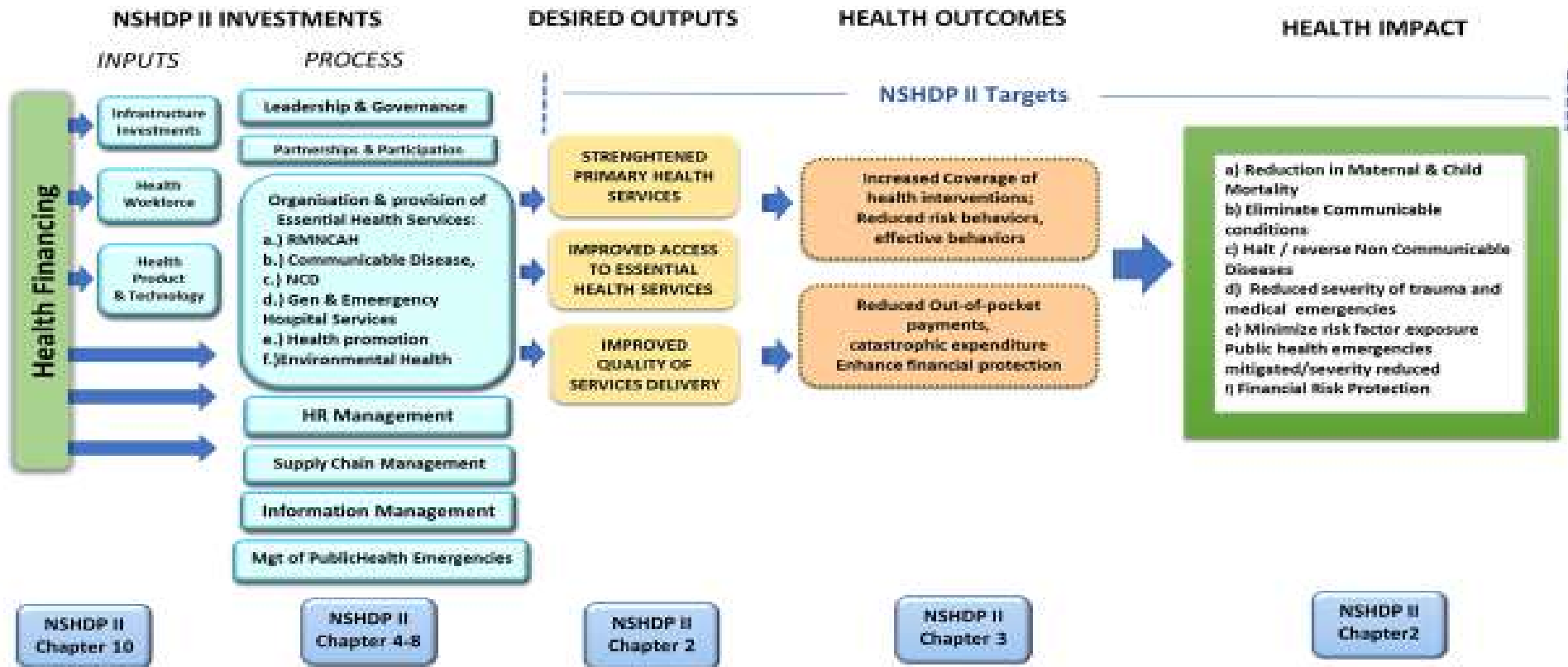


“To ensure that the Nigerian populace have universal access to comprehensive, appropriate, affordable, efficient, equitable, and quality essential health care through a strengthened health system”



Ensuring healthy lives and promoting the well-being of the Nigerian populace at all ages

NSHDP 11: Structure



Strategic Pillars and Priority Areas of NSHDP II

Overall Expected Results: Equitably reduced morbidity and mortality

Strategic Pillar 1: Enabled Environment for Attainment of Health Sector Goals

Priority Area 1: Leadership and Governance

Priority Area 2: Community Participation

Priority Area 3: Partnerships

Strategic Pillar 3: Strengthened Health System for Delivery of EHCP

Priority Area 9: Human Resources for Health

Priority Area 10: Health Infrastructure

Priority Area 11: Medicines, Vaccines, Commodities & Health Technologies

Priority Area 12: Health Information System

Priority Area 13: Research for Health

Strategic Pillar 2: Increased Utilization of Essential Package of Health Care Services

Priority Area 4: RMNCAH +N

Priority Area 5: Communicable Diseases

Priority Area 6: Non Communicable Diseases

Priority Area 7: Emergency Medical and General Hospital Services

Priority Area 8: Health Promotion and SDH

Strategic Pillar 4:

Priority Area 14: Protection from Health Emergencies and Risks

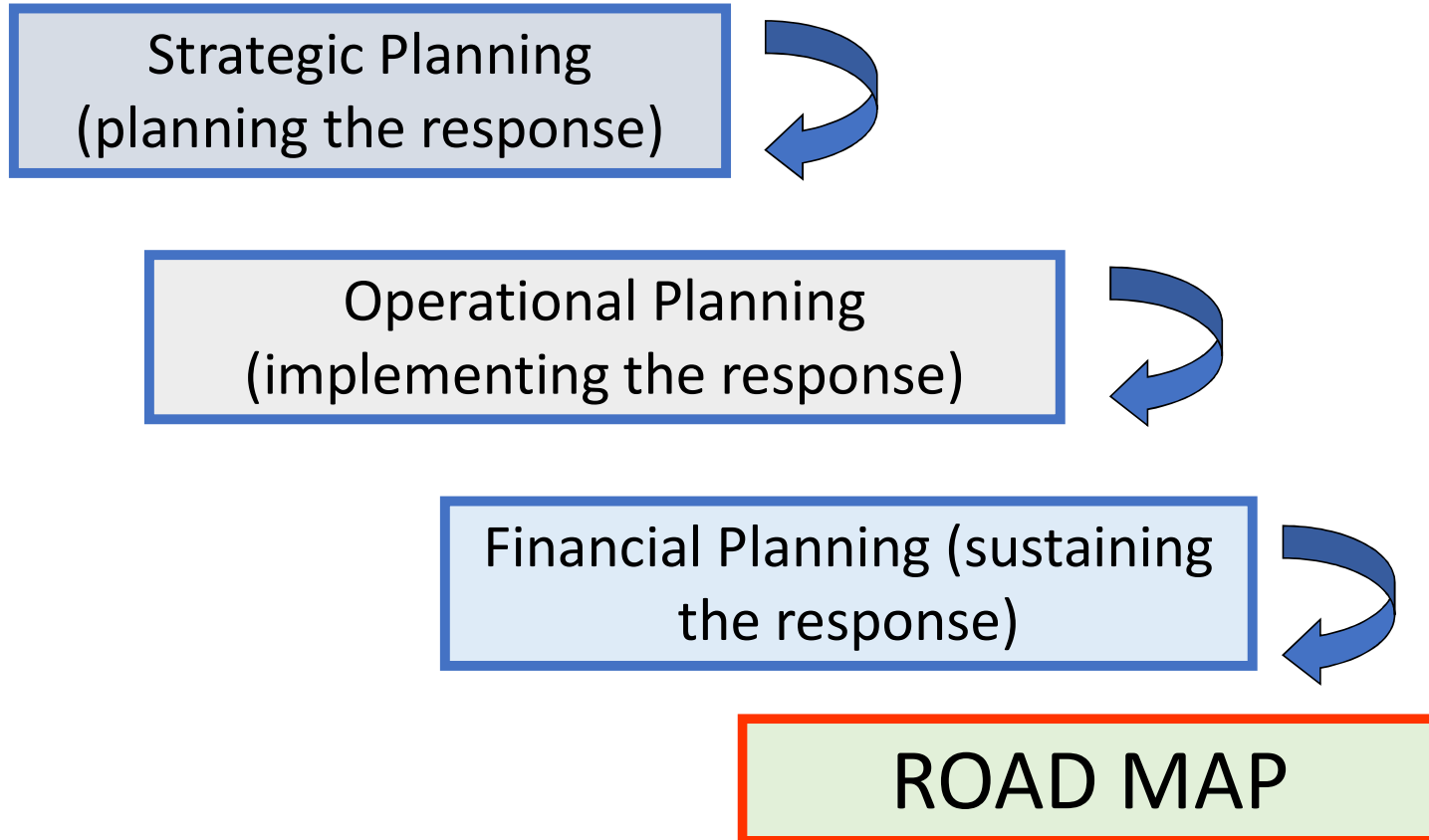
Strategic Pillar 5: Health Financing

Priority Area 5: Health financing

NSHDP II Matrix



Annual Operational Planning Conceptual Building Blocks



Step 2: Monitoring

Sample of a Nigerian State-LGA scorecard



Bauchi RMNCAH Scorecard 2018Q4



State Level Indicators

ANC 5 months	SBA	Penta 3	Vitamin A	Exclusive BF	HIV testing in ANC
46%	22%	19%	14%	21%	39%

Source: MICS 2016, except Vitamin A from NNHS 2015

State/LGA	Maternal/Newborn		Immunization		IMCI		Malaria		Nutrition		FP	BR	HIV		
	ANC <20 wks	SBA	PNC1&3	LQAS score	Penta 3	Diarrhea ORS/Zinc	Pneumonia Antibiotics	Diagnostic Text	ACT treatment	Vitamin A	Exclusive BF	CMAM admit	LARC/Users	Age under one (2018)	HIV CTRR/ ANCI
Bauchi State	30%	40%	86%	65%	72%	76%	87%	87%	102%	2%	9%	34%	19%	98%	44%
Alkaleri LGA	35%	44%	114%	82%	61%	84%	92%	83%	102%	1%	3%	0%	18%	90%	20%
Bauchi LGA	23%	57%	75%	77%	93%	59%	78%	88%	103%	5%	16%	93%	28%	122%	72%
Bogoro LGA	46%	28%	50%	60%	77%	89%	94%	97%	90%	2%	13%	0%	11%	54%	18%
Dambam LGA	25%	33%	120%	27%	76%	24%	57%	70%	65%	1%	3%	109%	5%	204%	41%
Darazo LGA	25%	39%	101%	87%	68%	95%	86%	83%	101%	5%	22%	38%	5%	49%	45%
Dass LGA	70%	122%	92%	58%	104%	91%	88%	98%	103%	5%	62%	0%	24%	113%	167%
Gamawa LGA	34%	37%	133%	57%	60%	49%	90%	83%	108%	3%	6%	57%	8%	47%	51%
Ganjuwa LGA	24%	28%	64%	57%	93%	78%	82%	86%	96%	2%	2%	0%	31%	85%	27%
Giade LGA	37%	30%	32%	58%	101%	91%	76%	87%	100%	1%	3%	0%	10%	149%	13%
Itas/Gadau	23%	20%	56%	83%	59%	81%	101%	93%	100%	2%	6%	23%	13%	92%	73%
Jama'are LGA	23%	32%	57%	35%	51%	96%	88%	63%	91%	2%	4%	0%	10%	193%	12%
Katagum LGA	43%	53%	142%	48%	59%	41%	98%	95%	91%	4%	7%	107%	40%	107%	104%
Kirfi LGA	23%	42%	86%	85%	76%	98%	99%	94%	102%	3%	7%	106%	29%	55%	12%
Misau LGA	31%	37%	52%	50%	58%	100%	97%	94%	120%	1%	9%	0%	13%	71%	5%
Ningi LGA	28%	26%	49%	42%	65%	90%	87%	92%	120%	1%	0%	0%	21%	69%	13%
Shira LGA	35%	36%	36%	68%	55%	87%	88%	76%	86%	1%	3%	0%	7%	85%	58%
Tafawa-Balewa LGA	32%	44%	103%	97%	78%	86%	60%	94%	99%	2%	10%	74%	24%	80%	35%
Toro LGA	28%	51%	74%	62%	86%	75%	91%	80%	104%	2%	12%	0%	8%	82%	32%
Warji LGA	30%	39%	102%	80%	68%	93%	94%	101%	101%	1%	3%	17%	10%	118%	28%
Zaki LGA	27%	15%	90%	98%	55%	97%	94%	78%	384%	4%	5%	0%	4%	219%	22%

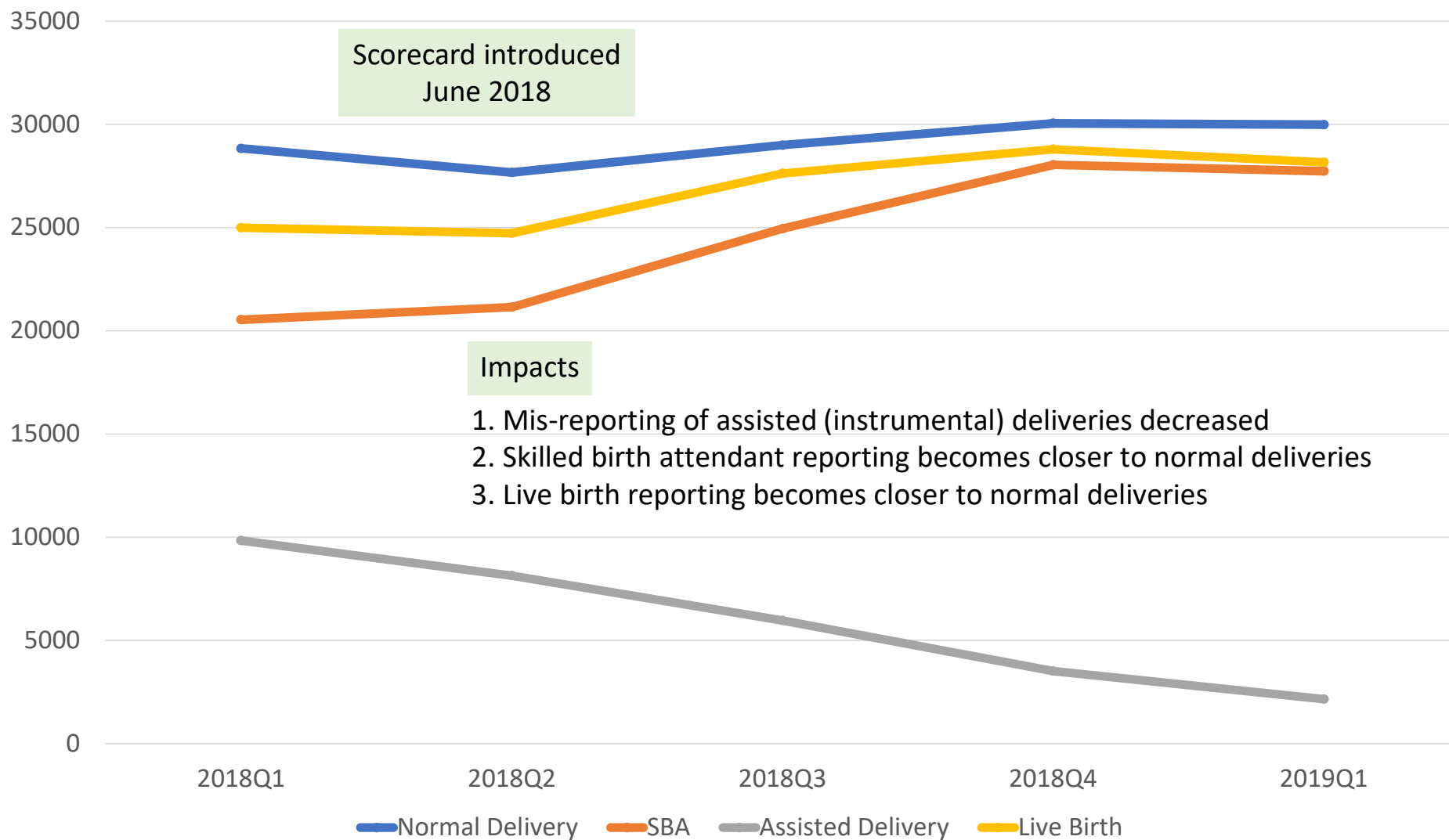
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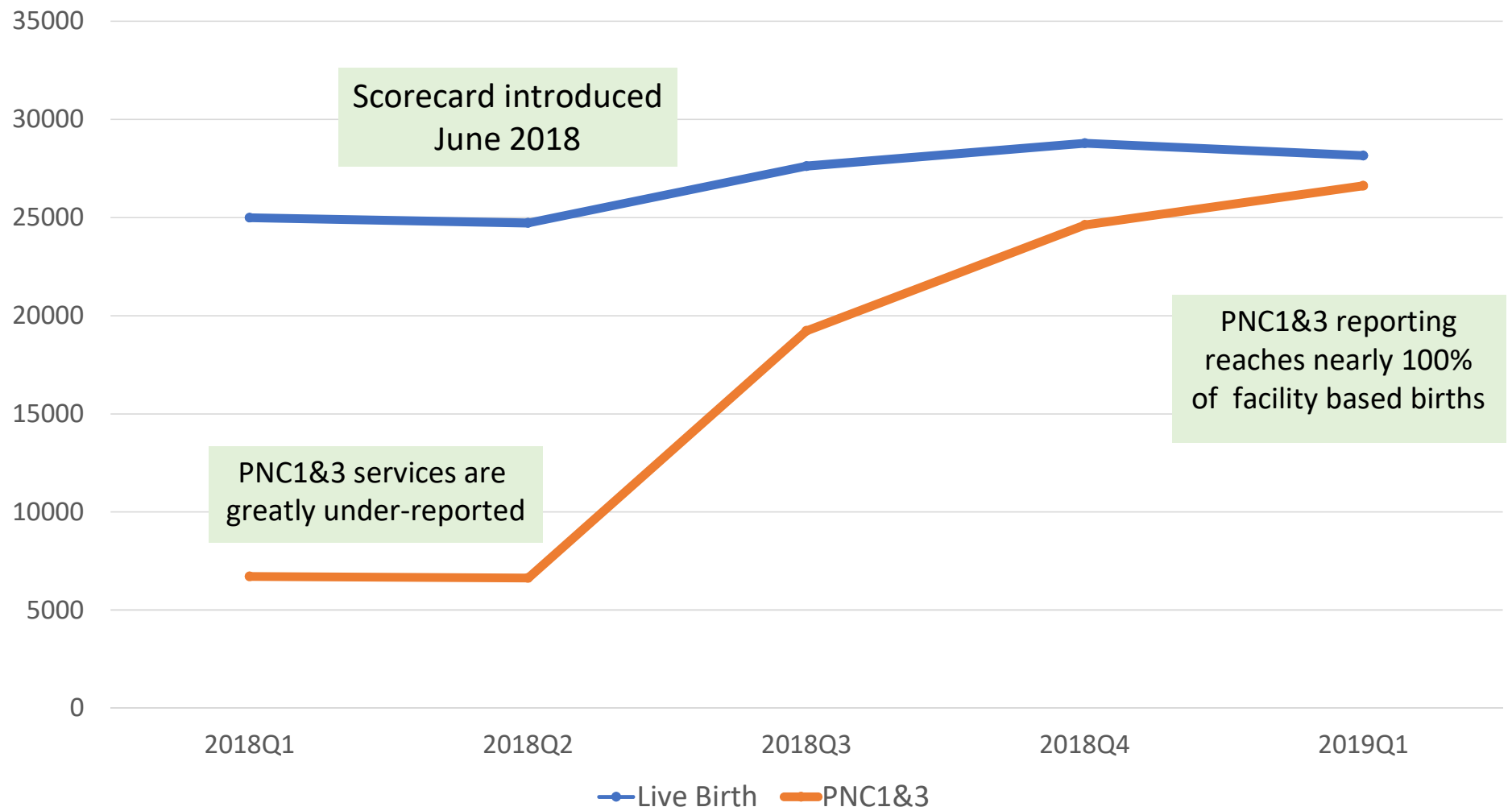
Sample LGA-HF scorecard

Bauchi LGA to Health Facility RMNCH&N Scorecard 2018 Q4		Monthly reports	ANC1	% ANC <20 weeks	HIV testing/ ANC1	Total Deliveries	% Assisted Deliveries	% Deliveries with SBA	Live births	Live births/ Deliveries	% PNC1 Or PNC3	Penta 1	Penta 3	Penta Coverage rate	Children with diarrhea	%ORS&Zinc treatment	Children with pneumonia	% Antibiotic for pneumonia	Children with fever	% Fever with malaria diagnostic test	Uncomplicated malaria	% Uncomplicated malaria given ACT	Vitamin A doses	Family planning users	FP services
ALKALERI LGA		95%	5519	35%	20%	2124	1%	101%	2112	99%	114%	3372	2984	88%	1789	84%	843	92%	12828	83%	8539	102%	931	3390	18%
Alkaleri East Ward	Alkaleri East Ward	100%	48	29%		10		270%	27	270%	130%	50	46	92%	53	100%	48	100%	334	72%	185	100%		70	4%
	Gorondo Health Clinic	3	48	29%		10		270%	27	270%	130%	50	46	92%	53	100%	48	100%	334	72%	185	100%		70	LARC
Alkaleri West Ward	Alkaleri West Ward	100%	817	19%	45%	243		96%	226	93%	115%	254	242	95%	144	69%	40	100%	709	87%	400	81%	237	607	33%
	Alkaleri General Hospital	3	300	3%	123%	125		93%	108	86%	111%	151	140	93%	4	100%			235	100%	101	26%	39	173	LARC
	Alkaleri Town Dispensary	3													36	100%	5	100%	262	64%	127	100%		31	
Birim/ Gigyara Ward	Alkaleri Town Maternity	3	517	29%		118		100%	118	100%	119%	103	102	99%	104	57%	35	100%	212	100%	172	100%	198	403	LARC
	Birim/Gigyara Ward	80%	243	30%		71		100%	70	99%	126%	233	220	94%	118	89%	56	95%	583	0%				167	14%
	Badaran Dutse Dispensary	3										48	47	98%	11	100%	3	100%	100	0%					
	Bajama Primary Health Centre	3	73	38%		26		100%	26	100%	115%	84	72	86%	19	32%	6	67%	183	0%				74	LARC
	Birim Health Clinic	3	64	13%		16		100%	15	94%	127%	38	42	111%	50	100%	16	100%	199	0%				51	LARC
	Gigyara Health Centre	3	106	34%		29		100%	29	100%	134%	63	59	94%	38	100%	31	97%	101	0%				42	LARC
	Jamda Dispensary																								
Yankari Health Clinic																									
Dan Ward	Dan Ward	100%	229	30%	27%	66		100%	58	88%	147%	80	87	109%	7	100%	25	100%	273	80%	214	100%		80	18%
	Dan Health Post	3										18	15	83%					24	50%	10	100%			
	Kunkar Health Post	3										16	15	94%			3	100%	38	0%					
	Yelwan Duguri Model Primary H	3	229	30%	27%	66		100%	58	88%	147%	46	57	124%	7	100%	22	100%	211	98%	204	100%		80	LARC
Futuk East Ward	Futuk East Ward	100%	289	42%	31%	41		100%	38	93%	139%	90	97	108%	42	100%	53	100%	280	100%	268	100%	32	172	23%
	Futuk Primary Health Centre	3	289	42%	31%	41		100%	38	93%	139%	90	97	108%	42	100%	53	100%	280	100%	268	100%	32	172	LARC
	Futuk West Ward	100%	59	32%	56%	38		100%	37	97%	122%	62	61	98%	8	100%	3	100%	123	0%				68	10%
	Garin Hamza Health Centre	3	59	32%	56%	38		100%	37	97%	122%	62	61	98%	8	100%	3	100%	123	0%				68	LARC
Gar Ward	Gar Ward	100%	407	47%	35%	249		100%	239	96%	113%	207	204	99%	133	82%	87	92%	1594	98%	1119	100%	10	398	12%
	Bartak Health Post	3										30	27	90%	8	100%			50	100%	44	100%			
	Fanti Health Clinic	3	169	69%	57%	74		100%	74	100%	108%	58	61	105%	11	100%	31	100%	598	100%	574	100%		118	LARC
	Gangar Dispensary	3	58	34%		28		96%	28	100%	111%	52	52	100%	22	86%	2	100%	161	98%	107	100%		26	
	Gar Primary Health Centre	3	180	31%	26%	147		100%	137	93%	116%	47	41	87%	64	100%	32	78%	720	100%	375	100%		254	LARC
	Guruntun Dispensary	3										20	23	115%	28	25%	22	100%	65	54%	19	100%	10		

Bauchi - Impact of RMNCAH scorecard on Labor & Delivery Reporting



Bauchi - impact of RMNCAH scorecard on reporting of Post-Natal Care services



Challenges

- Routine data quality
 - Reliance on survey data
 - Modifying the score card
-
- Link with NSHDP II and AOP
 - Interoperability – program specific /planning and tracking at scale

RMNCAH State- LGA scorecard NPHCDA version

The row at the bottom of the scorecard provides state level survey comparison indicators for each of the RMNCAH scorecard columns above.



RMNCAH+N Scorecard - 2018 Fourth Quarter Bauchi



High level indicators

Maternal mortality per 100,000 births (national DHS '13)	Under five deaths per 1,000 births (MICS '16)	Stunting (NNHS18)
576	161	46%
1,610 maternal deaths per year	45,000 child deaths per year	637,029 stunted children

Legend

■	On track
■	Progress
■	Not on track

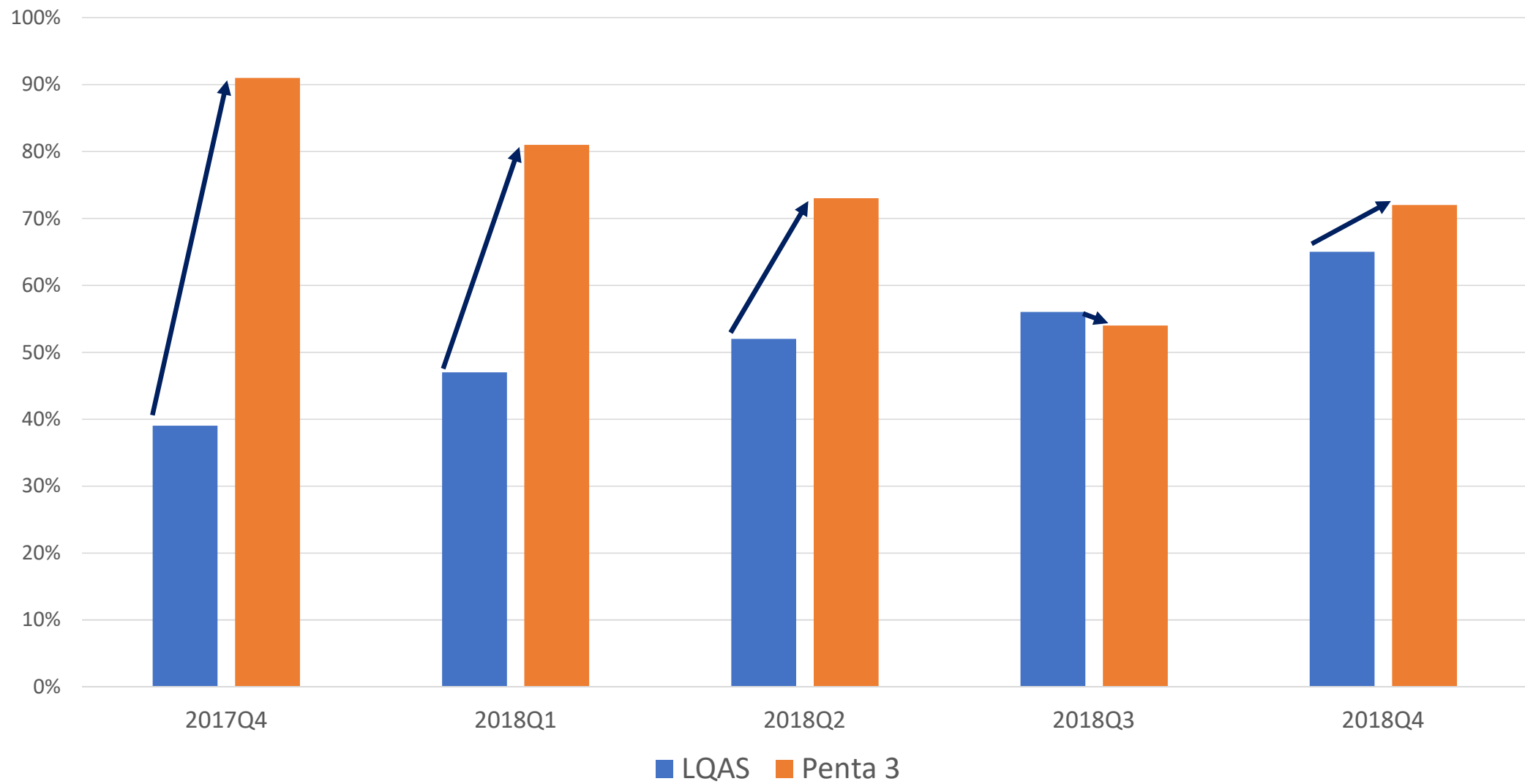
2018 Quarter 4		Maternal Health		Newborn Health	Reproductive health		Child Health (children seeing a provider)			Immunization	Nutrition
	Population	ANC4/ ANC1	SBA/ Expected births	PNC1&3/ Reported births	HIV Test/ ANC1	CYP/ Potential Users of FP	ORS&Zn/ Diarrhea	Antibiotic/ Pneumonia	Malaria Diagnostic/ Fever	Measles	Vitamin A/ Children 6-59mo
Bauchi	6,984,962	34%	40%	86%	44%	27%	76%	87%	87%	57%	50%
Alkaleri LGA	492,041	26%	44%	114%	20%	30%	84%	92%	83%	41%	71%
Bauchi LGA	737,575	26%	57%	75%	72%	73%	59%	78%	88%	79%	17%
Bogoro LGA	125,787	53%	28%	50%	18%	21%	89%	94%	97%	64%	120%
Dambam LGA	225,423	38%	33%	120%	41%	12%	24%	57%	70%	64%	11%
Darazo LGA	375,796	26%	39%	101%	45%	9%	95%	86%	83%	46%	94%
Dass LGA	134,343	41%	122%	92%	167%	105%	91%	88%	98%	103%	145%
Gamawa LGA	427,761	26%	37%	133%	51%	11%	49%	90%	83%	66%	19%
Ganjuwa LGA	418,919	20%	28%	64%	27%	26%	78%	82%	86%	72%	70%
Giade LGA	234,455	30%	30%	32%	13%	10%	91%	76%	87%	75%	79%
Itas/Gadau LGA	343,532	16%	20%	56%	73%	8%	81%	101%	93%	44%	115%
Jama'are LGA	176,075	18%	32%	57%	12%	13%	96%	88%	63%	43%	57%
Katagum LGA	442,073	37%	53%	142%	104%	39%	41%	98%	95%	44%	62%
Kirfi LGA	220,488	54%	42%	86%	12%	38%	98%	99%	94%	53%	30%
Misau LGA	393,555	28%	37%	52%	5%	22%	100%	97%	94%	43%	13%
Ningi LGA	578,326	27%	26%	49%	13%	17%	90%	87%	92%	43%	8%
Shira LGA	349,533	34%	36%	36%	58%	7%	87%	88%	76%	36%	67%
Tafawa-Balewa LGA	328,583	28%	44%	103%	35%	34%	86%	60%	94%	64%	50%
Toro LGA	523,378	44%	51%	74%	32%	21%	75%	91%	80%	78%	30%
Warji LGA	171,351	87%	39%	102%	28%	32%	93%	94%	101%	56%	74%
Zaki LGA	285,968	87%	15%	90%	22%	3%	97%	94%	78%	49%	39%

Comparison Data from Household Surveys at the State level

Programme Area	Adolescent Health	Maternal Health		Newborn Health	Reproductive health		Child Health (includes not seeing a provider)			Immunization	Nutrition
Indicator	Adolescents 15-24 tested for HIV	ANC4/ ANC1	SBA Delivery	PNC all births	HIV Test/ ANC1	CPR/Need	Zinc for Diarrhea	Antibiotic/ ARI (zonal)	RDT/ Fever	Measles	Vitamin A coverage
	4%	55%	23%	16%	58%	22%	40%	22%	15%	55%	29%

Source: MICS16, MICS16, NNHS18, MICS16, NNHS18, MICS16, NNHS18, NNHS18, NNHS18, NNHS18, NNHS18

Comparison of LQAS and Penta 3 - Bauchi



VTS – At 1Km health facilities become visible to support planning community services. This is the center of Zodi ward in Zuru LGA, Kebbi. Population is rural and scattered.

Health facilities are shown with a blue “H” and added highlighted names

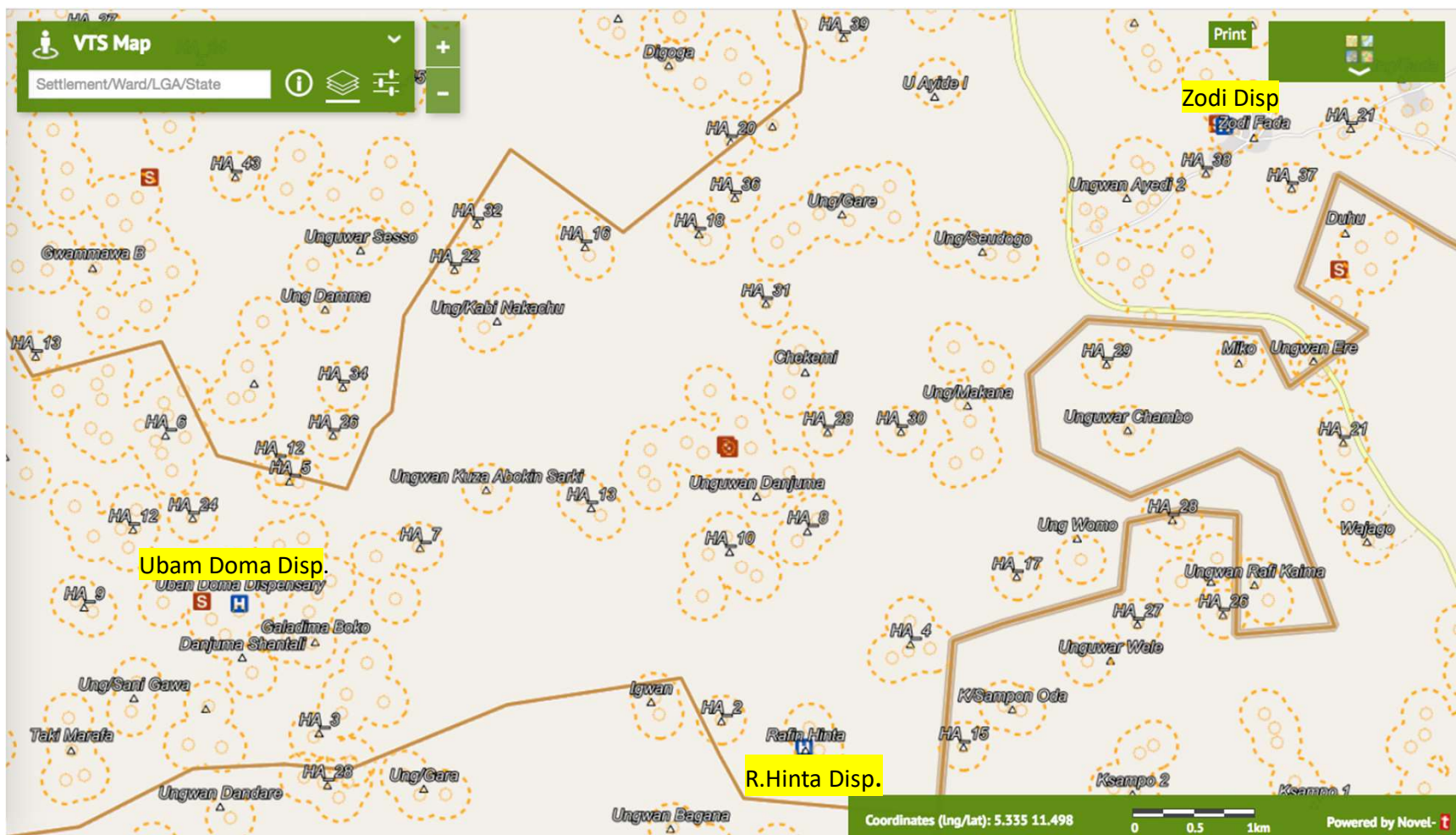
In this map there are three health facilities.

Zodi dispensary at top right provides immunizations, but no maternal care

R.Hinta dispensary at middle bottom provides ANC and immunizations

Ubam Doma dispensary at lower left is not listed in DHIS2. Does it exist? Is it inactive?

No facility in Zodi ward (population 8,000) reports deliveries in 2017. To plan community health services the status, services and capacity of facilities must be known, not only the location on the map. The State/LGA MOH can provide this.



STEP 3: SYNERGY: Accelerated
Action for Impact



ACCELERATED ACTION FOR IMPACT

Fast-tracking results for child health and survival in Nigeria

Women and child-centred focus

Achieving results for maternal and child health requires an integrated approach that considers all aspects of the child's life and promotes coordinated action by all stakeholders.

Coverage, quality and equity of service provision must be promoted during the entire life cycle of the child: from reproductive and maternal health to the first 1,000 days (conception to 2 years) to early childhood and adolescence. AAI is built on the concept of the life cycle and therefore focuses on making improvements in both demand and supply of health services for all stages.



Strengthening integrated service delivery across the health life cycle for mothers and children

Women and child-centred focus

Building on positive trends and actions

In a country like Nigeria where there are so many gaps to fill in health, AAI follows the concept of building on elements that are working. UNICEF therefore supports the government and all partners to leverage positive programmes and functional processes as opportunities to drive improvement in other areas.

Once the foundation is strengthened for a given programme or process, new approaches need to be used to leverage what is working, and to top up areas that are weak and lagging behind by adopting similar processes, experiences, tools and systems.



Building on positive trends and actions



Leveraging digital health platforms

CHALLENGES

- Commitment and Interest
- Capacities
- Coordination
- Catalytic vs Cumbersome
- Change

GIS mapping, score cards and FOCUS.

- GRID3 - improved maps to the settlement level, with catchment areas and estimated populations and can be entered into the DHIS2.
- Add population based indicators to the RMNCAH LGA-Health facility scorecards for selected services
- Link community level data (e.g. Kebbi State plans to use mosques committees for health promotion)
- Possibility to add in further - digital community health information system, using Rapidpro for direct feedback and response from health care and community workers, etc.

Summary and next steps

- Automate dashboards – easy to use and interpret at all levels
- link facility data to satellite mapping so that catchment area planning can be made systematic and scalable
- Bottleneck Analysis, which often relied on estimates and standards rather than actual performance, can then be better applied to both the district and facility levels to improve micro-planning of health services

Connecting, synergizing and harmonizing (beyond program specific apps)

- 1 Ward 1 PHC
- Universal Health Coverage
- BHCPF
- SOML and other resources

Acknowledgements

- Federal Ministry of Health
- National Primary Health Care Development Agency
- State Governments and departments
- UNICEF team
- John Quinley

A State, a nation, a world where no child dies from a preventable cause, and all children reach their full potential in health and well-being



Thank you