



Overview

CAPITAL

Bauchi

POPULATION

7,200,000

RURAL/URBAN POPULATIONS

16%: 84%

LOCAL GOVERNMENT AREAS

20 LGAs

ETHNIC GROUPS

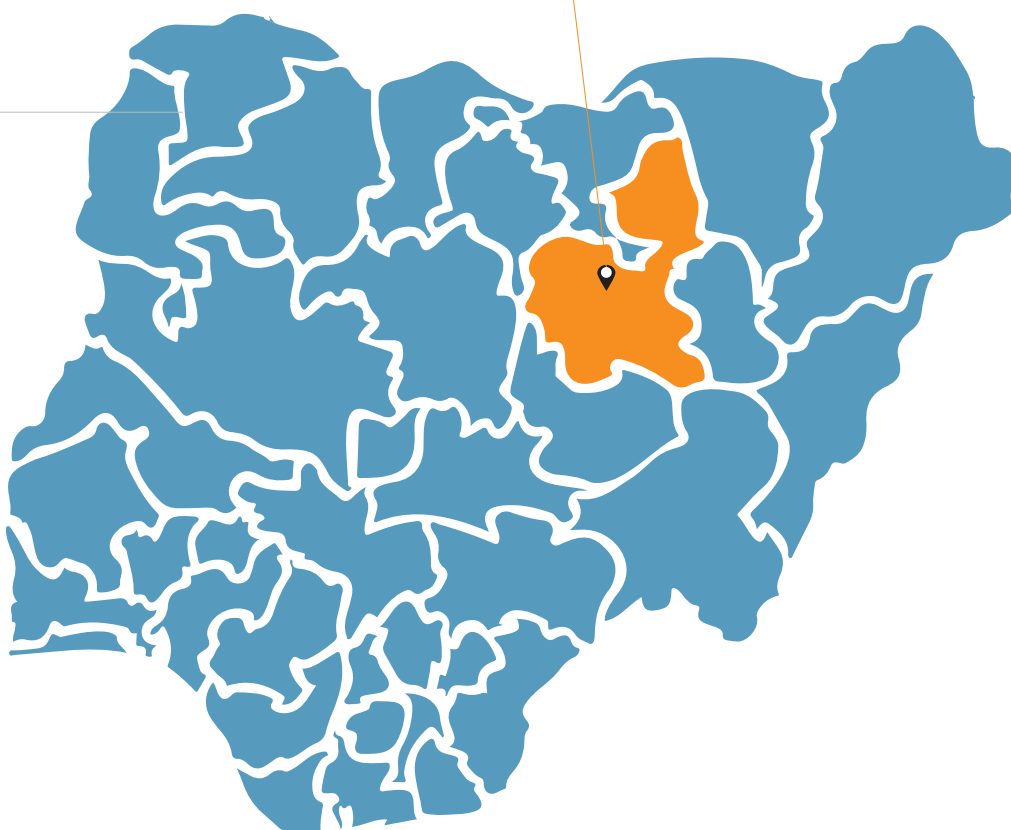
Bauchi state has 55 ethnic groups

MAIN OCCUPATIONS

Arable farming and animal husbandry

LANGUAGES

55





Bauchi State Health Indices

NEONATAL MORTALITY RATE

41

NEONATAL
DEATHS PER
1,000
LIVE BIRTHS
(MICS 2016/2017)

INFANT MORTALITY RATE

81

INFANT
DEATHS PER
1,000
LIVE BIRTHS
(MICS 2016/2017)

UNDER 5 MORTALITY RATE

161

UNDER 5
DEATHS PER
1,000
LIVE BIRTHS
(MICS 2016/2017)



IMMUNIZATION COVERAGE (PENTA 3)

19%

(MICS 2016/2017)

FULLY IMMUNIZED CHILD



14%

(MICS 2016/2017)



MEASLES VACCINE COVERAGE

22%

(MICS 2016/2017)

HIV AND AIDS PREVALENCE



0.6%

(MICS 2016/2017)

HIV AND AIDS SERO-PREVALENCE

2.3%

(MICS 2016/2017)



TUBERCULOSIS PREVALENCE

322

(PER 100,000)
(MICS 2016/2017)



Key Stakeholders



THE USAID/HFG PROJECT IN BAUCHI STATE

KICKED OFF
NOVEMBER 1, 2016

**STRENGTHEN
GOVERNANCE**

**MANDATE
IN BAUCHI STATE**

**IMPROVE HEALTH
FINANCING FUNCTIONS**



USAID/HFG in Bauchi State

HEALTH BUDGET ALLOCATION

The state achieved 16% allocation to the health sector in 2015 and 2016; however there have been issues with release of these funds.

HEALTH STRUCTURES AND SERVICES

40% of PHCs either do not have any water source or access water from outside the facility. Most structures especially rural areas are dilapidated and understaffed.

STATE HEALTH INSURANCE SCHEME

SCHIS Bill was in a limbo for two years being harmonized by the health sector and legislators.

HEALTH INSTITUTIONS

Bauchi has well established health training institutes which produce a considerable number of health professionals, however state retainerhip of the graduates is poor leading to understaffing of the Primary Health Care Centres (PHCs) especially in rural areas.



HEALTH BUDGET ALLOCATIONS



HEALTH STRUCTURES AND SERVICES

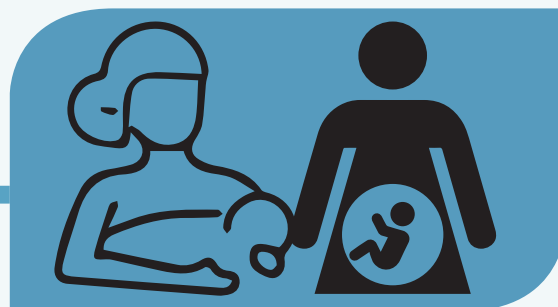


40%
OF PRIMARY HEALTH CARE CENTRES (PHCs) EITHER DO NOT HAVE ANY WATER SOURCE OR ACCESS WATER FROM OUTSIDE THE FACILITY

INTERVENTION AREAS



Domestic Resource Mobilization to improve the financing, management



Delivery of sustainable pro-poor reproductive, maternal, neonatal and child health (RMNCH) services



Approach



STAKEHOLDER ENGAGEMENT

HFG worked closely with state actors and policy makers to realize more money for health in alignment with the state 5-point health agenda by putting in place necessary institutional and legal frameworks for health financing reforms.



TECHNICAL SUPPORT

The project provided technical support to Bauchi state to achieve health financing mechanisms to bring about a stronger health system with financial risk protection



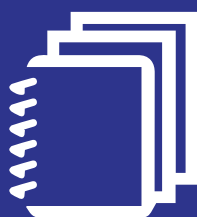
INSTITUTIONAL REFORMS

Design of state supported health insurance scheme



LEGAL REFORMS

Support the establishment of law; Legislative network for UHC to support institutional reforms.



POLICY REFORMS

Development of policy guidelines



EVIDENCE GENERATION FOR DECISION MAKING

Conducted 3 studies; Fiscal space for health, Public Expenditure reviews, Governance and political economy



Achievements

- Successfully supported the state with targeted advocacy, intelligence gathering, political assessment and identification of funding sources which led to the signing of the bill and the takeoff of the Bauchi state health insurance scheme.
- USAID/HFG input in supporting the Bauchi state legislature to redraft the two-year-old abandoned bill was instrumental in the acceptance of the bill.
- Gained state stakeholder buy in and helped identify funding sources for the take off the scheme.
- Significant increase in the capital releases from 3.1 percent in 2016 to 18 percent in 2017. This was a result of the multi-sectoral collaboration of the Health Finance Technical Working Group (TWG) and the Legislative Network for Universal Health Coverage.
- Approval of NGN 250 million (\$688,705.25) for the renovation of selected secondary health facilities. This was the result of evidence from budget performance tracking by the Health Finance TWG Secretariat that revealed low capital releases for health and led to the declaration of a state of emergency on the health sector.
- For the first time a budget line and releases of NGN 190 million (\$523,415.99) was provided for child spacing (Family Planning) activities.
- In 2017 the Health Finance TWG made a case for release of nutrition funds and NGN 37 million (\$101,928.38) was released in counterpart funding, with Bauchi state contributing 20 percent and UNICEF contributing 80 percent. Prior to this, nutrition releases of NGN 10 million (\$27,548.21) was last done in 2013.

18%

2017 INCREASE IN CAPITAL RELEASES

A SIGNIFICANT INCREASE FROM 3.1% IN 2016



DECLARED STATE OF EMERGENCY ON HEALTH

LED TO THE APPROVAL OF N250m FOR THE RENOVATION
OF SELECTED SECONDARY HEALTH FACILITIES

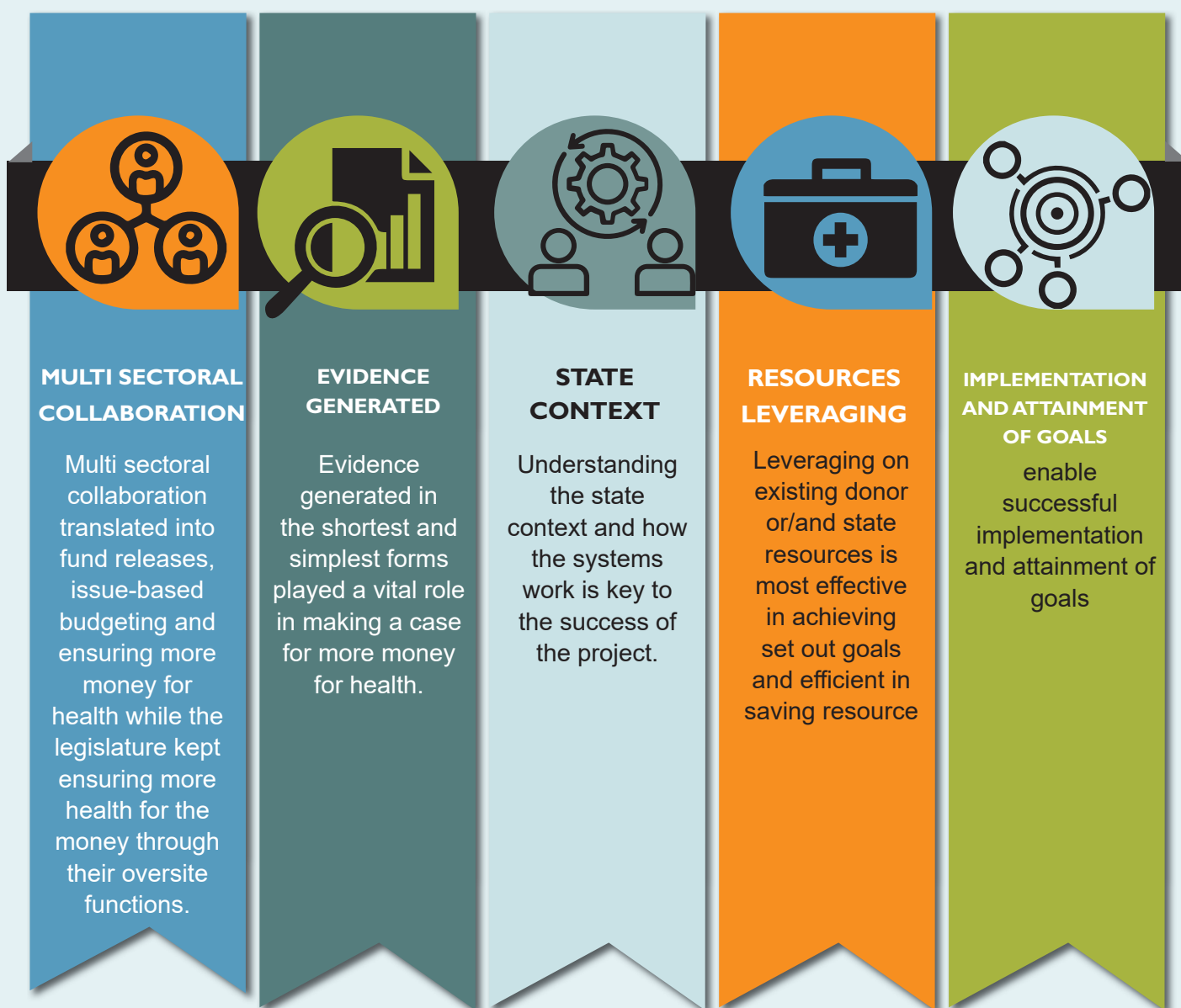


MADE A CASE FOR NUTRITIONAL RELEASES

N37M FROM THE COUNTERPART FUNDING WAS RELEASED



Lessons Learnt





Challenges



Under staffing in the USAID/ HFG state office posed challenges as only one staff is assigned to do all the work



Bauchi State is producing human resources for health but is unable to utilize them due to invasion of the urban facilities compared to rural and preference for more paying jobs.



Non-alliance of donors in Bauchi state because of poorly coordinated and fragmented donor aid.



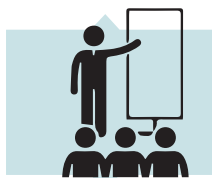
The state has meet goals in terms of allocation for health, even exceeding the Abuja declaration of 15% but issues remain with capital releases.



Poor health indices because of embargo in employment, Government health facilities in the state has a ratio of 300 patients per doctor.



Legacy



Transferred capacity



Health Financing Unit (HFU) established and fully functional in the State Ministry of Health



Budget performance Tracking exercise



Policy documents like the Health Financing policy framework and donor coordination framework



State Health Insurance scheme



Multisectoral Technical Working Group



Recommendations

More research is needed on human resources management to develop new policies for Bauchi state



Proper implementation and management of human resources is critical in providing a proper delivery of patient outcome and delivery of high quality of health care



New aid approaches such as sector wide approaches and budget support, which aim to reduce fragmentation, foster donor coordination and strengthen alignment of donor activities with recipient governments' preferences and processes is strongly recommended.



Any donor partner coming into Bauchi state should align all its priority areas into the existing health strategic development plan.



The state should maintain the existing relationship between legislators and executive. The relationship was responsible for achieving increased capital releases from 3.5% to 18%.



The state's task shifting policy should be fully implemented to maximise human resources insufficiencies.





Sustainability Initiative



The health financing Unit has a budget line which clearly guarantees sustainability.



All the institutions; Health Finance TWG, Legislative executive platform, the state health insurance scheme that USAID/ HFG has helped the state to put in place now have budget line activities.



The capacity passed on to the staff will sustain the institution



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