

The Spotlight



TACONNECT Quarterly Newsletter (Maiden Edition)

| March 2023

From the Executive Director's Desk

Welcome!

I'm excited to share the first edition of "The Spotlight," our quarterly newsletter where we share our journey. Technical Advice Connect (TACONNECT) was established by the Bill & Melinda Gates Foundation (BMGF) to deliver tailored and cohesive support to states in Nigeria by strengthening their PHC systems and enhancing PHC service delivery.



Dr. Lilian Anomnachi

As an innovative platform, we respond to state Technical Assistance priorities to promote sustainable improvements in state Primary Healthcare (PHC) systems' performance and increase uptake of Reproductive, Maternal, Newborn, Child, and Adolescent Health and Nutrition (RMNCAH+N) services.

We currently focus on the 10 Gates Foundation priority states with specific need-based deployments to build strong and resilient health systems, with the goal of expanding to other states. In the last two years, we have achieved a lot of success backed by an innovative model that positions us to work with states and funders to define issues, identify solutions, and the skills/expertise needed to help strengthen the effectiveness, efficiency, and quality of services—and manage the selection and deployment of technical assistance.

This first edition of The Spotlight highlights our success stories and provides insights into key events that shaped our work in the past year, such as the official launch and unveiling of TACONNECT, a peer learning workshop, end of project dissemination, and other key deployments. TACONNECT is excited to share these highlights.

We are grateful to our donors, TA partners, and the state government for all the support that makes our work possible. We welcome your feedback regarding this newsletter and value your collaborations.

Dr. Lilian Anomnachi,
Executive Director, TACONNECT

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Building a strong and resilient health system through management capacity strengthening in Kaduna communities

TACONNECT OFFICIAL LAUNCH AND ROUNDTABLE



From left- Amina Mohammed Baloni, Kaduna state commissioner for health, Isa Marte Hussaini , Borno state Commissioner for health, Dr. Mohammed Lawan Gana, Yobe State Commissioner for Health, Dr. Habu Dahiru, Gombe State Commissioner for Health, Dr. Ibrahim Dangana, Executive Director, Niger state Primary Healthcare Development Agency, Dr. Lillian Anomnachi, Executive Director, TACONnect, Dr. Mohammed Kamal Abdurrahman, Chairman TACONnect board of trustees, Manasseh Igyuh, Board member, TACONnect, Jérémie Zoungana, Nigeria Country Office Director, Bill & Melinda Gates Foundation, DR. Caroline Jehu-Appiah, Deputy Director, Health, Nutrition and Eradication, Bill & Melinda Gates Foundation, Nigeria Country Office , Dr. Charity Chenge, Senior Program Officer, Global Development | Health, Nigeria Country Office, Bill & Melinda Gates Foundation, Dr Mohammed Usman Adis, the Executive Secretary of Nasarawa State Primary Health Care Development Agency , and Dr. Aminu Ibrahim Tsanyawa, Commissioner for Health, Kano State,

In March 2022, Technical Advice Connect (TACONnect) was officially launched in Abuja, Nigeria's capital with stakeholders in the Nigerian health sector, donors, partners, and government officials at federal and state levels, among others in attendance. Registered in 2021 and established by the Bill and Melinda Gates Foundation, the official Launch of TACONnect properly positions the organization as an innovative platform with a drive to foster a critical shift in Technical Assistance delivery in Nigeria by providing support to national and sub-national governments to strengthen their health systems through the procurement of innovative and cost-effective Technical Assistance (TA) services.

Addressing stakeholders at the official launch of the organization, held at Transcorp Hilton Abuja, TACONnect's Executive Director, Dr. Lillian Anomnachi explained that the organization was established to "focus on strengthening primary healthcare services in Nigeria. A few years ago, the Gates Foundation identified a critical gap in the way Technical Assistance (TA) was being provided to states, and in a departure from the normal way that organizations come into being, a group of their best grantees was contacted to come up with a design for a fit-for-purpose organization to fill the gap. I am proud to say that we exist today as the bespoke organization designed, incubated, and registered as the Technical Advice Connect (TACONnect)," she said.

Dr. Anomnachi explained that with a current focus on strengthening primary healthcare services in Nigeria, TACONnect is an innovative platform set up to respond to technical assistance priorities aimed at promoting sustainable improvement in primary healthcare systems performance and at increasing the uptake of Reproductive, Maternal, New-born, Child, and Adolescent Health and Nutrition (RMNCAH+N) services across the country. She said, "As our organi-

zation is launched today, we pledge to remain true to our reason for being and our aim remains to address the fragmentation in the design and delivery of Technical Assistance to states in Nigeria by supporting national and subnational governments in building and strengthening resilient health systems", noting that, "We are aware that this is ambitious and for it not to become a pipe dream, we will have to do things differently to get different results than what has been".

While thanking guests for finding time to attend the event, she called on stakeholders to join TACONnect to strengthen Nigerian health systems through innovative technical assistance services "via our platform which we can attest leads to enhanced PHC service delivery and provides accountability for financial and programmatic results to both donors and the state government while also providing exposure, visibility and grant access to our TA partners."

Speaking at the occasion, the Executive Director of the National Primary Health Care Development Agency, NPHCDA, Dr. Faisal Shuaib, described the launch of TACONnect as the beginning of a new dawn in the nation's primary healthcare delivery system. Dr. Faisal who spoke through his representative, the Director of Primary Health Care in NPHCDA, Dr. Daniel Ottoh, stated that his organization would collaborate with TACONnect to ensure it achieves its set objectives. He noted that this collaboration would reduce maternal and infant mortality to a great extent. "This is a huge milestone, and this is a big laudable initiative which will now help to reduce and make sure that our focus is also maintained," he said.

TACONnect is currently focused on the 10 Gates Foundation's priority states in Nigeria with specific needs-based deployments to build strong and resilient primary healthcare systems.

TACONNECT PEER LEARNING WORKSHOP FOSTERS COMMUNITY OF PRACTICE ON GROUP ANTENATAL CARE MODEL IN NIGERIA

TACONNECT
Technical Assistance for Sustainable Government Capacity



A section of participants exchanging ideas during TAConnect Peer Learning held on 30th May 2022 in Lagos

On the 30th of May 2022, Technical Advice Connect (TAConnect) organized and facilitated a Peer Learning workshop, with a focus on Group Antenatal Care (GANC), bringing together health professionals and relevant stakeholders from the federal and state ministries of health, Technical Assistance providers, service providers, and other industry experts working on Reproductive, Maternal, New-born, and Child Health in Nigeria to discuss and facilitate learning on the GANC Model—an alternative service delivery model where women join peer groups designed to provide all routine ANC services.

The workshop was organized to foster better understanding and collaboration among partners in a bid to enable learning from what has worked so far in the states that pioneered the implementation of the GANC, build collective knowledge, grow capacity, make progress, discuss, and proffer pragmatic solutions to identified challenges to scale up the GANC implementation to other states. TAConnect through its TA partners is providing TA support to states across Nigeria to adapt, adopt, and implement the Group Antenatal Care (G-ANC) as an alternate service delivery model.

Working with the State Ministries of Health (SMoH), State Primary Health Care Development Agencies (SPHCDA), and Local Health Departments (LHDs), the goal of this support is to ensure G-ANC is adopted, implemented, and sustained as a health system intervention while serving as a platform to improve the uptake and quality of well-integrated RMNCH services. TAConnect has since its inception rolled out the G-ANC intervention in 7 states (Kano, Kaduna, Nasarawa, Yobe, Borno, Niger, and Lagos), with implementation at different phases across these states and plans underway for the roll-out to additional states. While the adoption of G-ANC by the State as an alternative model of antenatal care service implies state-specific approaches, early results from states although depictive of significant achievements have also shown

many issues and challenges are common to the implementation of G-ANC across states, geo-political zones, and tiers of facilities.

In line with its principles of being adaptive and iterative, TAConnect facilitated Peer Learning in a bid to continue to explore various means to generate evidence for learning and iteration throughout the implementation of its deployments for improved TA delivery, while capturing and disseminating key lessons to inform the improvements. With the G-ANC implementation at varying stages across 7 states and the planned roll-out to additional states, the peer learning workshop presented both a timely and useful opportunity for stakeholders to meet and share lessons, knowledge, and practice tinges on G-ANC and to identify concrete solutions to implementation challenges. The workshop also provided an opportunity for key stakeholders from all the participating states to learn first-hand about the various dynamics in the implementation of the G-ANC model. TAConnect adopted a methodology that led to the identification of key enabling conditions for sustainable GANC implementation.

The outcome of the workshop also served as a vintage learning experience for upcoming states to gain knowledge and implementation experience from pioneer states. No fewer than 69 participants attended the Peer Learning Workshop, across 10 states (Bauchi, Borno, Gombe, Kaduna, Kano, Lagos, Nasarawa, Niger, Sokoto, and Yobe states.) Significant deliberations at the Peer Learning revolved around four learning themes: data management, the fidelity of implementation, ownership and sustainability, Malaria in Pregnancy, and Malaria Surveillance. In the aftermath of the workshop, TA Connect continued to create virtual platforms and opportunities to facilitate information-sharing and strengthened peer-to-peer learning and networking among TA implementing partners.

GOVERNMENT LAUDS EFFORT AS TACONNECT CLOSES OUT PHC MANAGEMENT CAPACITY STRENGTHENING PROJECT IN KADUNA



Stakeholders applaud as Deputy Governor of Kaduna state Hadiza Balarabe presents an award to a PHC Manager for outstanding performance during the dissemination meeting in Kaduna state

The Kaduna state government has commended Technical Advice Connect (TACONnect) and its partners for deploying systems development and capacity-building interventions to address identified gaps in PHC management for quality service delivery in the state. With Funding from the Bill & Melinda Gates Foundation, TACONnect supported a consortium of Health Strategy and Delivery Foundation (HSDF) and Solina Centre for International Development and Research (SCIDaR) to provide Technical Assistance to the Kaduna State Primary Health Care Development Board to implement the Kaduna State Primary Health Care Management Capacity Strengthening Project (KPMSP).

The intervention is aimed at improving the management capacity of PHC Managers through systems development and capacity building interventions as part of an overarching goal of addressing the operational inefficiencies of PHC Managers in providing quality healthcare services at the PHC facilities. On the 4th of September 2022, TACONnect officially closed out the project in Kaduna with commitments from the state government to take ownership and sustain the intervention. Tremendous progress was made in the areas of data management and use for decision-making, human resource management, planning/community relations, financial management, supply chain, and inventory management, facility management, and quality assurance. The project was implemented in 2 phases, across 255 focal PHC facilities, in all 23 local government areas of the state, targeting PHC managers. Phase I of the project was implemented for 18 months, from March 2020 to August 2021, while the Phase II, which layered on systems built from Phase I, commenced from October 2021 to September 2022.

As part of the intervention, job descriptions and a competency framework were developed and officially rolled out to the

PHC facilities. A stratified capacity-building plan for the management training of PHC Officers In Charge (OICs) was also developed in collaboration with the SPHCB and SICHST. Other early accomplishments of the project include the development of a consolidated handbook for OICs' management and administrative functions and a fit-for-purpose curriculum for PHC OICs, which was developed by curriculum experts and validated by the state. In the 1st phase of the intervention, 214 PHC Managers were trained across the 10 focus LGAs within the milieu of the system strengthening component of the intervention. No fewer than 148 OICs also benefited from in-class sessions conducted in three batches in the 2nd phase of the project, concentrating on the capacity-building pillar with intensive stakeholder engagement and management.

Delivering a Keynote address at the end of the project dissemination meeting in Kaduna, the Deputy Governor of Kaduna state, Dr. Hadiza Balarabe stated that the project is part of the Kaduna State Government's investment in the PHC subsector, which is aimed at improving the managerial skills and competencies of officers in charge of health facilities. While commending the Gates Foundation and other partners that supported the successful implementation of the KPMSP, she pointed out that the investment would advance the effort of the state government towards attaining sustainable health in Kaduna state and meeting the Sustainable Development Goal III on Good Health and Well-being.

DR. Hamza Abubakar, the Executive Secretary, Kaduna State Primary HealthCare Board, also testified to the impact of the intervention during the event. He noted that The KPMSP was born out of a collective desire of the state and key partners to address gaps inherent in the state PHC system. "The KPMSP was a novel intervention as never before had there been an intervention which focused holistically on building management capacity of the PHC facility managers" He said. Adding that "Some noteworthy outcomes include a significant reduction in the trend of unexplained absenteeism by PHC staff, an issue which had plagued the system and drastically affected service delivery in the state. The PHC managers are now better equipped to deploy and account for funds meant for PHC facility running. There has been an improvement in the use of data for decision making at the facility and for engaging with the Ward Development Committees who are critical stakeholders in facility functioning and in the uptake of healthcare by communities".

Dr. Lilian Anomnachi Delivers Keynote Address at International Centering-Based Group Care Conference in Netherlands



A section of participants at the conference in Netherlands



Dr. Lilian Anomnachi while delivering her Keynote Address

The keynote speaker at the 2022 International Centering Based Group Care Conference in Apenheul-Apeldoorn, the Netherlands, was Dr. Lilian Anomnachi, Executive Director of TAConnect. The event brought together experts and enthusiasts in scientific knowledge, innovations, and industry experts with experience of Group Care start up, implementation, and development to interact on maternal and child health care.

The Conference, held on 17th and 18th of November 2022, was hosted by the Centering Netherlands Foundation in collaboration with Group Care Global and the GC 1000 Consortium.

In addition to highlighting important program methods, best

practices, and lessons learned from implementing GANC at scale in Nigeria, Dr. Lilian's presentation at the conference focused on maximizing the potential of group antenatal care in Nigeria.

The conference was also attended by Dr. Olayiwola Jaiyeola, Technical Director of TAConnect, who presented the organization's Poster Abstract, entitled: "From Pilot to Scale: Adaptations, and Results from the GANC Implementation in Nigeria" In order to commemorate 10 years of Centering-Based Group Care in the Netherlands, the conference also featured international moderators, a variety of inspirational and participatory sessions and an exhibition.



Dr. Layi Jaiyeola during an interactive session at the conference



Dr. Lilian Anomnachi During exhibition tour at the conference

BUILDING A STRONG AND RESILIENT HEALTH SYSTEM THROUGH MANAGEMENT CAPACITY STRENGTHENING IN KADUNA COMMUNITIES



Deputy Officer In Charge, Angwan Dosa PHC in Kaduna attending to a patient

At the core of health system strengthening is the need to improve the ability of health systems to deliver high-quality services that are equitable, affordable, and accessible for all. To achieve this, health system strengthening needs to address the verticality of service delivery and weak governance structures. Poor primary health care delivery is a major challenge in many countries including Nigeria. One solution that has been proposed to address this problem is management capacity building, which aims to improve the quality and efficiency of primary health care through improved management abilities and skills. Management Capacity Strengthening is an important part of any health system development strategy as part of the effort to address some of the challenges impeding the efficiency of primary healthcare delivery in Nigeria.

Primary Health Care (PHC) is the first point of contact between people and the health system. The paucity of well-trained human resources is a major concern at the PHC level in Nigeria. One of the greatest challenges faced by front-line health workers in rural areas in Nigeria is an absence of adequate management capacity. The demographic and economic scenario of Nigeria has changed drastically since independence. Primary health care in Nigeria has evolved through a series of historical developments. Though, it is the backbone of Nigeria's health system but has been judged to be unsatisfactory and inadequate in meeting the needs and demands of the public as reflected by the low state of health of the population due to low-quality services, poor access to basic services and high cost of treatment among others.

In Kaduna state, there was an increasing recognition that weak management capacity at the service delivery points is impeding the state's health system from achieving its goals. Health care

service delivery in Kaduna State occurs at three levels: primary, secondary, and tertiary. The primary health care level includes 1,064 primary health care facilities spread across 23 Local Government Areas, and 255 identified ward primary health care centers, serving as referral facilities for health posts and clinics in each ward.

Weak Management Capacity at the Service Delivery Point

Over the years, the Kaduna State Government has demonstrated its commitment to strengthening its health system through reforms particularly targeted at repositioning its Primary Health Care system among others. Significant investments have thus been made by the State Government and its partners in implementing the Federal Government's PHC Under One Roof (PHCUOR) policy which has contributed immensely to an improved coordination and governance environment for Primary Health Care in Kaduna State.

In plain contrast to the level of effort and investment made in strengthening the PHC system, Kaduna State has only witnessed marginal improvement in its health outcomes with consequently low impact on the health of its populace. Early efforts at diagnosing the root cause of this problem revealed that although the state has strong central coordination mechanisms for its PHC system, the lack of significant improvement in health outcomes could be largely attributed to weak governance and coordination at the PHC facility level. This is demonstrated by huge gaps in the management capacity of PHC Officers-in-Charge leading to operational inefficiencies at the service delivery points.

Evidence from a formative study conducted to inform the development of the Kaduna State PHC Management Strengthening Plan points out inherent gaps within the PHC system in the state. Some of the identified management capacity gaps for service delivery in the state include poor performance management systems, weak management capacity, frail institutional processes, weak governance structure, and a lack of enabling environment characterized by inadequate resources to effectively support quality service delivery.

The Intervention

As part of the efforts to strengthen the underperforming PHC delivery system in Kaduna state, Technical Advice Connect (TACoconnect), in response to a Technical Assistance (TA) request from the Kaduna state government deployed systems development and capacity building interventions to address gaps in PHC management for quality service delivery. With funding from the Bill & Melinda Gates Foundation, TACoconnect engaged a consortium of the Health Strategy and Delivery Foundation (HSDF) and Solina Centre for International Development and Research (SCIDaR) to support the implementation of the Kaduna State Primary Health Care Management Capacity Strengthening Project (KPMSP), while working closely with the state government through the state Primary Health Care Board in March 2020.

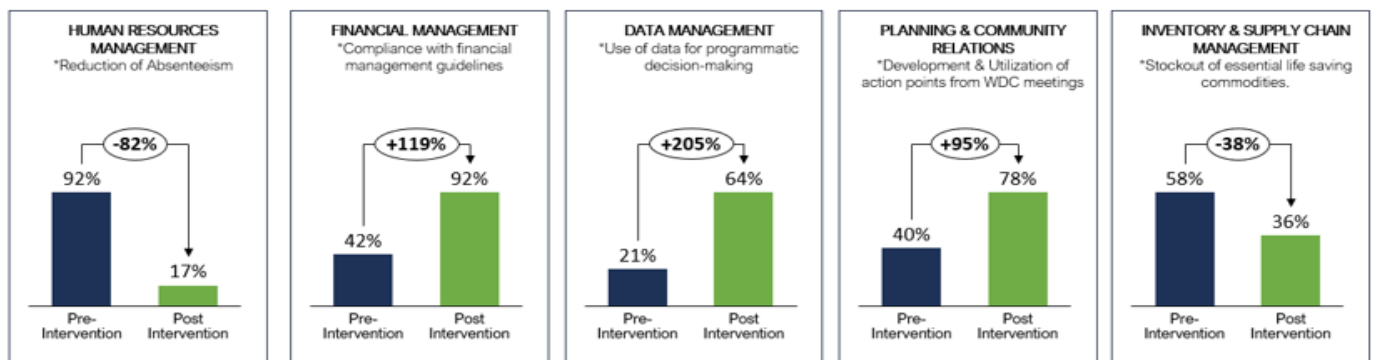
The goal of the KPMSP is to improve the management capacity of PHC Managers (also known as Officers-in-Charge (OICs)) through systems development and capacity building interventions; thereby addressing the operational inefficiencies of PHC Managers in providing quality healthcare services at the PHC facilities. Project was implemented in 2 phases, across 255 focal PHC facilities, in all 23 local government areas of the state, targeting PHC managers. Phase I of the project was implemented for 18 months, from March 2020 to August 2021, with the Phase II of the intervention which layered on systems built from Phase I, commenced from October 2021 to September 2022.

Following intensive orientation as part of the intervention, Job Descriptions and a Competency Framework were developed and officially rolled out to the PHC facilities. A stratified capacity-building plan for the management training of PHC Officers In Charges (OICs) was also developed in collaboration with the SPHCB and SICHST. Other early accomplishments of the project include the development of a consolidated handbook for OICs' management and administrative functions and a fit-for-purpose curriculum for PHC OICs which was developed by curriculum experts and validated by the state. In the 1st phase of the intervention, TACoconnect supported HSDF to provide training for a total of 214 PHC Managers across the 10 focus LGAs within the milieu of the system strengthening component of the intervention. No fewer than 148 OICs also benefitted from in-class sessions conducted in three batches in the 2nd phase of the project concentrating on the capacity-building pillar with intensive stakeholder engagement and management.

A post-intervention assessment conducted at the end of Phase I implementation to measure the impact of the intervention on the competencies of PHC OICs and PHC operational efficiencies across the five KPMSP management themes signals a degree of change on how PHCs are being managed with positive impact recorded across data management, human resource management, planning/ community relations, financial management, supply chain, and inventory management.

Post Intervention Assessment Findings

Assessment was conducted in 32% of the phase 1 (107) intervention facilities



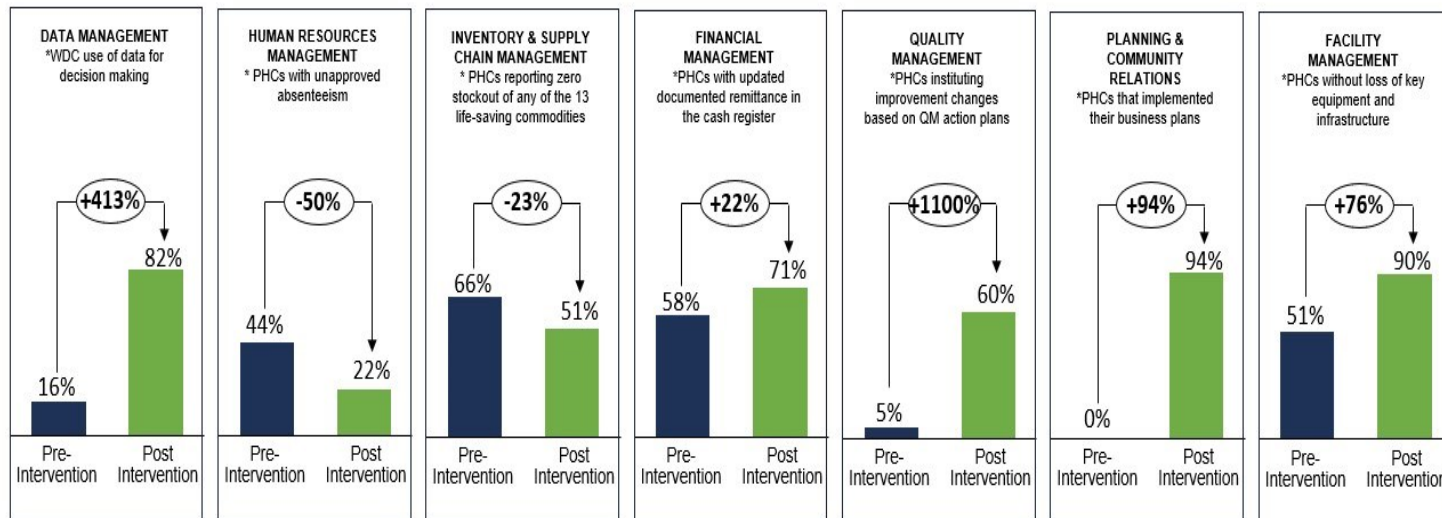
***Guidelines include but not limited to OICs sending all receipts to the LGHA accountant, reconciliation of the sales of the drugs and remitting sales to the bank.

***83% of the PHC OICs displayed indicators and calibrated for the monthly meeting compared to 53% at baseline

*** While OICs have showcased requisite capacity with stock management and on-time requisition, failure of government to honor requisitions continues to have huge impact on availability of essential commodities.

Phase II of the intervention which layered on systems built from Phase I, commenced from October 2021 to September 2022 with significant changes recorded across all seven core thematic areas pointing to increased use of data for decision making, improvement in human resource management with reduction in unapproved absenteeism, positive changes in inventory and supply chain management, financial management, quality management, planning and community relations as well as facility management

End of Phase II Program Data



Triggering major innovations within the PHC system in the state

According to the Executive Secretary, Kaduna State Primary Health Care Board, Dr. Hamza Abubakar, the intervention has triggered major innovations within the PHC system in the state.

The new insight gained has informed the SPHCB to conduct "Management Team Leg Work" – We have made it a case in point for Management at both Headquarters and Zonal offices to visit a series of PHC facilities every quarter to do a makeover of Human Resources, Service Delivery & Infrastructure. I have learned a lot more from the KPMSF than the OICs themselves.

" This entire exercise has created an avenue for us to engage directly with the Facility Managers. It has shown us that the Primary Health Care Under One Roof (PHCUOR) as we previously implemented it, did not percolate down to the PHC facilities. It was essentially limited to the Zonal and LGA levels" He stated.

The intervention has also helped in developing managerial competencies of PHC Managers thereby improving sound decision-making and problem-solving capabilities and enhancing patients' experience. PHC managers have been observed to be maintaining high standards in terms of ethics and better communication. Effective coordination is palpable with symbolic self-improvement among PHC staff through the various training programs provided under both pillars of the intervention.

"Since the commencement of KPMSF, my staff have become very serious with their work. They always call to seek permission if there is a very important thing that will hinder them from coming to work. This is unlike before when anyone can just decide to stay at home, sometimes for days and when they finally come, they will just be giving excuses"

-Hauwa Dawai, Officer-in-Charge of PHC Mando.

The outcome of TA Connects investment in Kaduna state has shown that addressing the need for management capacity building in the health sector is a key solution to the problem of poor primary healthcare delivery. TA connect supports national and sub-national governments to strengthen their health systems through the procurement of innovative and cost-effective Technical Assistance (TA) services.

Improving Maternal and New-born Outcomes: Over 900,000 Pregnant Women Enrolled in GANC In Nigeria



A typical GANC Session with a cohort of pregnant women

No fewer than 972,249 pregnant women have been enrolled in Group Antenatal Care (GANC) across five of the seven states (Kano, Kaduna, Nasarawa, Yobe, Borno) where TAConnect is providing Technical Assistance to governments and partners for the implementation of the GANC intervention between January 2021 to September 2022.

Improving maternal and neonatal outcomes is a major priority in Nigeria. Despite efforts targeted at addressing maternal deaths across national and sub-national levels, the maternal mortality ratio has remained high in Nigeria in the last two decades, with the country currently accounting for about 20% of global maternal deaths. According to the World Health Organization (WHO), the MMR for Nigeria is 814 (per 100,000 live births).

Through funding from the Bill & Melinda Gates Foundation, TAConnect supports state governments via its network of TA partners in Nigeria to advance a viable alternative paradigm to the conventional method of ANC, with a focus on higher patient satisfaction and maternal and neonatal outcomes.

TAConnect pioneered the implementation of the G-ANC project in Nigeria, an outcome-oriented intervention that envisions increased utilization of life-saving high impact interventions (HII) delivered within the confines of Reproductive, Maternal, Newborn, Child, and Adolescent Health Services (RMNCAH). Through a mix of system strengthening efforts and demand generation activities, the GANC project deploys an innovative and cost-effective approach to increase the utilization of facility delivery, IPTp, and active case detection of Malaria in Pregnancy (MiP) and reduce gaps in the uptake of high impact interventions along the continuum of pregnancy, delivery, newborn, and postnatal care.

ANC conventionally takes the form of a one-on-one consultation between a pregnant woman and her health-care provider. However, group ANC integrates the usual individual pregnancy health assessment with tailored group educational activities and peer support, with the aim of motivating behaviour change among pregnant women, improving pregnancy outcomes, and increasing women's satisfaction. Women remain in the same group throughout their pregnancy, thereby enhancing information sharing and peer support among group members.

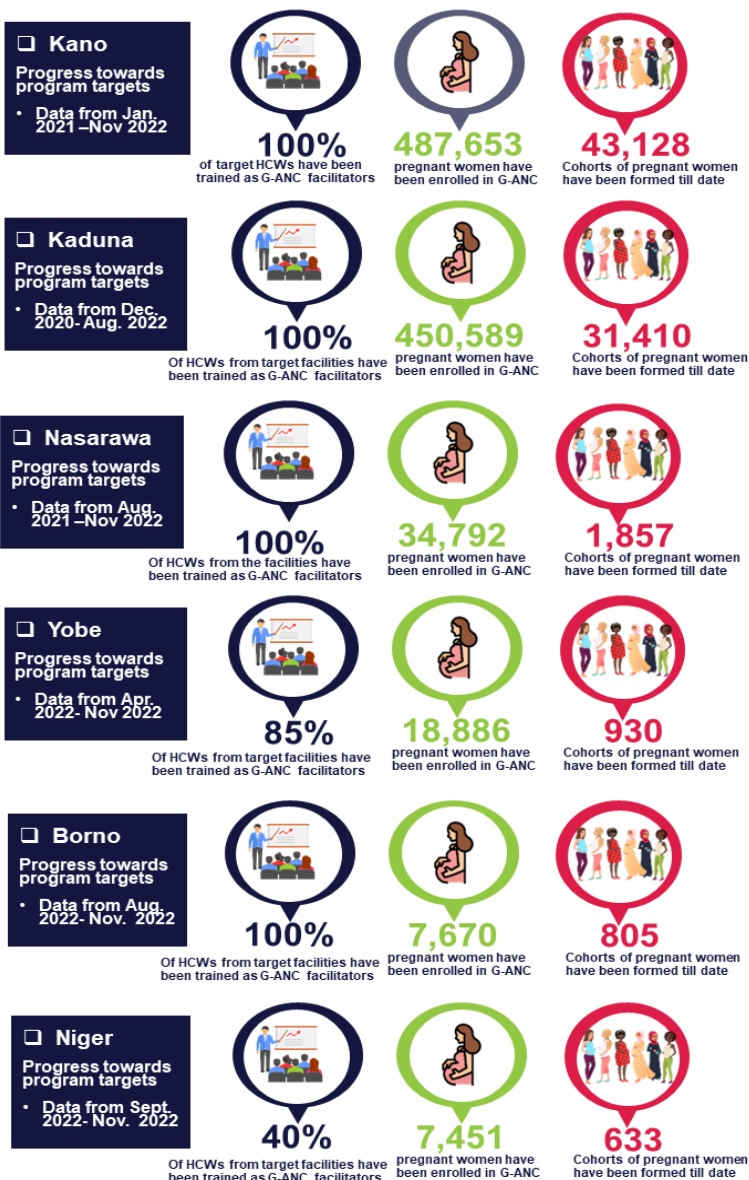
Impact on RMNCH Outcomes

Group Antenatal Care has many benefits for mothers and their babies. It has been associated with improved attendance and pregnancy outcomes

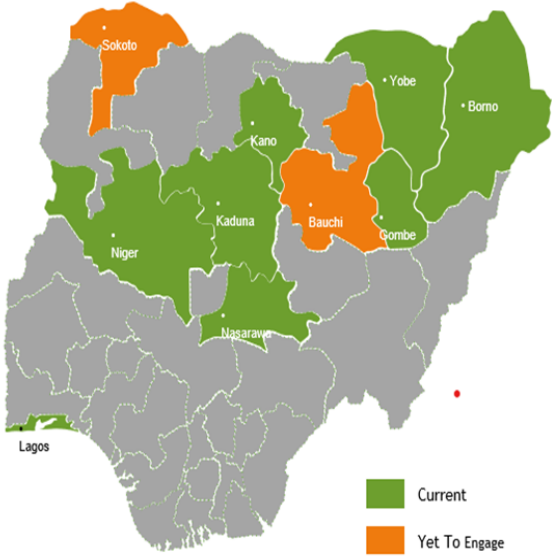
in low-resource setting. In Group Antenatal Care settings, evidence has shown that women are more likely to attend all their prenatal appointments, and they are less likely to experience serious pregnancy complications such as pre-eclampsia and eclampsia.

Program results demonstrate the effectiveness of GANC in improving comprehensive maternal and child health (MCH) outcomes among women receiving RMNCH+N services. Evidence from Kaduna, Nasarawa, Kano Yobe, Borno and other states where TAConnect and its partners are providing technical assistance for the implementation of the GANC points to improved pregnancy experiences and providers' experiences. The Group ANC models have been associated with improved attendance. Uptake of healthy behaviours and increased health literacy and self-efficacy have been seen in the GANC models, providing opportunities for pregnant women to learn from each other and feel supported by their peers.

Progress towards program targets: 6 of 7 Implementing States (Kano, Kaduna, Nasarawa, Yobe, Borno, Niger)



Learn More About Us



Technical Advice Connect LTD/GTE (TACConnect) is an innovative Technical Assistance (TA) delivery platform, conceptualized by the Bill & Melinda Gates Foundation and incubated by DAI Nigeria to respond to State TA priorities to promote sustainable improvements in State Primary Healthcare (PHC) systems' performance and increase the uptake of Reproductive, Maternal, Newborn, Child, and Adolescent Health and Nutrition (RMNCAH+N) services.



TACConnect employs an innovative approach aimed at delivering TA services to state governments, while strengthening the capacity of state institutions for enhanced PHC service delivery and holding accountability for financial and programmatic results to both donors and the State Government.



TACConnect operates by matching requests for TA from states to compatible TA supply from donors and TA providers.



The enhanced coordination of TA deployments would, in turn, lead to increased cost efficiency, technical efficacy, more effective system strengthening and ownership by states, long-term sustainability, and increased local capacity.

Our Vision

To be the leading enabler of cost-effective technical assistance services for sustainable health systems and service delivery

Our Mission

To support national and sub-national governments to build and strengthen resilient health systems and improve health outcomes

Content

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