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## From the ED's desk

**Dear partner and stakeholder,**

Greetings and welcome to the Q4 2023 edition of our newsletter, "The Spotlight" where we are thrilled to share the unfolding narrative of TACONNECT's strides in the healthcare sector.

As you explore our content, you'll find an exclusive interview with TACONNECT's Technical Director in Segment 2. This conversation sheds light on the challenges and successes encountered in implementing the Group Antenatal Care (GANC) program, reinforcing TACONNECT's role and position as a global leader in maternal and newborn health.



**Dr. Lilian Anomnachi**

This edition showcases TACONNECT's commitment to gender equality and implementation of gender responsive programs through the commissioning of a gender analysis across 10 states in Nigeria. We navigate the intersection of healthcare innovation and gender dynamics in Reproductive, Maternal, Newborn, Child, Adolescent Health, and Nutrition (RMNCAH+N) services.

In Kano, our collaboration with the government strengthens the Primary Healthcare system and focuses on overcoming challenges for long-term sustainability. Additionally, our joint efforts with the Pfizer Foundation impacts on immunization initiatives aimed at combating childhood diarrhea in high-burden communities in Kano State.

Highlighting our commitment to eradicating Gender-Based Violence (GBV), this edition also features TACONNECT as a Champion of Change Against GBV. We share our resolute commitment through impactful initiatives undertaken during the global 16 Days of Activism campaign.

Team spirit is key amongst our small team in TACONNECT and our convergence at TACONNECT's 2023 Annual Strategic Review Meeting in Akwa Ibom state, left an indelible mark on our trajectory for the future, as together with our dynamic Board there was consensus alignment to support the newly adopted sector-wide approach to health in Nigeria as adopted at the last National Council of Health (NCH).

In this quarter's newsletter, we invite you to share our commitment to healthcare transformation. Join us as we navigate challenges, celebrate wins, and pave the way for a healthier and more equitable future for Nigerians.

We thank all our funders and partners for their trust and collaboration.

Warm Regards,

**Lilian Anomnachi**

**Executive Director, TACONNECT**

## Unlocking healthcare transformation: An exclusive interview with TACConnect's Technical Director, Dr. Olayiwola Jaiyeola - (Segment 2)

*Welcome to the second segment of our exclusive interview with TACConnect's Technical Director. In this instalment, we delve into the challenges faced by TACConnect in the implementation of the Group Antenatal Care (GANC) program, exploring solutions and lessons learned. The interview highlights the international acknowledgment of TACConnect's work, its participation in global conferences, and the growing global alliance for Group ANC led by WHO, positioning TACConnect as a leader in maternal and newborn health on the global stage.*

*The journey continues with a focus on gender-responsive programming, expanded services, diagnostic assessments, and capacity-building initiatives, showcasing TACConnect's commitment to improved healthcare outcomes and ensuring long-term sustainability.*

Lessons from international engagements and global community of practice

***TACConnect's work has garnered global attention. Dr. Jaiyeola shares insights into TACConnect's participation in international conferences like the Group Centering Pregnancy Conference held in the Netherlands and the International Maternal Newborn Health Conference (IMNHC 2023) in Cape Town, South Africa, where Nigeria's implementation and rapid scale up of Group ANC has been inspirational to group care experts from other countries. The movement for Group ANC is growing worldwide, with hopes of providing enough evidence to move GANC from a recommendation to the standard model for ANC.***

Our participating in global conferences like the Group Centering Pregnancy Conference held in the Netherlands and the International Maternal Newborn Health Conference (IMNHC 2023) in Cape Town, South Africa has been a valuable learning experience for TACConnect. I mentioned earlier that Nigeria was fortunate to conduct a randomized clinical trial on Group ANC, following WHO's 2016 recommendation for an alternative model of care to traditional antenatal care. This recommendation garnered global interest, not just in Nigeria or sub-Saharan Africa, where challenges with providing high-quality antenatal care were prevalent. Over the past four to five years, there has been a global movement towards implementing Group ANC at scale.

Group ANC originated in the United States, initially known as group centering pregnancy, and followed the same essential principles we adopted in Nigeria. This approach involves organizing pregnant women into smaller groups, promoting interaction, active engagement with service providers, and participation in their own care. Different climes worldwide have adopted this model under different names, but the essence remained the same – Group ANC. Despite the interest and positive results, many countries only implemented it on a small scale or as pilot projects. However, Nigeria, driven by the significant findings of its randomized trial, embarked on one of the largest implementations at scale of Group ANC, involving over 1542 primary

health care facilities and 1,028,766 million women enrolled into cohorts across several states.

Our scale and approach drew the attention of the global community, leading to invitations to international fora to share and learn from the Nigeria implementation experience. We were invited to an international conference in the Netherlands on Group ANC organized by The Group Care Collaborative which brought together around 20-25 countries implementing various forms of Group ANC. We shared our achievements, highlighting that Nigeria had successfully implemented Group ANC at scale, achieved

policy adjustments, secured state ownership, and sustained the program even beyond the project's lifespan. Our staggering numbers and our ability to adapt and learn throughout the process were particularly impressive.

Following this conference, we received inquiries from several countries interested in learning from our approach and experiences. Malawi, for example, had conducted its own randomized trial on Group ANC, funded by NIH and carried out in partnership with the University of Chicago and the Kamuzu University of Health Sciences. Following our engagements in Netherlands, TACConnect received an invitation from the principal investigators of the RCT in Malawi to share its lessons and experiences during the dissemination of its study findings with the objective to catalyze interest among Malawian stakeholders to adopt Group ANC at scale. During this conference, we emphasized that our journey in Nigeria mirrored what Malawi was planning to embark upon, showcasing how we institutionalized Group ANC following a successful RCT, incorporated it into operational plans for funding and sustainability, built state-level capacity, and integrated it seamlessly into existing state systems and structures.

Our presentation also included the compelling data we had collected, demonstrating increased ANC attendance, retention, facility deliveries, and postpartum family planning. The Malawian Ministry of Health took a keen interest in our approach with a promise to reach out for technical assistance as they began planning their program. This interaction exemplified how our international engagement allowed us to share our experiences, showcase our successes, and inspire other countries to consider implementing Group ANC.

TACConnect also participated at the International Maternal Newborn Health Care Conference in Cape Town where we attended several fora on Group ANC and shared our experiences and lessons from Nigeria.

Currently, the global community of practice on Group ANC is working to curate evidence and advocate for WHO to upgrade its recommendation from research to full implementation. We are proud to be recognized as leaders in Group ANC implementation in Africa, and we have received invitations to attend other upcoming conferences to share the Nigerian experience and results. Our goal is to continue showcasing the evidence and expanding the adoption of Group ANC to improve maternal and newborn care and outcomes.



Dr. Olayiwola Jaiyeola

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### Gender-responsive programming

**Gender-responsive programming is at the core of TACConnect's current approach. Dr. Jaiyeola details how gender analyses are conducted to tailor interventions and shares stories of women gaining autonomy and agency in their healthcare decisions, which leads to improved health outcomes.**

Gender integration is an evolving aspect of our work at TACConnect borne out of our GANC experiences over the past 36 months. While we GANC encourages male involvement, currently, we are taking a more intentional approach to mitigate the impact of gender norms and practices on the uptake of MNH interventions for mothers and newborns.

We have embarked on a gender analysis across 10 priority states to understand the specific gender norms, practices, and constructs that influence healthcare decisions. This analysis will provide the evidence to identify key drivers and influencers of these gender norms. Our goal is to curate and scale evidence-based interventions that are tailored to the unique needs of the beneficiaries, rather than repeat existing program models.

We are working closely with women's groups and community organizations to design interventions that address the barriers and myths uncovered during the gender analysis. The approach is data driven and evidence based, which ensures that our interventions align with the actual needs and expectations of the communities we serve.

One key focus is on measuring gender outcomes, both as intermediate and primary outcomes. This is a significant step toward demonstrating the gender intentionality of our programs. We're tracking outcomes related to women's autonomy and agency in making decisions about their health. For example, we aim to measure the extent to which women have control over their healthcare decisions and how well they can advocate for their health needs.

To achieve our gender intentionality goals, we aim to utilize the results of the gender analysis to design targeted interventions. We want to ensure that our programs are capable of addressing the specific barriers identified during the analysis and truly empower women to take control of their health decisions and access the services they require.

### Expanding access to RMNCH High Impact Interventions and Services leveraging GANC:

**TACConnect's commitment to comprehensive care is evident as they expand services like family planning, post-partum haemorrhage prevention, treatment and care, postpartum family planning, and immunization through the GANC/PNC platform. The interview sheds light on the integration of these vital services into the continuum of care.**

With the GANC platform, based on the evidence we have gathered over the last two years, we anticipate a larger number of women accessing services due to the improved experience of care. The GANC program has shown that we can retain more women in care, so our goal is to enrol these women and track them through the continuum of care.

Our focus is on the integration of services like those listed above into the GANC platform. Unlike the initial GANC focus, there will be a strong emphasis on training service providers to offer proven high impact interventions along the continuum of care for the Mother Infant pair.

Our strategy includes an integrated training approach that focusses on key high impact interventions to address major causes of maternal & newborn morbidity and mortality such as PPH, PFPF, immunization, malaria in pregnancy, gender and value discrimination, and the use of chlorhexidine gel to prevent cord infections. We're collaborating with partners within the family planning and maternal and newborn health landscape to ensure synergy and cost efficiency. By working together, we aim to demonstrate the value of an integrated service delivery model and reduce verticalization of services.

We have significant interest in advancing innovations to address maternal mortality due to PPH through the deployment and scale of interventions such as the EMOTIVE bundle and heat stable carbetocin via a system strengthening lens.

For PFPF, we will ensure that women receive counselling during ANC visits, providing them with information on family planning options. The goal is to reduce missed opportunities by offering immediate PFPF within 24-48 hours after delivery. This approach allows women to receive highly effective long-acting family planning methods before leaving the facility. Additionally, opportunities for extended PFPF will also be available during follow-up visits, such as immunization appointments.

***We have significant interest in advancing innovations to address maternal mortality due to PPH through the deployment and scale of interventions such as the EMOTIVE bundle and heat stable carbetocin via a system strengthening lens.***

We are committed to minimizing missed opportunities for other critical services like immunization as well. This involves rigorous training for service providers, ensuring the availability of vaccines, and optimizing the timing of services to reduce the burden of zero-dose cases.

Moreover, we plan to implement cohort tracking through digital means to continue reaching these women with important messages on family planning, immunization, breastfeeding, and nutrition. Our intention is to offer a comprehensive package of services that extend beyond ANC, ensuring that women receive the care they need at every stage of the continuum.

In summary, our approach involves integrating services, training service providers, ensuring commodity availability, and reducing missed opportunities to provide a comprehensive package of care for women during the GANC and postpartum periods.

### Diagnostic Assessments and Capacity-Building:

**The interview highlights how TACConnect's diagnostics, assessments and capacity-building initiatives have improved healthcare service delivery and quality. A case study from Kaduna state illustrates emerging outcomes from these interventions.**

Our work in strengthening primary healthcare (PHC) systems is rooted in the recognition of the challenges within Nigeria's PHC landscape. The PHC system in Nigeria, like many other components of the healthcare system, faces significant weaknesses. These include the prevalence of vertical programs, human resource shortages, poor quality of care, inadequate data quality, commodity challenges, and more. These factors contribute to the poor maternal and newborn health outcomes we see today.

## Cont'd... Unlocking healthcare transformation: An exclusive interview with TAConnect's Technical Director, Dr. Olayiwola Jaiyeola - (Segment 2)

Various government interventions have been instituted in the past, including initiatives like PHC under one roof, midwife service schemes, Saving One Million Lives, performance-based financing, conditional cash transfers and significant funding from various sources. Despite the substantial funding and various interventions, the PHC system still struggles because some of the core issues were not being addressed. This led us to conclude that without addressing fundamental systemic and managerial issues at the PHC level, achieving the desired health outcomes would be a challenge.

TAConnect has been involved in several assessments aimed at identifying these underlying systemic issues. For example, in Kaduna state, we leveraged a diagnostic assessment conducted by the Bill and Melinda Gates Foundation. This assessment highlighted weak managerial capacity and systems within the Kaduna State Primary Healthcare Board and PHCs, which was negatively impacting the performance of the PHC system. Recognizing this, we worked with the state to develop the PHC Management Capacity Strengthening Project.

This project was designed to enhance the managerial competencies and capacities of key managers within the PHC system, with a particular focus on officers in charge (OICs) at the facility level. The theory of change underlying this project was that, since resources are finite and always limited, improving the managerial competencies of OICs, and instituting the right systems and structures would lead to better resource management. As a result, we expected to see improved operational efficiencies at PHCs, ultimately leading to better quality of care and improved maternal and newborn services and health outcomes.

This capacity-building initiative addressed various domains, including human resource management, financial management, data management, equipment maintenance, community relations, and quality management. It aimed to equip OICs with the skills needed to effectively manage the resources under their control, including human resources, commodities, finances, and community engagement.

In addition to building competencies, we also focused on instituting systems and tools. This involved developing job descriptions, competency frameworks, and performance monitoring tools. We worked closely with the PHC board to ensure that the tools and systems were integrated into the existing state structures and could be used beyond the life of the project.

**The results of this initiative were quite promising. By the end of active TA support in Kaduna state, utilization of data for decision making saw a remarkable improvement of 413%. HRH Optimization efforts led to a 50% reduction in unapproved absenteeism among PHCs. Supply chain management has seen a positive shift, with a 23% reduction in PHCs reporting zero stockout of any of the 13 lifesaving commodities. The number of PHCs with updated documented remittance in cash register has increased by 22%. Planning and community relations have improved significantly, resulting in a 94% increase in PHCs that implemented their business plan. Substantial progress was recorded in facility management with a 76% increase in PHCs that have managed to avoid loss of key equipment or infrastructure.**

Additionally, some communities through their WDCs impressively committed their own resources to address infrastructure and equipment challenges in the facilities.

This program demonstrated that by addressing core managerial and system issues, PHCs could become more efficient and effective, leading to better health outcomes. It also highlighted the importance of effective leadership and management at the PHC level. Without the right skills and competencies among managers, even with increased funding, the health system would not optimize the use of resources, and the desired outcomes would remain elusive.

The sustainability aspect of this project was addressed by integrating it into existing state structures and systems. Skills and competencies were transferred to state trainers, and tools and systems were adopted by the state.

Overall, this program serves as a success story for TAConnect, as it demonstrates that with the right approach—addressing systemic issues, building capacity, and integrating programs into state systems—we can achieve sustainable improvements in healthcare service delivery and quality of care. This model has also been applied in other states like Niger and Nasarawa, where we continue to work on strengthening PHC systems.

### Ownership and Sustainability:

**TAConnect's approach to ensuring ownership and sustainability is discussed in detail. The interview reveals how the organization collaborates closely with state governments, builds capacity, integrates programs into existing structures, and institutionalizes initiatives.**

Ownership and sustainability are critical considerations in our approach at TAConnect. We have adopted a unique approach to ensure that our programs are driven by state needs and continue to thrive beyond the life of our projects.

Our approach is rooted in "TA on demand," which means that we respond to state-identified needs. We don't come into a state with pre-designed programs; instead, we work closely with the state to identify their specific challenges and areas where they need support. This bottom-up approach ensures that the state takes ownership of the program from the very beginning because it's based on their priorities.

When gaps or needs are identified, diagnostic assessments are conducted in collaboration with the state. These assessments ensure an understanding of the state's unique context and challenges in quantifiable terms. Once the assessment is completed, the state and TAConnect co-designs a program that addresses these identified needs. This co-creation process ensures that the state is actively involved in shaping the program interventions to close identified gaps and meet its own requirements.

Following the co-design of the program, partners who are well-aligned with the state's needs and priorities are engaged through a competitive process. These partners are introduced to the state with the understanding that the program is state-led and state-owned. The partner's role is to provide technical assistance and support to the state in the implementation of the program intervention. We emphasize to the partner that they are there to support the state's goals, not to impose their own agenda.

Throughout the implementation process, a strong focus is placed on capacity-building. Rather than simply filling capacity gaps, we work to build the capacity of state officials, managers, and healthcare workers. This includes training, skill development, and knowledge transfer to ensure that the state has the expertise to run the program independently after the partner's exit.

Transparency and visibility are essential components of our approach. We provide the state with full visibility into our work, sharing information on how activities are conducted, what tools and resources are being used, and how decisions are made. This empowers the state to understand and take ownership of the program.

In many cases, we immerse the program into existing state structures and systems. By doing so, we ensure that the program is seamlessly integrated into the state's operations. This integration fosters sustainability, as the program becomes an intrinsic part of the state's healthcare system.

Additionally, we work with states to institutionalize the program. This may involve updating policies or operational plans to include the program's elements. For example, in the case of the G-ANC program, states reviewed their RMNCH policies to incorporate G-ANC as an alternative service model. They also included the program's costing and funding aspects in their annual operational plans and were supported to ensure that a group of state personnel were trained as master trainers and mentors. These institutionalization efforts ensure that the state continues to allocate resources and support the program even after our direct involvement ends.

While our approach doesn't guarantee perfection as a standalone model it has shown measured success. An example of this success is the G-ANC program, which has continued to thrive even after TAConnect, and its partners exited the states. The state-led initiatives, capacity building, and integration into existing systems and policies all contribute to the sustainability of our programs.

In conclusion, our commitment to ownership and sustainability is evident in our approach, which empowers states to identify their needs, co-design programs, build capacity, and integrate initiatives into their existing systems and structures. This collaborative and state-driven model positions our programs for long-term success and impact with both financial and programmatic sustainability.

# TACoconnect Champions Change in 16 Days of Activism Against Gender-Based Violence



TACoconnect team displaying diverse inscriptions centered around the theme of the 16 Days of Activism.

In a display of commitment to eradicate Gender-Based Violence (GBV), TACoconnect recently spearheaded a series of initiatives as part of the global 16 Days of Activism campaign. From thought-provoking workshops to on-the-ground office campaigns, the organization mobilized its team to contribute to the ongoing fight against GBV.

### Workshop Illuminates Path Forward:

Under the leadership of Dr. Lilian Anomnachi, TACoconnect's Executive Director, and Dr. Olayiwola Jaiyeola, the Technical Director, the organization hosted an enlightening workshop. This session not only heightened awareness of GBV but also showcased how TACoconnect is integrating a gender lens into its investments, drawing valuable insights from a recently conducted gender analysis study.

### Empathy in Action:

Taking the campaign directly to their doorstep, TACoconnect embarked on an inspiring office-to-office awareness drive within its office complex. Through engaging conversations and the distribution of educational materials, the team aimed to not only inform but also ignite a collective passion against GBV. The visual narrative of this effort was

captured in vibrant snapshots, reflecting the energy and determination of the team.

### Personal Stories Fuel Collective Resolve:

In a poignant and courageous move, TACoconnect staff shared personal stories during the workshop. These narratives served as a powerful reminder of the real impact of GBV and fuelled the organization's collective resolve to combat this pervasive issue.

### Orange Ribbon Solidarity:

Symbolizing unity and solidarity, every TACoconnect team adorned the Orange Ribbon, a visual pledge against violence. The Orange Ribbon campaign became a unifying symbol for the organization's stand in the global effort to end GBV.

### Social Media Sparks Change:

The organization amplified its impact through social media, sharing highlights and snapshots of the activities under the hashtags #TACoconnect #EndGBV #16DaysInAction. This digital outreach aimed to inspire change, encourage dialogue, and contribute to the broader global conversation.

In these 16 days, TACoconnect has not only

raised awareness but has taken tangible steps towards fostering a workplace and community culture intolerant of gender-based violence.

The organization's multifaceted approach reflects a holistic commitment to being a catalyst for positive change, both within its walls and in the broader global community. As the 16 Days of Activism conclude, TACoconnect remains steadfast in its dedication to creating a world free from the shadows of gender-based violence.

*Empowerment begins with awareness, and during the 16 Days of Activism and beyond, let our voices echo the resounding call for change. Together, we break the silence, shatter the stereotypes, and forge a world where equality reigns supreme*



## WHAT IS IT ABOUT?

The 16 Days of Activism Against Gender-Based Violence Campaign begins from the International Day for the Elimination of Violence Against Women on 25 November and ends with International Human Rights Day on 10 December— highlighting that violence against women is a fundamental violation of human rights. During the 16 Days of Activism, people around the world unite to raise awareness about gender-based violence, challenge discriminatory attitudes and call for improved laws and services to end violence against women for good.

## WHY ORANGE?

As a bright and optimistic colour, the campaign utilises orange to represent a brighter future free from violence against women and girls.

## WHY DOES IT MATTER?

Violence against women continues to occur at an alarming scale in every country in the world. Too often it is accepted as normal behaviour and the global culture of discrimination against women allows violence to occur with impunity. Calls for action like the 16 days of Activism are crucial because they shine a spotlight on the issue of violence against women. They are a moment to create public awareness about what needs to change to prevent it from happening in the first place at local, national, regional and international levels.

## WHO SHOULD TAKE PART?

We all have a role to play in preventing gender-based violence. We need to challenge the attitudes that perpetuate, rationalise and normalise this kind of violence and deny women's right to safety and respect. Within this, men have an important role to play in challenging harmful masculine stereotypes and behaviours. Shifting these behaviours is hard and slow, but gender equality means all of us working together to achieve true, systemic change.

## WHAT IS GENDER-BASED VIOLENCE?

The term refers to all forms of violence directed at someone because of their gender. This includes acts that cause or could cause physical, sexual or psychological harm or suffering including threats of harm or coercion, in public or in private life. It is most often used to refer to men's violence against women.

## WHAT ARE ITS DRIVERS?

Research broadly shows that this type of violence happens as a result of gender inequality - a system where women and men do not have equal status, power, resources or opportunities in their society and are not valued or respected in the same way. As a result, the drivers of this kind of violence are distinctly gendered. According to Our Watch, these are:

- **Condoning of violence against women**
- **Men's control of decision-making and limits to women's independence in public and private life**
- **Rigid gender stereotyping and dominant forms of masculinity**
- **Male peer relations and masculinity that emphasise aggression, dominance and control**

## STATISTICS ON GENDER-BASED VIOLENCE

- Globally, **an estimated 736 million women**—almost one in three—have been subjected to physical and/or sexual intimate partner violence, non-partner sexual violence, or both at least once in their life (30 per cent of women aged 15 and older).
- **In 2021, around 45,000 women and girls** worldwide were killed by their intimate partners or other family members. This means that, on average, more than five women or girls are killed every hour by someone in their own family
- **Less than 40 per cent of the women** who experience violence seek help of any sort. In the majority of countries with available data on this issue, among women who do seek help, most look to family and friends and very few look to formal institutions, such as police and health services.
- **At least 162 countries have passed laws** on domestic violence, and **147 have laws on sexual harassment** in the workplace. However, even when laws exist, this does not mean they are always compliant with international standards and recommendations or are implemented and enforced

## HOW DO I GET INVOLVED?

- **Raise Awareness:** Share information about gender-based violence on social media, in your community, or at workplaces.
- **Challenge Discrimination:** Speak up against discriminatory attitudes and behaviors.
- **Advocate for Change:** Support initiatives and organizations working to improve laws and services addressing gender-based violence

# TACoconnect Gender Analysis: Navigating the Intersection of Healthcare Innovation and Gender Equality in RMNCAH+N Services

*Technical Advice Connect (TACoconnect) initiated an explorative analysis to interrogate where gender equality intersects with healthcare delivery by conducting an extensive gender analysis across 10 states. The aim was to navigate the complex interplay between Reproductive, Maternal, Newborn, Child, and Adolescent Health plus Nutrition (RMNCAH+N) services and gender dynamics. This endeavor unveiled challenges and opportunities that require nuanced solutions.*

## Study Objectives:

The gender analysis study sought to provide a detailed understanding of gender-related challenges affecting health interventions in 10 states including Kaduna, Nasarawa, Kano, Niger, Bauchi, Gombe, Sokoto, Yobe, Borno, and Lagos. Specific objectives included analyzing gender roles, assessing the impact of gender-based violence, evaluating health workforce dynamics, examining gender-related factors affecting health services, assessing gender integration in health policies, and providing actionable recommendations for a gender responsive program.

## Methodology:

Employing a qualitative research approach, the study delved into gender roles, norms, and harmful practices influencing access to RMNCAH+N services. Through in-depth interviews, focus group discussions, document reviews and diverse stakeholders' engagements, including community members, healthcare providers, gender experts, and policymakers. Thematic analysis was utilized to interpret key themes, offering insights into gender-related challenges and opportunities.

## State-Specific Insights:

*The study illuminated the landscapes of Nasarawa, Yobe, Kaduna, Bauchi, Kano, Niger, Gombe, Sokoto, Borno, and Lagos states, uncovering unique challenges and opportunities. From gender-based violence to reproductive health disparities, each state's narrative contributes to the overarching goal of transformative health programming.*

### Nasarawa State: Illuminating Challenges and Opportunities

Embarking on a journey through Nasarawa state, the analysis revealed the facets of an intricate relationship between gender dynamics and RMNCAH+N services. From the profound influence of gender roles on health-seeking behaviours to the shadowy realm of gender-based violence, the study unearths layers of challenges and opportunities.

### Yobe State: Unveiling Struggles and Realities

Journeying through Yobe state, the impact of gender norms on



RMNCAH+N services takes center stage. From harmful practices shaping health-seeking behavior to the stark realities of gender-based violence, the findings paint a vivid picture of the struggles faced by women and girls.

### Kaduna State: Decoding Realities for Gender Equity

Navigating the diverse landscapes of Kaduna state, TACoconnect dives deep into the dynamics of the health workforce, uncovering challenges and opportunities for gender equity. The study spotlights the intersection of gender-related factors and the availability, accessibility, and quality of health services, offering a roadmap for a more inclusive and effective RMNCAH+N landscape.

### Bauchi State: Unmasking Challenges for Equitable Healthcare

Peeling back the layers in Bauchi state, the study reveals traditional gender roles and cultural expectations casting a shadow on RMNCAH+N utilization. Harmful cultural norms and practices, coupled with the availability of gender-based violence response services, shape the narrative. The findings spotlight the legal and policy landscape, laying bare the challenges and suggesting pathways for a more equitable future.

### Kano State: Unveiling Patriarchal Dynamics

In the patriarchal embrace of Kano State, the analysis unveils the dynamics where men's roles as breadwinners and decision-makers stand in stark contrast to the reproductive and caregiving roles predominantly assigned to women. The study highlights the influence of social norms, religious beliefs, and behavioural expectations on exacerbating gender-based violence experiences. Additionally, the study calls attention to gender-related factors influencing employment opportunities in the health sector.

### Niger State: Navigating Patriarchal Systems

Navigating through Niger State, TACoconnect's study highlights the traditional division of roles, with men as primary breadwinners and decision-makers, impacting women's engagement with health services. The prevalent patriarchal systems cast a shadow over decision-making and limits women's mobility, significantly impacting their participation in RMNCAH+N services.

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## Cont... TACoconnect Gender Analysis: Navigating the Intersection of Healthcare Innovation and Gender Equality in RMNCAH+N Services

### Gombe State: Overcoming Cultural Barriers

In Gombe State, deeply entrenched cultural norms wield significant influence, enforced through traditional mechanisms like "yakku." The study reveals that non-compliance may result in isolation and lack of community support, acting as barriers to accessing RMNCAH+N services. Harmful gender norms contribute to early pregnancies, risky behavior, and resistance to family planning services.

### Sokoto State: Balancing Healthcare Access

In Sokoto State, the division of labor offers positive healthcare access for women, driven by their roles in managing households and contributing to income. However, conservative or patriarchal cultures present barriers to women seeking healthcare. Cultural norms, financial constraints, lack of male participation, and stigma contribute to hindrances in accessing RMNCAH+N services.

### Borno State: Traditional Gender Norms and RMNCAH+N

In Borno State, traditional gender norms wield significant influence on RMNCAH+N services. Decision-making power, often vested in men, leads to delays in healthcare-seeking behavior. Harmful gender practices, including child marriage, impact health-seeking behaviors negatively. Persistent gender disparities in income, education, and resources hinder women's access to RMNCAH+N services.

### Lagos State: Navigating Traditional Gender Roles and Contemporary Realities

In Lagos State, traditional gender roles persist, designating women as caregivers and men as providers. Despite reports of joint decision-making, evidence indicates that men predominantly hold decision-making power. Women's rights to assets are acknowledged but not fully practiced, leading to less control. Men's role in RMNCAH+N is limited to financial support. Gender-Based Violence (GBV) is prevalent, impacting women and girls, with notable gaps in response systems and healthcare protocols. In the health workforce, gender imbalances persist, favoring women, and the quality of RMNCAH+N services is deemed basic.

Key Findings:

***The findings underscore the imperative of addressing gender disparities and call for gender-responsive, transformative strategies to ensure inclusive, equitable, and effective RMNCAH+N programs for all individuals, irrespective of their gender or cultural background.***

The TACoconnect Gender Analysis reveals critical insights into the intersection of gender dynamics and healthcare accessibility across various Nigerian states. Men's involvement and cultural norms play a substantial role in shaping access to Reproductive, Maternal, Newborn, Child, and Adolescent Health plus Nutrition (RMNCAH+N) services. The study delves



Men and women engaged in dialogue during a community discussion session.

into the intricate web of power dynamics, emphasizing the patriarchal influences that dictate household responsibilities and decision-making, with women primarily assigned caregiving roles. Asset control, cultural diversity, and socioeconomic factors emerge as determinants impacting healthcare access, reinforcing the urgent need for a nuanced approach. The findings underscore the need to address gender disparities and call for gender-responsive, transformative strategies to ensure inclusive, equitable, and effective RMNCAH+N programs for all individuals, irrespective of their gender or cultural background.

### Conclusion and Recommendations:

The gender analysis concludes by emphasizing the urgent need for a contextualized approach to healthcare accessibility. Recognizing the impact of gender norms and cultural contexts is deemed essential for paving the way toward a more equitable future. The vision of inclusive, equitable, and effective RMNCAH+N programs comes to life through collaborative efforts at local, national, and global levels. A call to action is required to forge a future where gender responsive programs and healthcare innovations are integrated to protect the rights and well-being of every individual.

In response to the study's findings, actionable recommendations emerge, including community-based awareness campaigns, advocacy for legal and policy changes, and strategies to engage men and boys as allies. The study encourages the adoption of gender-responsive and transformative approaches in health programming and underscores the importance of collaborative efforts for sustainable change. The study also recognizes existing policy documents, such as The National Gender Policy and the Violence Against Persons (Prohibition) Act, urging their full implementation at the state level to address gender disparities in healthcare effectively



# Strengthening Primary Healthcare in Kano State: Bridging Gaps for Progress

## Introduction:

In the expansive landscape of Kano State, where meeting the healthcare needs of a dense population is a paramount challenge, the quest for Universal Health Coverage (UHC) necessitates a robust network of Primary Health Care (PHC) facilities. With 484 political wards, the state aims to establish 918 fully functional PHC facilities to adhere to the Minimum Service Package (MSP) standards. However, a 2021 MSP assessment unearthed numerous challenges, highlighting the urgency for effective PHC management. Recognizing the pivotal role of management in achieving national PHC targets, the Kano State government, in collaboration with health leaders, has embarked on a journey to fortify the PHC system. Despite concerted efforts and external support, the state grapples with suboptimal performance, particularly in PHC management at the Local Government Areas (LGAs) and health facilities.

## Enter the Solution:

In a collaborative effort to address these challenges, Technical Advice Connect (TAConnect), backed by the Bill & Melinda Gates Foundation (BMGF), is partnering with the Solina Center for International Development and Research (SCIDaR). Together, they are implementing the 1-year Kano PHC Management Capacity Strengthening Project (KPMSCP). This initiative aims to tackle identified gaps in management capacity and support systems, crucial for the coordination, implementation, and evaluation of the PHC program.

## Addressing the Gaps:

The 2021 situational assessment pinpointed several challenges, including suboptimal functionality of governance structures, competency gaps in PHC management teams, lack of tailored performance management systems, and uneven distribution of health workers. KPMSCP is designed around the five themes of the WHO framework—functional governance, institutionalized processes, management competency, performance management, and enabling environment—to systematically address these issues.

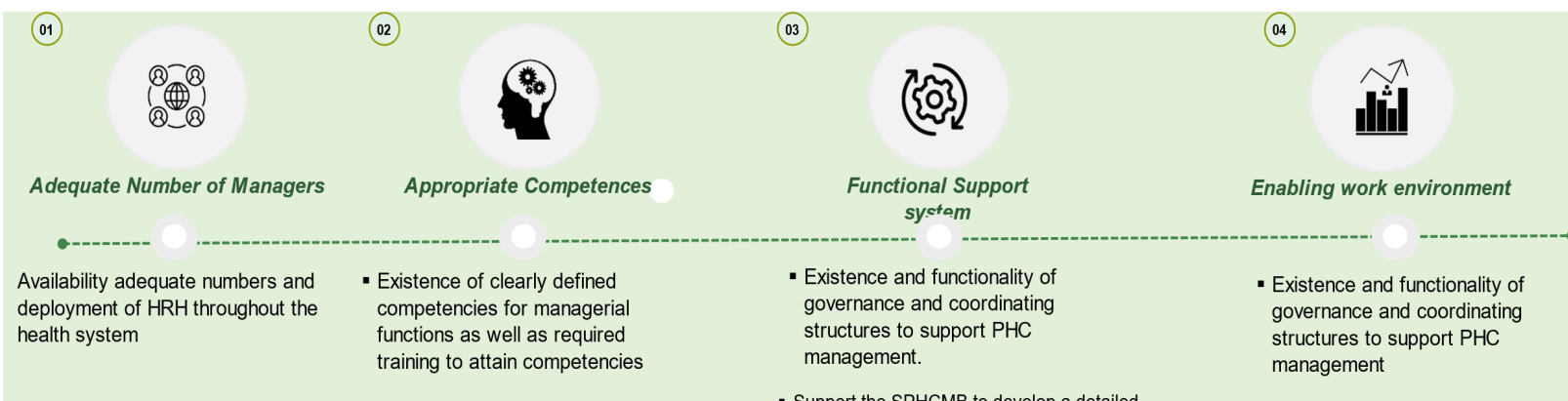
## The Alignment Phase:

The first month was dedicated to introducing and anchoring the project within the State Primary Health Care Management Board (SPHCMB) leadership. The phase included scoping exercises, validation workshops, and baseline assessments of prioritized PHCs and Officers-in-Charge. This phase laid the foundation for the subsequent transformative actions.

## The Kano Primary Health Care Management Capacity Strengthening Project is a set of tailored interventions to address gaps across 4 themes

**Our Goal** | Delivery of a targeted suite of interventions to address PHC management capacity gaps, and strengthen PHC service delivery to improve access to quality PHC services in Kano state

The focus of the intervention is to strengthen the Kano SPHCMB at all levels of PHC management and delivery- State, Zone, LGA and Wards, by providing technical assistance across **four thematic areas adopted from WHO's framework for leadership and management**



- INTERVENTIONS**
- Map health workers to health facilities
  - Facilitate review meetings to discuss HRH redistribution plans
  - Institute and operationalize routine onboarding/capacity building of PHC managers
  - Engage experienced consultants to provide OTJ mentorship to PHC managers
  - Support the SPHCMB to develop a detailed handbook for PHC managers and to produce & disseminate SOPs
  - Institute routine process monitoring adherence to guidelines
  - Develop an absenteeism reduction plan
  - Redefine the performance review processes, timelines, structures, and systems.
  - Review of the SPHCMB departmental organizational structure
  - Review and revise the SPHCMB regulations and operational guidelines across all levels.



Source: Kano Manage PHC proposal; Team analysis

Contd. on the next pg.

# Cont....Strengthening Primary Healthcare in Kano State: Bridging Gaps for Progress

## Establishing Robust Support Systems:

The next five months focused on developing and revising resource materials essential for efficient PHC systems. This phase saw the revision of laws and operational guidelines, the creation of draft documents such as the PHC management handbook, and the development of a competency framework for PHC staff. These initiatives formed the bedrock for strengthening the state's PHC landscape.

## Empowering PHC Managers:

Building on the support systems, KPMCSPP implemented a two-step strategy to empower PHC managers. In-class training sessions were conducted for 215 prioritized PHC Officers-in-Charge and their deputies, ensuring a knowledge transfer rate exceeding 90%. Following this, the project transitioned into the on-the-job mentorship phase, emphasizing practical application and long-term sustainability.

## A deep dive on the average performance across the individual thematic modules show that improvement was recorded across board for OICs...

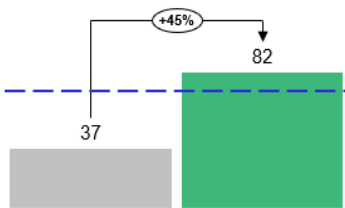
--- Target pass mark – 70%

n=218

Average of pre and post-test scores of OICs by thematic areas, %

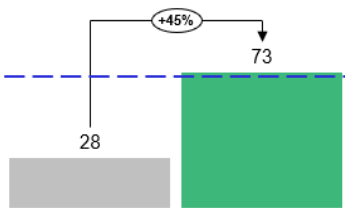
### I. Data Management

t stat\* = 1.98  
p-value = 3.51e-53 (p < 0.05)



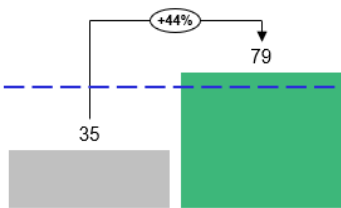
### III. Quality Management

t stat\* = 1.98  
p-value = 1.59e-57 (p < 0.05)



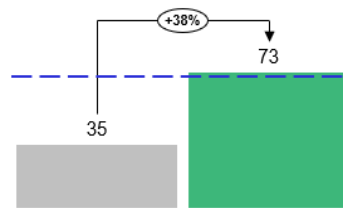
### V. Facility Management

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p-value = 6.9e-37 (p < 0.05)



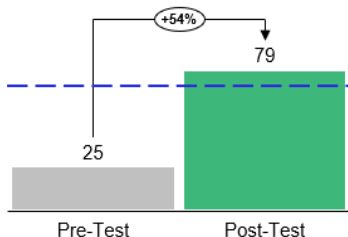
### VII. HRH Management

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p-value = 2.12e-44 (p < 0.05)



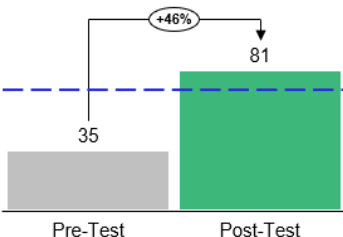
### II. Supply Chain Management

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p-value = 1.33e-67 (p < 0.05)



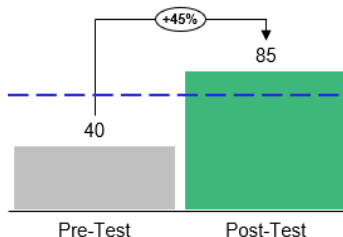
### IV. Planning & Community Relations

t stat\* = 1.98  
p-value = 2.53e-40 (p < 0.05)



### VI. Finance Management

t stat\* = 1.98  
p-value = 3.68e-46 (p < 0.05)



n - number of PHC officers-in-charge, t stat\* - t Critical two-tail, p-value < 0.05 indicates significance  
SOURCE: KPMCSPP In-class training pre & post-test results, Team analysis

## Positive Momentum:

As the on-the-job mentoring continues, positive responses are already emerging from health facilities.

## Testimonials from the PHC OICs

**Inventory Management**  
*"This training was very interesting. The environment was very conducive, and the facilitators did a very good job in teaching. I acquired knowledge on supply chain and inventory management and also financial management. I have learnt how to fill invoices and receipts for every transaction for transparency, accountability and documentation purposes."*  
**Jamila Muhammad**  
 PHC 2IC, Gasgainu PHC, Minjibir LGA

**Feedback for Continuous Improvement**  
*"I appreciate the facilitators for a good job well done and for the success of the training. I gained a lot of knowledge that is very important to me as a deputy in-charge. Like having a quality management team where we make decisions about the quality of care we give to clients and how to improve in our service delivery. Also, getting feedback from our clients and patients will help us improve in the services we render. Thank you very much."*  
**Hadiza Ali Maikaba**  
 PHC 2IC, Wapa PHC, Fagge LGA.

**Enhancing QoC: A SMART approach**  
*"The training was good. In terms of the facilitations and the modules, I acquired some knowledge and skills that I did not have before. For example; using the acronym 'SMART,' I can now plan a better quality of care framework. I will put all I have learned to practice in my facility."*  
**Ibrahim Muhammad Inuwa**  
 PHC 2IC, Adakawa PHC, Dala LGA

## Cont.....Strengthening Primary Healthcare in Kano State: Bridging Gaps for Progress

### Attendance Revolution

*Since the implementation of the Staff Attendance Register, I've not needed to address anyone about attendance. By 8:20, every staff member is present at the PHC, and no one leaves before 4. The SAR is a game-changer. I've oriented the staff on the policy and the tools. The tools speak for themselves. There will be no favoritism. Points earned will be recorded, and disciplinary action is progressive based on accrued points. I personally arrive at work by 7:30 am, and there are at least 2 staff members already present. We are truly grateful for these tools."*

Ibrahim Mahmoud Suleiman.  
PHC OIC, Kofar Mazugal PHC, Dala LGA.

### Effective Resource Management

*"This training will definitely help me to effectively manage both human and material resources within my facility, Human resource module will help me have control over my subordinates."*

Abubakar Mohammad  
PHC OIC, Albasu PHC,  
Albasu LGA

### The Budgeting Quest

*"What impressed me most during this program is financial management. We are somehow misguided on budgeting process and documenting finances. But with this training, all the errors of budgeting as well as recording financial transactions will be history."*

Saude Yakubu  
PHC OIC, DanHassan PHC, Kura LGA



Participants engage in discussions at a validation workshop, evaluating the practicality and effectiveness of the training guide developed for the KPMCSPP, while also gathering valuable feedback from stakeholders  
Photo Credit: Kano State Primary Healthcare Management Board

The dedication of the Kano SPHCMB leadership, collaboration with educational institutions, and the engagement of thematic experts have collectively set the stage for a resilient and empowered PHC system in Kano State. The journey to bridge the gaps in primary healthcare is underway, promising progress and improved health outcomes for the people of Kano.

# Driving Progress in Immunization to Combat Childhood Diarrhea in Kano State

*In a collaborative initiative to strengthen immunization efforts in Kano State, TACConnect, with support from the Pfizer Foundation through the Global Health Innovation Grants Program, is making significant strides. The primary focus is to promote the uptake of vaccination generally and rotavirus vaccine specifically to reduce the burden of diarrhea among children under 1 in high-burden communities in Kano state by end of 2023 from the baseline.*

TACConnect initiated the execution of this intervention in March 2023, spanning across six local government areas, in collaboration with the Kano State Primary Healthcare Management Board. Responding to a formal request from the state, TACConnect expanded the intervention to three additional Local Government Areas (LGAs). These complement ongoing efforts in the six existing LGAs, collectively addressing a high proportion of unvaccinated children in these LGAs.

### Empowering Stakeholders and Communities

Building on this expansion, TACConnect conducted a comprehensive refresher training session for zonal, LGA, and healthcare facility teams. The training focused on reinforcing integrated routine immunization plans and intensifying efforts to ensure a unified approach. This initiative not only aligned stakeholders with project expectations but also empowered healthcare workers with the knowledge necessary to optimize community mobilization and outreach activities.

In collaboration with government officials, TACConnect established field level supportive supervision to enhance monitoring and mentorship. Quarterly and monthly supervision plans were instituted at the state and LGA levels, respectively, addressing identified gaps in the vaccination process.

Simultaneously, an advocacy and sensitization visit engaged 90 community leaders, including traditional and religious figures, traditional birth attendants, and community gatekeepers. This outreach sought their collaboration in community mobilization and demand creation during outreach days. Insights gathered during these interactions provided valuable guidance on reaching vulnerable children and households within rural communities.

### Generating Demand through Community Forums

Expanding on these efforts, community forums and compound meetings were instituted to raise awareness and generate demand for vaccination services. These activities identified barriers to vaccine uptake at both facility and community levels. With 200 community members actively participating, concerns were voiced, including healthcare workers' attitudes, the timing of outreaches, socio-cultural barriers, and the need for community support. Discussions during these sessions have centered around emphasizing the importance of vaccinations, with a specific focus on the significance of the rotavirus vaccine. Simultaneously, barriers limiting access have been identified and collectively addressed by the community and healthcare providers.



### Impact of Outreach Activities

The power of outreach activities has proven instrumental in preventing missed vaccinations and contributed to addressing the concerning issue of zero dose children in Kano State. In Nigeria, the challenge of zero dose children is a significant public health concern and a barrier to achieving widespread immunity against preventable diseases. Our engagements with communities have revealed that a lack of awareness regarding the importance of routine vaccinations, coupled with misconceptions about the safety and efficacy of vaccines, stands as a major reason for delays and avoidance of vaccination. Moreover, challenges within the healthcare system, encompassing inadequate staffing, vaccine supply chain issues, and insufficient outreach programs, contribute to missed opportunities for vaccination.

In response to these challenges, our initiative takes a comprehensive and targeted approach, emphasizing community engagement, awareness campaigns, and capacity building for healthcare workers to enhance service delivery systems. The intervention adopts a human-centered design approach in collaboration with sub-national governments, co-creating and implementing Social and Behavior Change Communication (SBCC) interventions.

These efforts are promoting demand and uptake of immunization and vaccines, taking into consideration the unique socio-cultural contexts of different communities, helping to overcome barriers that hinder children from receiving timely and complete immunizations. The initiative particularly concentrates on expanding outreach, fostering community engagement, and implementing tailored interventions to address the zero-dose challenge within the state. These outreaches have contributed significantly to uptake and retention. Facilitated outreaches have prevented missed vaccinations in children aged 0 – 11 months, making substantial impact by contributing above 50% in uptake and retention. Moreover, these outreaches have been even more impactful in addressing missed vaccinations in children aged 12 – 23 months, contributing above 90% in uptake and retention as visualized below.

## Addressing & Preventing Missed Vaccinations: The Power of Outreaches



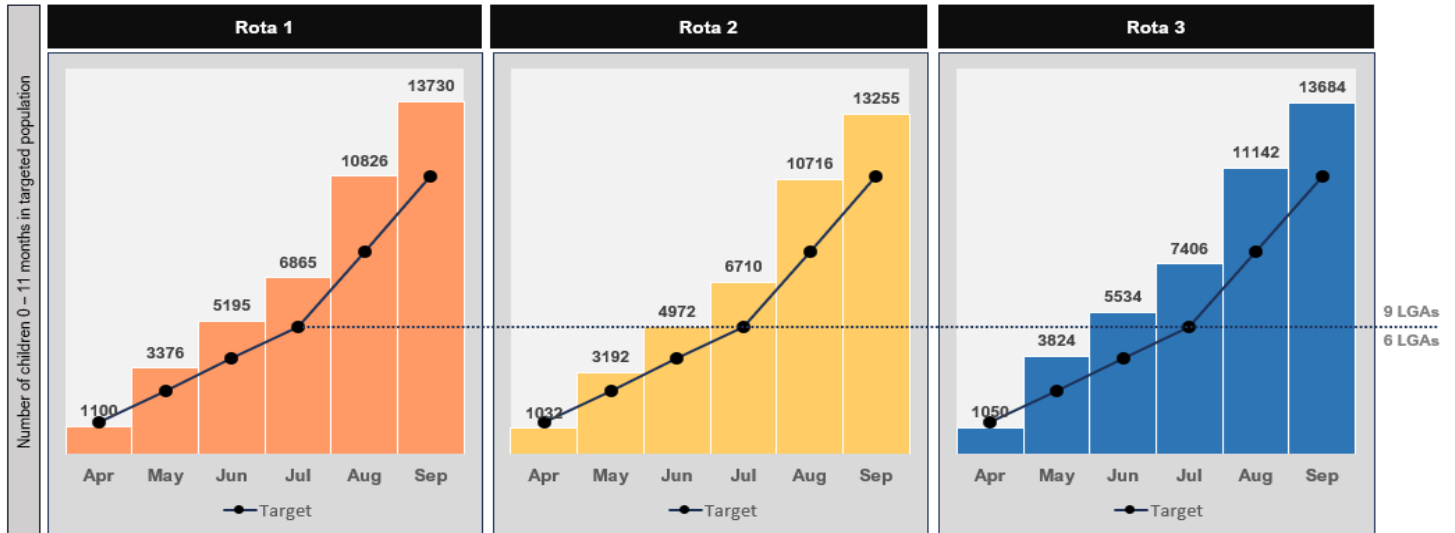
**The significance of the facilitated outreaches:**

- preventing missed vaccinations in children 0 – 11 months contributing above 50% in uptake and retention.
- addressing missed vaccinations in children 12 – 23 months contributing above 90% in uptake and retention.

## Cont.....Driving Progress in Immunization to Combat Childhood Diarrhea in Kano State

Additionally, data from the third quarter of 2023 revealed a substantial increase in rotavirus vaccine uptake among both children under one year old and children aged one year and above. The visualizations below offer additional insights.

### Intervention result coverage of children under 1 year (0 – 11 Months) for rotavirus vaccination

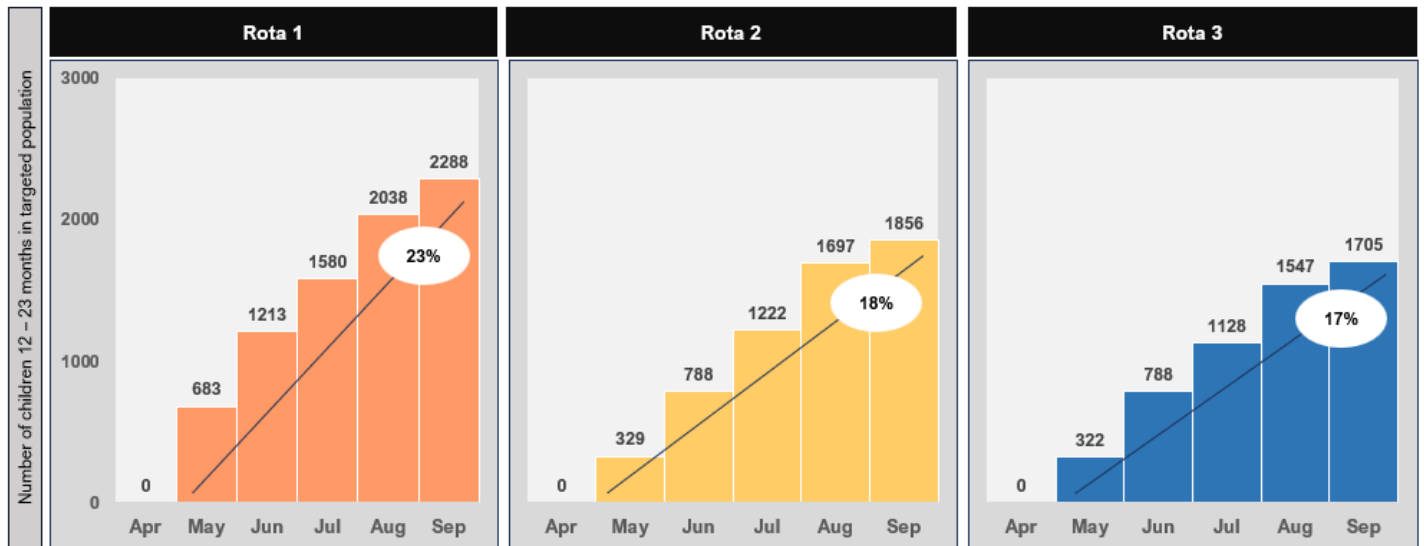


The accelerated support for rotavirus vaccination resulted in a constant increased uptake, and increased coverage of vaccinated children under 1 year. This significantly contributes to the reduction of zero dose children, as well as reduced missed opportunity for vaccination.

In Aug. 2023, coverage of intervention increased from 6 LGAs to 9 LGAs. This implies an increase in the monthly target population.

### Intervention result coverage of children above 1 year (12 – 23 Months) for rotavirus vaccination

Progress addressing non-fully immunized children via mop-up vaccination of children between 12 – 23 months



#### Conclusion

The success of the Rotavirus vaccination initiative underscores the importance of community orientation, knowledge dissemination, and robust stakeholder involvement. The state’s leadership and collaboration across all project stages are vital for success, cost-effectiveness, and sustainability. Regular supportive supervision to staff and periodic refresher trainings further augments the effectiveness of the intervention.

This comprehensive approach exemplifies TACConnect’s dedication to advancing immunization strategies, paving the way for healthier communities and sustained impact.

## TACConnect's Annual Strategic Review Meeting in Akwa Ibom Demonstrates Team Spirit



In December 2023, TACConnect hosted its 2023 Annual Strategic Review Meeting at the enchanting Ibom Resort in Akwa Ibom, South-South Nigeria. The event was marked by a convergence of innovative brainstorming sessions collaborative team bonding activities, and an award night which showcased the TACConnect team spirit, leaving a lasting resolve to propel and position TACConnect for the future.

These sessions while shaping strategies for the future; also celebrated the vibrant culture within TACConnect, capturing moments of teamwork, laughter, and unforgettable team bonding adventures.

The Annual Strategic Review Meeting was a testament to TACConnect's dedication to excellence, innovation, and the well-being of the communities it serves. Follow us for more updates on how TACConnect, charts its course for the future, continues to partner with government and relevant stakeholders to improve healthcare systems and health outcomes in Nigeria.





Technical Advice Connect (TACConnect) is an innovative Technical Assistance (TA) delivery platform, set up to respond to TA priorities to promote sustainable improvements Healthcare systems' performance and to increase the uptake of Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (RMNCAH+N) services. TACConnect curates and deploys comprehensive, cohesive technical assistance and institutional strengthening support to state governments, using a tailored and coordinated approach to promote sustainable health systems strengthening and enhanced service delivery

To foster critical shift in the TA delivery in Nigeria, TACConnect works with states and funders to define issues, identify solutions, and the skills/expertise needed to help strengthen the effectiveness, efficiency, and quality of services while it manages the selection and deployment of technical assistance by providing technical and programmatic oversight to ensure efficiency, effectiveness, and value for money

TACConnect has deployed an innovative operational model that facilitates a paradigm shift from the traditional top to bottom approach of partner support, to a demand driven bottom to top approach, involving states in problem identification, project design and implementation hence promoting ownership and long-term sustainability, as well as improving synergy and coordination.

## 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*

## Stories and Graphics

## Editors

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