Work-Sheet 1: BNA CAUSAL ANALYSIS (Sample)

PERIOD: Quarter 1: 2016

LGA:

INTERVENTION	Identified	WHY 1:	WHY 2:	WHY 3:	WHY 4:
	BOTTLENECKS	Immediate Causes	Underlying Causes		Management
		(Individual)	(Community)	(Policy)	Weaknesses
IMMUNIZATION	Only 56% of population living within 5 km radius		Due to insecurity some of the communities are scattered and health	from the policy makers	Poor siting of some health facilities.
(supply side)	from immunization service points (HFs and outreach locations)	from immunization services points	facilities providing the services are closed.		
(demand side)					
Childhood Illnesses (supply side)	Only 10% of health workers trained in the management of childhood illnesses		health personnel for long period	implementation of	Lack of follow up of planned activities and proper support.

(demand side)	Only 11% of children under the age of 5 years having fever and that were treated with ACT	poor management of ACT by the health workers	Insufficient health facilities providing ACT treatment across the LGA	Reduction of health facilities providing malaria services	Lack of community mobilization
ANC (supply side)	Only 12% of ANC service providers who have been trained in Focused Ante Natal Care	Inadequate number of trained female staff to provide Focused ANC services		training of personnel	
(demand side)	Only 50% of pregnant women who attended 4 ANC visits	Poor attitude of health providers		MCH items	Lack of closed supervision and financial support to the free MCH items

SBA & CBNC		Lack of conducting step Lack of trained staff to Poor planning of Weak supportive
(supply side)	Only 6% of maternity staff trained in Basic Emergency Obstetric Care	down training to other cover the remaining number of personnel supervision on the personnel facilities to be trained on BEOC program
(demand side)	Only 0% of mother/infant pairs who received at least one follow up home visit within the first month after delivery	Lack of commitment from Lack of community Lack of planned Weak supportive the health personnel sensitization documental schedule supervision on the for follow up home program visit

Work-Sheet 2: IDENTIFYING SOLUTIONS & IMPLEMENTATION STRATEGIES

PERIOD: Quarter 1: 2016

LGA

Identified	The WHY's	SOLUTIONS	IMPLEMENTATION
BOTTLENECK	(WHY 1,2,3 & 4)		STRATEGY
(supply side)	(WHY1) 44% of remaining population are	Outreach services should be	Monitoring and supportive
Only 56% of	living more than 5 km radius from	extended to the remaining	supervision
population living	immunization services points	communities	
within 5 km radius			

from immunization service points (HFs and outreach locations)	(WHY 2) Due to insecurity some of the communities are scattered and health facilities providing the services are closed.	The community should be mobilize to visit the nearby facility	Continues community mobilization
locations)	(WHY 3) No quick response from the policy makers on security matters.		
	(WHY 4) Poor siting of some health facilities	The community should be mobilize to visit the nearby facility	Continues community mobilization
(SUPPLY SIDE) Only 10% of health workers trained in	(WHY 1) Inadequate scale up training to health personnel	Scale up training of health personnel	Capacity building
the management of childhood illnesses	(WHY 2) Lack of training of health personnel for long period	Scale up training of health personnel	Capacity building
	(WHY 3) Lack of implementation of planned activities during the year.	Management should be follow up the planned activities	Advocacy visit
	(WHY 4) Lack of follow up of planned activities and proper support.	Management should be follow up the planned activities	Advocacy visit
(DEMAND SIDE) Only 11% of	(WHY 1) poor management of ACT by the health workers	To conduct Supportive supervision	Supportive supervision
children under the age of 5 years having fever and	(WHY 2) Insufficient health facilities providing ACT treatment across the LGA	To increase the number of health facilities providing ACT treatment.	Selection and training
that were treated with ACT	(WHY 3) Reduction of health facilities providing malaria services	To increase the number of health facilities providing ACT treatment.	Selection and training

	(WHY 4) Lack of community mobilization	The community should be mobilize	Mobilization & sensitization
(SUPPLY SIDE) Only 12% of ANC service providers	(WHY 1) Inadequate number of trained female staff to provide Focused ANC services	Training of female staff to provide focused ANC services	Capacity building
who have been trained in Focused Ante Natal Care	(WHY 2) Inadequate Focused ANC services not reaching the community	Focused ANC services should be extended to the on reach community	Step down training
	(WHY 3) Lack of continuity on training of personnel on Focused ANC services	Training of female staff to provide focused ANC services	Capacity building
	(WHY 4) Poorly disposition of female staff	Proper position of female staff	Posting and transfer
(DEMAND SIDE) Only 50% of pregnant women who attended 4 ANC visits	(WHY 1) Poor attitude of health providers (WHY 2) Inadequate sensitization to the community on Focused ANC	Conduct supportive supervision To conduct community sensitization and health talk	supportive supervision distribution of IEC materials and use of demand creators
	(WHY 3) Lack of proper distribution of free MCH items	Proper distribution of free MCH items and effective supervision	monitoring and supportive supervision & record keeping
	(WHY 4) Lack of closed supervision and financial support to the free MCH items	Strengthening supportive supervision sustainable release of fund	monitoring and supportive supervision and loving for release of fund

(SUPPLY SIDE)	(Managed Land of an ed edition of a edition	Conduct step down training by the	capacity building
Only 6% of maternity staff	(WHY 1) Lack of conducting step down training to other personnel	trained personnel	
trained in Basic Emergency Obstetric Care	(WHY 2) Lack of trained staff to cover the remaining facilities	Conduct step down training by the trained personnel	capacity building
	(WHY 3) Poor planning of number of personnel to be trained on BEOC	To conduct LGA selection committee planning meeting	selection and implementation
	(WHY 4) Weak supportive supervision on the program	Strengthening supportive supervision	monitoring & supportive supervision
(DEMAND SIDE)			
Only 0% of mother/infant pairs who received at	(WHY 1) Lack of commitment from the health personnel	To conduct monitoring and supportive supervision	monitoring & supportive supervision
least one follow up home visit within	(WHY 2) Lack of community sensitization	To conduct community sensitization	proper documentation and reporting
the first month after delivery	(WHY 3) Lack of planned documental schedule for follow up home visit	Provision of data tools	proper documentation and reporting
	(WHY 4) Weak supportive supervision on the program	Strengthening supportive supervision	monitoring & supportive supervision



LGA PERIOD: Quarter 1: 2016

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OUTPUTS	STRATEGIES	ACTIVITIES		1			T	IME	LINE	E					RESPONSIBLE	PARTNERS	BUDGET
			J	Α	S	0	N	D	J	F	М	Α	M	J			
	NTION: IMMUNIZAT		1-4		1:-			:41-	:	- 1_		1		5.0	· · · · · · · · · · · · · · · · · · ·	164-660/	1
OBJECTIVE: 10 10 2017	ocate and incre	ase the percentage of pop	uiat	.10n	1111	'ing	ţ W	ıın	ın .	O K	m i	aa	ius	30	% in june 20	10 10 00%	by June
Percentage of population living within 5 km radius from immunisation	1 community mobilisation	Organize community mobilization meeting 1 day / session monthly with women of child bearing age 30 women/ ward across the LGA		X	X	X	X		X	X	X	X	X	X	LIO	wнo	N2,75000
service points (HFs and outreach locations)	2 monitorings and supportive	Organize schedule for outreach to RI health facility to reach the scattered HF	X	X	X	X	X	X	X	X	X	X	X	X	LIO	wнo	N2,59200
from 56% to 66% by june 2017	supervision	Conduct monthly supportive supervision to the RI health facilities	X	X	X	X	X	X	X	X	X	X	X	X	LIO	LGA	N144000

LGA: PERIOD: Quarter 1: 2016

OUTPUTS	STRATEGIES	ACTIVITIES	TIMELINE	RESPONSIBLE	PARTNERS	BUDGET
			J A S O N D J F M A M J			

TRACER INTERVENTION: Childhood Illnesses

OBJECTIVE: To increase the Number of health workers trained in the management of childhood illnesses 10% in june 2016 to 20% by june 2017

Number of health workers trained in the management of childhood illnesses increased from 10% in june 2016 to 20% by june 2017	Advocacy visit Capacity building	Organize 1 day advocacy visit to the LGA chairman for follow up to implement planned activities To conduct 1 day meeting to identified and select 11 new health facility for step down training To conduct 2 day step down training to 11 health workers	X	X	X									DDPHC RH DDPHC RH	MNCH 2 MNCH 2	STAFF TIME STAFF TIME
(DEMAND SIDE) Number of children under the age of 5 years having fever and that were treated with ACT increased	Selection and training Monitoring and supportive supervision	To conduct 1 day meeting to identified and select 11 new health facility for step down training Conduct monthly supportive supervision to the selected health facilities	X	X	x	X	X	X	X	X	X	X	X	D/CONTROL D/CONTROL	SUNMAP/MALARIA CONTROL UNIT SUNMAP/MALARIA CONTROL UNIT	STAFF TIME

OUTPUTS	STRATEGIES	ACTIVITIES					TI	IME	ELIN	E						RESPONSIBLE	PARTNERS	BUDGET
			J	Α	S	0	N	D	J	F	N	1	Α	M	J			
from 11% in																		
june 2016 to																		
june 2016 to 21% by june																		
2017																		

LGA: PERIOD: Quarter 1: 2016

OUTPUTS	STRATEGIES	ACTIVITIES					•	ГІМІ	ELII	NE						RESPONSIBLE	PARTNERS	BUDGET
			J	Α	S	0	N	D	ο .	J	F	M	Α	M	J			

TRACER INTERVENTION: ANC

OBJECTIVE: To increase the number of ANC service providers who have been trained in Focused Ante Natal Care 12% in june 2016 to 22% by june 2017

(SUPPLY SIDE) Number of ANC service providers who have been trained in Focused Ante Natal Care increaesed from 12% in june 2016 to 22% by june 2016	Capacity building	To conduct 1 day meeting to identified and select 11 new health facility for step down training		X											DDPHC RH	MNCH 2	STAFF TIME
(DEMAND SIDE) Number of pregnant women	community sensitization and health talk	Conduct 1 day meeting with women of child bearing age		X	X	X	X	X	X	X	X	X	X	X	DDPHC RH	MNCH 2	STAFF TIME
who attended 4 ANC visits increased		Strengthening of health education in the facility during ANC	X	X	X	X	X	X	X	X	X	X	X	X	DDPHC RH	MNCH 2	STAFF TIME

OUTPUTS	STRATEGIES	ACTIVITIES	TIMELINE												RESPONSIBLE	PARTNERS	BUDGET
			J	Α	s	0	N	D	J	F	M	Α	M	J			
from 50%																	
in june																	
2016 to																	
60% in																	
june 2017																	
3																	

LGA: PERIOD: Quarter 1: 2016

OUTPUTS	STRATEGIES	ACTIVITIES					Т	IME	ELIN	ΙE						RESPONSIBLE	PARTNERS	BUDGET
			J	Α	S	0	N	D	J	F	· N	M .	A	M	J			

TRACER INTERVENTION: SBA & CBNC

OBJECTIVE: To increase the Number of maternity staff trained in Basic Emergency Obstetric Care 6% in june 2016 to 16% by june 2017

(SUPPLY SIDE) Number of maternity staff trained in Basic Emergency	capacity building	To conduct 1 day meeting to identified and select 11 new health facility for step down training			X										DDPHCRH	MNCH 2	STAFF TIME
Obstetric Care increased from 6% in june to 16% in june 2017		To conduct 2 day step down training to 11 health workers				X									DDPHCRH	MNCH 2	N100,000
(DEMAND SIDE) Number of mother/infant pairs who received at least one follow up home visit within the first month after delivery increased	proper documentation and reporting	Provision of data tools to all health facility for proper documentation and reporting	X	X	X	X	X	X	X	X	X	X	X	X	DDPHC M&E	MNCH 2	STAFF

OUTPUTS	STRATEGIES	ACTIVITIES	TIMELINE											RESPONSIBLE	PARTNERS	BUDGET	
			J	Α	s	0	N	D	J	F	N	A A	M	J			
2016 to 10%																	
by june 2017																	