

Work-Sheet 1: BNA CAUSAL ANALYSIS (Sample)

LGA: XXXXXXXXXX

PERIOD: Quarter 1: 2016

INTERVENTION	Identified BOTTLENECKS	WHY 1: Immediate Causes (Individual)	WHY 2: Underlying Causes (Community)	WHY 3: Structural Causes (Policy)	WHY 4: Management Weaknesses
IMMUNIZATION (supply side)	Only 56% of population living within 5 km radius from immunization service points (HFs and outreach locations)	44% of remaining population are living more than 5 km radius from immunization services points	Due to insecurity some of the communities are scattered and health facilities providing the services are closed.	No quick response from the policy makers on security matters.	Poor siting of some health facilities.
(demand side)					
Childhood Illnesses (supply side)	Only 10% of health workers trained in the management of childhood illnesses	Inadequate scale up training to health personnel	Lack of training of health personnel for long period	Lack of implementation of planned activities during the year.	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	Inadequate Focused ANC services not reaching the community	Lack of continuity on training of personnel on Focused ANC services	Poorly disposition of female staff
(demand side)	Only 50% of pregnant women who attended 4 ANC visits	Poor attitude of health providers	Inadequate sensitization to the community on Focused ANC	Lack of proper distribution of free MCH items	Lack of closed supervision and financial support to the free MCH items

SBA & CBNC (supply side)	Only 6% of maternity staff trained in Basic Emergency Obstetric Care	Lack of conducting step down training to other personnel	Lack of trained staff to cover the remaining facilities	Poor planning of number of personnel to be trained on BEOC	Weak supportive supervision on the 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 the health personnel	Lack of community sensitization	Lack of planned documental schedules for follow up home visit	Weak supportive supervision on the program

Work-Sheet 2: IDENTIFYING SOLUTIONS & IMPLEMENTATION STRATEGIES

LGA XXXXXXXXXX

PERIOD: Quarter 1: 2016

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

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
	(WHY 3) No quick response from the policy makers on security matters.		
(SUPPLY SIDE) Only 10% of health workers trained in the management of childhood illnesses	(WHY 4) Poor siting of some health facilities	The community should be mobilize to visit the nearby facility	Continues community mobilization
	(WHY 1) Inadequate scale up training to health personnel	Scale up training of health personnel	Capacity building
	(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
	(WHY 1) poor management of ACT by the health workers	To conduct Supportive supervision	Supportive supervision
(DEMAND SIDE) Only 11% of children under the age of 5 years having fever and that were treated with ACT	(WHY 2) Insufficient health facilities providing ACT treatment across the LGA	To increase the number of health facilities providing ACT treatment.	Selection and training
	(WHY 3) Reduction of health facilities providing malaria services	To increase the number of health facilities providing ACT treatment.	Selection and training

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

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

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Work-Sheet 3: LGA DATA-DRIVEN BNA OPERATIONAL PLAN (JUL 2016 – JUN 2017)

LGA [REDACTED]

PERIOD: Quarter 1: 2016[illegible]

Work-Sheet 3: LGA DATA-DRIVEN BNA OPERATIONAL PLAN (JUL 2016 – JUN 2017)

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 (DEMAND SIDE) Number of children under the age of 5 years having fever and that were treated with ACT increased	Advocacy visit	Organize 1 day advocacy visit to the LGA chairman for follow up to implement planned activities	X													DDPHC RH	MNCH 2	STAFF TIME
	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
		To conduct 2 day step down training to 11 health workers			X											DDPHC RH	MNCH 2	N100,000
	Selection and training	To conduct 1 day meeting to identified and select 11 new health facility for step down training			X											D/CONTROL	SUNMAP/MALARIA CONTROL UNIT	STAFF TIME
	Monitoring and supportive supervision	Conduct monthly supportive supervision to the selected health facilities	X	X	X	X	X	X	X	X	X	X	X	X	X	D/CONTROL	SUNMAP/MALARIA CONTROL UNIT	

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Work-Sheet 3: LGA DATA-DRIVEN BNA OPERATIONAL PLAN (JUL 2016 – JUN 2017)

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: 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 Obstetric Care increased from 6% in june to 16% in june 2017	capacity building	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											DDPHCRH	MNCH 2	STAFF TIME
																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 from 0% in	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	X	DDPHC M&E	MNCH 2	STAFF TIME

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