



**KADUNA STATE MINISTRY OF  
HEALTH**

**SUSTAINABLE DRUG SUPPLY SYSTEM (SDSS)  
MENTORING REPORT FOR 147 PHCs, 23 SHCs  
AND 23 LGAMS**

**BY**

**IN-STATE TEAM  
FEBRUARY/MARCH 2010**

## **ACKNOWLEDGEMENTS**

In fulfillment of the objectives of the National Health Policy to ultimately achieve the MDGs, the implementation of the SDSS and other health-related programs by the state Ministry of Health and the provision of enabling policies, guidelines, oversight functions, and support to ensure the proper operations are done effectively. So much thanks go to the State Government, SMOH, SMoLG, and the LGSB.

We thank PATHS2 and DFID for the technical support in ensuring that health care delivery is strengthened to deliver quality service to the good people of Kaduna State through the provision of quality drugs, equipment and support.

We also thank the LGA chairmen for their support in ensuring an enabling environment for staff to work against challenging working conditions. Our thanks also go to the traditional/community, religious, and political leaders, Local Government Area Medical Stores (LGAMS) committee members, facility health committee (FHC) members, and facility staff for their support and active participation in the exercise whenever called upon.

To the benefiting communities for their support through the provision of funds to put in place some facility requirements and attending to the team to ensure that the exercise becomes successful.

It is our belief that the recommendations of this report would serve as a tool for decision-making towards strengthening and sustaining the SDSS

We thank you all

Signed

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Director of Pharmaceutical Services

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## **FOREWORD**

In a bid to achieve the MDGs 4 and 5, the Kaduna State Government intends to improve the quality of health care delivery through concerted efforts of all state stakeholders and partners to ensure access to quality health care services that is sustained and affordable to all.

The state Drug Revolving Fund (DRF) scheme was strengthened and the scope widened from a programme resident only in the Department of Pharmaceutical Services for secondary health care, and was made to be a state scheme—the Sustainable Drug Supply System (SDSS). This scheme aims to ensure access to quality and affordable pro-poor health care delivery.

Health care delivery services in the state were boosted with the support of quality drugs and equipment to ease provision and make work easy and helpful. Training in capitalization and on-the-job training as delivered to the facility operators were made based on the developed SDSS guidelines to expose the facility staff and community members on the basic knowledge and provision of health services that will be sustainable, functional, effective, and accessible to communities in Kaduna State.

It is therefore important that continuous mentoring be carried out to ensure that challenges encountered by facility operators are addressed.

## **PREFACE**

The Kaduna State Ministry of Health, with support from DFiD/PATHS2 intervened in the area of drug supply and provision of equipment as a way of strengthening and, in the long run, transforming the health care delivery system in the state.

The DRF was restructured to accommodate other interventions like FMCH. Then a training curriculum on establishing, managing, and operating SDSS in LGAMS, SHCs and PHCs was designed to serve as a guide. The training was designed in a simplified form so as to expose the facility staff and community members to the basic knowledge and provision of health services that will be sustainable, functional, effective and accessible to communities in Kaduna State.

This report covers areas in the operations of SDSS scheme already in place in the capitalized facilities to evaluate the level of understanding of the training given and the daily running of the programme by the facility operators.

Finally, we are grateful to PATHS2 Kaduna and the In-State Team for the successful development of this report, as data collated and recommendations herein shall inform important contributions for the improvement of the scheme.

## ACRONYMS

AITAAM	Al-Madinatu Munawwarah
ANC	Antenatal Care
AOIC	Assistant Officer in Charge
BDSH	Barau Dikko Specialist Hospital
DFID	Department for International Development
DMA	Drug Management Agency
ECWA	Evangelical Church of West Africa
FBO	Faith-based organization
FHC	Facility health committee
FMCH	Free Maternal and Child Health
FOMWAN	Federation of Muslim Women Associations in Nigeria
GH	General hospital
HC	Health centre
HCP	Health Commodity Project
IIRO	International Islamic Relief Organisation
LGA	Local Government Area
LGAMS	Local Government Area Medical Stores
MCH	Maternal and Child Health
MOIC	Medical Officer in Charge
OIC	Officer in Charge
PATHS	Partnership for Transforming Health Systems
PHCC	Primary Health Care Coordinator
PHC	Primary health care
RH	Rural hospital
SDSS	Sustainable Drugs Supply System
SHC	Secondary health care
SMoH	State Ministry of Health
SMS	State Medical Stores

## **EXECUTIVE SUMMARY**

The importance of mentoring in the sustainability of the SDSS scheme cannot be over-emphasized. It is meant to provide training on the job, hand-holding and technical assistance to improve the skills of the operators of the SDSS scheme.

The mentoring exercise started with a one-day preparatory/planning meeting on the 23<sup>rd</sup> of February, 2010 in the State Ministry of Women Affairs conference room. The exercise was conducted through interaction with the facility staff to identify gaps, while observing areas of need as well as inadequacies, hand-holding, practical demonstration and role play where possible to impart knowledge.

In response to the last mentoring exercise, it was observed that some more facilities provided shelves and pallets. These include Dr. Gwamna Awan General Hospital, RH Idon, ECWA Health Centres, and Garun-Kurama. Also, the issue of staffing, in most SHCs has been attended to by the last staff recruitment exercise done by the state government. It is hoped that the Local Government Service Commission will follow suit while hoping that the few LGAs that have not paid staff salaries, such as Kaduna North, will commence payment to forestall a negative effect on motivation.

Most mentored facilities now have functional facility health committees in place while others need reactivation. Bank accounts have now been opened for most of the mentored facilities, except in Markarfi LGA, Kubau, and Ikara LGAMS. It is worth noting that a good number of mentored facilities had their records updated. Two facilities were gutted by fire, and some incurred losses. They include GH Gwantu and PHC Kamaru Chawai (The HFs are being investigated). This exercise led to building capacity of the facility operators, and it is expected that with their commitment, the SDSS scheme will be sustainable.

## **INTRODUCTION**

The sustainable drug supply system is an initiative of the Kaduna State Government with support from PATHS2/DFiD. This support ensures continuing and sustained supply of quality drugs that are accessible and affordable to the people of Kaduna State.

SDSS scheme works in line with the National Health Policy to make drugs and equipment accessible and affordable to the people of Kaduna State. A total of 148 PHCs, 24 SHCs, and 23 LGAMS have so far been capitalized with seed stock of drugs and consumables intended to sustain supply and service through a revolving fund. Mentoring SDSS operation is a giant stride towards ensuring that the programme succeeds by improving the capacity of operators to run the scheme properly.

Mentoring therefore is an interactive process whereby experience and values are shared from one person to another, or a relational experience in which a member who is more experienced transfers wealth of knowledge and experience (wisdom, information, insight, relationship, perspective) to a mentored person at an appropriate time and manner so as to improve his skills and empower him/her.

### **AIM**

To provide on the job training, hand holding, and technical assistance to improve the operations of the SDSS scheme.

### **OBJECTIVES**

The SDSS operators at the end of the mentoring exercise should be able to:

- i. Ensure that entries into LIMS tools are correctly done and updated;
- ii. Document sales, banks proceeds, and manage funds properly; and
- iii. Ensure that medicines are handled and dispensed properly.

### **METHODOLOGY**

Another mentoring exercise of the 201 health facilities (LGAMS inclusive) began with a brief preparatory and planning meeting held with PATHS staff on 23<sup>rd</sup> February



2010 in the Kaduna State Ministry of Health. The DPS was represented by the Deputy Director Pharmaceutical Services; some other officers of the ministry were present.

The mentoring approach involved interaction to identify gaps, observation on areas of needs and inadequacies, hand-holding, practical demonstration and role play where applicable.

At the facilities, we interacted with the various officers in charge, working with them in their stores; demonstrating good dispensing practices; going through their books and records, after which necessary corrections and technical assistance was given. The mentored facilities included the following:

<b>S/NO</b>	<b>Type of Facility (SHC/PHC)</b>	<b>Facility Name</b>	<b>LGA</b>
1.	PHC	U/Muazu PHC	Kaduna South
2.	PHC	PHC Barnawa	Kaduna South
3.	PHC	PHC Kagoro	Kaduna South
4.	PHC	PHC K/Mashi	Kaduna South
5.	PHC	PHC Zango Road	Kaduna South
6.	PHC	PHC Makera	Kaduna South
7.	PHC	PHC Television	Kaduna South
8.	PHC	PHC U/Sanusi	Kaduna South
9.	PHC	PHC Sabon Layi	Birnin Gwari
10.	PHC	PHC Gayam	Birnin Gwari
11.	PHC	PHC Kuyello	Birnin Gwari
12.	PHC	PHC Randagi	Birnin Gwari
13.	PHC	PHC Kakangi	Birnin Gwari
14.	PHC	PHC Dogondawa	Birnin Gwari
15.	PHC	MCH B/Gwari	Birnin Gwari
16.	PHC	PHC U/Haladu	Birnin Gwari
17.	PHC	PHC Fadama Kagoma	Jema'a

18.	PHC	PHC Jagindi Gari	Jema'a
19.	PHC	PHC Atuku	Jema'a
20.	PHC	PHC U/Fari	Jema'a
21.	PHC	PHC Maigizo	Jema'a
22.	PHC	PHC Gidan Waya	Jema'a
23.	PHC	PHC Barde	Jema'a
24.	PHC	PHC Kafanchan	Jema'a
25.	PHC	PHC Damakasuwa	Kauru
26.	PHC	PHC Kauru	Kauru
27.	PHC	PHC Geshere	Kauru
28.	PHC	PHC Kamaru Chawai	Kauru
29.	PHC	PHC Bakin Kogi	Kauru
30.	PHC	PHC Dandaura	Kauru
31.	PHC	PHC Kono	Kauru
32.	PHC	PHC Kadage	Kauru
33.	PHC	PHC Dambo	Zaria
34.	PHC	PHC Baban Dodo	Zaria
35.	PHC	PHC Rafinmagaji	Zaria
36.	PHC	PHC Tudun Wada	Zaria
37.	PHC	PHC Gyallesu	Zaria
38.	PHC	PHC Wuciciri	Zaria
39.	PHC	PHC Rumin Doko	Zaria
40.	PHC	PHC Tukur-Tukur	Zaria
41.	PHC	PHC Gamagira	Soba
42.	PHC	PHC Turawa	Soba
43.	PHC	PHC Yakasai	Soba
44.	PHC	PHC Richifa	Soba
45.	PHC	PHC Kwasallo	Soba
46.	PHC	CHC Soba	Soba
47.	PHC	PHC Rahama	Soba
48.	PHC	PHC Gimba	Soba
49.	SHC	Jubrin Maigwari Gen. Hosp	Birnin Gwari

50.	SHC	Gen. Hosp. Kafanchan	Jema'a
51.	SHC	Rural Hosp. Maigana	Soba
52.	SHC	Rural Hosp. Kauru	Kauru
53.	SHC	Gambo Sawaba Gen. Hosp	Zaria
54.	SHC	Yusuf Dantsoho Gen. Hosp	Kaduna South
55.	SHC	Dr. Gwamnawan Gen. Hosp	Kaduna South
56.	SHC	St. Luke's hospital	Zaria
57.	SHC	Muslim Hospital	Zaria
58.	SHC	St. Gerard's	Kaduna South
59.	SHC	RH Sabon Gari	Sabon Gari.
60.	SHC	RH Idon	Kujama.
61.	SHC	RH Kwoi	Jaba.
62.	SHC	RH Turunku	Igabi.
63.	SHC	RH Kawo	Kaduna North.
64.	SHC	RH Sabon Tasha	Chikun.
65.	SHC	RH Pambegua	Kubau.
66.	SHC	Barau Diko Spec. Hospital	Kaduna North.
67.	SHC	GH Saminaka	Lere.
68.	SHC	GH Ikara	Ikara.
69.	SHC	GH Zango Kataf	Zago Kataf.
70.	SHC	GH Gwantu	Sanga.
71.	SHC	GH Giwa	Giwa
72.	SHC	GH Kagarko	Kagarko
73.	SHC	GH Kachia	Kachia
74.	SHC	GH SAMINAKA	Lere
75.	PHC	PHC WASA	Sanga
76.	SHC	GH MAKARFI	Makarfi
77.	FBO	FOMWAN HOSPITAL	Kaduna North.
78.	PHC	PHC ZAKARI ISA	Kaduna North
79.	PHC	PHC MB TUKUR MALALI	Kaduna North
80.	PHC	PHC UNGWAN SHANU	Kaduna North
81.	PHC	PHC BADARWA	Kaduna North

82.	SHC	ECWA Clinic Ungwan Yelwa	Kujama
83.	FBO	RH HUNKUYI	Kudan.
84.	SHC	RH KAURA	Kaura.
85.	PHC	ECWA CLINIC KAGORO	Kaura.
86.	PHC	RH KUJAMA	Kujama.
87.	PHC	PHC GWAGWADA	Chikun.
88.	PHC	PHC MARARABAN RIDO	Chikun.
89.	PHC	PHCT/WADA KUJAMA	Chikun.
90.	FBO	PHC ROMI	Chikun.
91.	FBO	PHC NASSARAWA	Chikun.
92.	FBO	ECWA CLINIC NASSARAWA	Chikun.
93.	SHC	ECWA CLINIC NARAYI	Chikun.
94.	SHC	PHC SABON TASHA	Chikun.
95.	SHC	RH ZONKWA	Zongo Kataf.
96.	FBO	ST LOUIS ZONKWA	Zongo Kataf.
97.	FBO	ECWA CLINIC SAMARU	Zango Kataf.
98.	FBO	ECWA CLINIC KWOI	Kwoi.
99.	FBO	ECWA CLINIC Ungwan Bawa	Lere.
100.	FBO	ECWA Clinic Garun Kurama	Lere.
101.	FBO	ECWA CLINIC BAKIN KOGI	Kauru.
102.	PHC	ECWA CLINIC GODOGODO	Jama'A.
103.	PHC	ECWA Clinic Fedan Karshi	Sanga.
104.	PHC	PHC SAMARU	Sabon Gari.
105.	PHC	PHC BASAWA	Sabon Gari.
106.	PHC	PHC JAMA'A	Sabon Gari.
107.	PHC	FHC MADUGU MUCHIYA	Sabon Gari.
108.	PHC	PHC ABDU KWARI	Sabon Gari.
109.	PHC	PHC AUCHAN	Ikara.
110.	PHC	MCH PALA	Ikara.
111.	PHC	PHC KUBAU	Kubau.
112.	PHC	PHC PAMBEGUN	Kubau.
113.	PHC	PHC DAMAU	Kubau.

114.	SHC	PHC RIGASA	Igabi.
115.	PHC	PHC MANDO	Igabi.
116.	PHC	PHC ZANGO AYA	Igabi.
117.	PHC	PHC MIYATI ALHA	Igabi.
118.	PHC	PHC RIGACHIKUN	Igabi.
119.	PHC	CHC JAJI	Igabi.
120.	PHC	PHC MAKARFI	Makarfi.
121.	PHC	PHC NASSARAWA DOYA	Makarfi.
122.	PHC	PHC DAN GUZURI	Makarfi.
123.	PHC	PHC KATA	Giwa
124.	PHC	PHC WAZATA	Giwa
125.	PHC	PHC SHIKA	Giwa
126.	PHC	PHC KUDAN	Kudan
127.	PHC	PHC DUTSANWAI	Kubau
128.	PHC	PHC GALADIMAWA	Giwa
129.	PHC	PHC KAURA ANGWAN BISH	Zaria
130.	PHC	PHC GANGARA	Giwa
131.	PHC	PHC WANBAI	Ikara
132.	PHC	PHC S/GARI HUNKUYI	Kudan
133.	PHC	PHC ZABI	Kudan
134.	PHC	PHC HUNKUYI	Kudan
135.	PHC	PHC LIKORO	Kudan
136.	PHC	PHC UGWAN BAWA	Lere
137.	PHC	PHC GUBUCHI	Makarfi
138.	PHC	PHC KARREH	Kubau
139.	PHC	PHC TURAKI BUGA	Kaura
140.	CHC	CHC SAMINAKA	Lere
141.	PHC	PHC KAYARDA	Lere
142.	MCH	MCH BODONG	Kaura
143.	PHC	PHC FADAR NINZAR	Sanga
144.	PHC	PHC MAIGAMO	Lere
145.	PHC	PHC FARMAN	Z/Kataf

146.	PHC	PHC GURE	Lere
147.	PHC	PHC MANCHOCK	Kauru
148.	PHC	PHC KURMIN MUSA	Kachia
149.	PHC	PHC LERE	Lere
150.	PHC	PHC KACHIA	Kachia
151.	PHC	PHC ZONKWA	Z/Kataf
152.	PHC	PHC DANACHAJI	Lere
153.	PHC	PHC CARE ABORO	Sanga
154.	PHC	PHC FADAN KAMANTAN	Z/Kataf
155.	PHC	PHC MADAKIYA	Z/Kataf
156.	PHC	PHC MAYIR	Sanga
157.	MCH	MCH FADAN KAGORO	Kaura
158.	PHC	PHC GWANTU	Sanga
159.	PHC	PHC ZANGO	Z/Kataf
160.	PHC	PHC KAGARKO	Kagarko
161.	MCH	MCH UNAYI	Sanga
162.	PHC	PHC GORA	Z/Kataf
163.	MCH	MCH KAJURU	Kajuru
164.	PHC	PHC SABON SARKI	Kachia
165.	PHC	DAMARI	B/Gwari
166.	PHC	PHC KAGADAMA	Kauru
167.	PHC	PHC DADDU	Jaba
168.	MCH	MCH IDON HANYA	Kajuru
169.	MCH	MCH KUFANA	Kajuru
170.	PHC	PHC GODOGODO	Jemma
171.	PHC	PHC TABANNI	B/Gwari
172.	MCH	PHC KASUWAN MAGANI	Kajuru
173.	MCH	MCH MARABAN KAJURU	Kajuru
174.	PHC	PHC KURMIN DANGANA	Kagarko
175.	PHC	PHC KURMIN JIBRIN	Kagarko
176.	PHC	PHC SHADA LAFIYA	Kagarko
177.	PHC	PHC JERE	Kagarko

178.	PHC	PHC IDDAH	Kagarko
179.	LGAMS	KADUNA SOUTH	Kaduna South
180.	LGAMS	KADUNA NORTH	Kaduna North
181.	LGAMS	BIRNIN GWARI	Birnin Gwari
182.	LGAMS	JEMA'A	Jema'a
183.	LGAMS	KAURU	Kauru
184.	LGAMS	ZARIA	Zaria
185.	LGAMS	SOBA	Soba
186.	LGAMS	SABON GARI	Sabon Gari
187.	LGAMS	JABA	Jaba
188.	LGAMS	KAJURU	Kajuru
189.	LGAMS	IGABI	Igabi
190.	LGAMS	LERE	Lere
191.	LGAMS	ZANGON KATAF	Zongon Kataf
192.	LGAMS	SANGA	Sanga
193.	LGAMS	KAGARKO	Kagarko
194.	LGAMS	KACHIA	Kachia
195.	LGAMS	KAURA	Kaura
196.	LGAMS	CHIKUN	Chikun
197.	LGAMS	KUBAU	Kubau
198.	LGAMS	GIWA	Giwa
199.	LGAMS	MAKARFI	Makarfi
200.	LGAMS	KUDAN	Kudan
201.	LGAMS	IKARA	Ikara

## RESULTS AND OUTCOMES

The state ministry of health and PATHS2 assigned In-state team members to capitalized facilities in the 23 LGAs, which included 147 PHCs, 23 SHCs, and 23 LGAMs, with FBO's inclusive. All these facilities were visited and mentored with the exception of GH Makarfi, as the Pharmacist in charge could not be reached despite several visits to the facility.

The mentoring exercise led to facility operators doing what they are supposed to do—e.g. good record keeping and undertaking monthly activities like stock valuation and fund valuation.

During the mentoring exercises, interactive sessions were held, and experiences shared, Room was created for questions and answers; gaps were identified and solutions proffered, and technical support given, to make the operations better. The exercise lasted from 23<sup>rd</sup> February to 16<sup>th</sup> March 2010.

The various specific outcomes for the facilities are expressed in the Appendices.

## **OBSERVATIONS/CHALLENGES**

### **PHCs**

- Makarfi LGAMS has not yet opened its SDSS account;
- All staff in PHC Sabongari, Hunkuyi, have not been trained due to transfers;
- Some PHC staff needed retraining—e.g PHC Zabi and Ungwar Sanusi;
- The following PHCs would need more shelves and pallets for drugs: PHCs N/doya, Zabi, Sabongari, Hunkuyi, Kudan, Likoro, Kurmin Kogi and Auchan;
- PHC Zango Road lacked good and conducive working environment;
- PHC Atuku, Gidan Waya, and Jagindi Gari have exhausted their receipt booklets and no replacements made;
- The following facilities do not have tally cards: PHCs Lere, Bakin kogi, Atuku, Jagindi gari, Barde, Kagoro Road and PHC Bondong;
- Some transferred OICs were not trained for SDSS, e.g; PHC Damakasuwa, Bakinkogi, Geshere, Randagi, Rigackukun, U/sanusi U/Muazu, and Auchan as a result of the recent transfers;
- PHC Kamaru Chawai was burnt down by fire and SDSS items worth 42,000 Naira were lost in the inferno; and
- PHC Zakari Isa does not take money to the bank.

### **LGAMS**



- Kagarko LGA has no medical store for now but uses the old cafeteria for this purpose; an advocacy visit was paid to the LGA authorities to put one in place;
- Jaba LGA, Kudan Chukun has inadequate shelves;
- Zango kataf, Kaura Lere and Jaba LGA have no tally cards;
- Immunization items stored with SDSS items in Sanga made the store congested;
- Kubau LGAMS in Ikara LGAMS still does not have a bank account;
- Kaduna South LGAMS has not been banking sales, and therefore claimed to have N326,718 cash at hand;
- Most LGAMS do not buy frequently from SMS due to stock outs as a result of the state's non-procurement; and
- Chikun LGAMS is building a new store.

## **SHC**

- General Hospital Kagarko structure is dirty and dilapidated;
- The following SHCs have inadequate shelves: RH Kaura, Zonkwa, and Kwoi;
- There was fire outbreak in GH Gwantu, which is now using a temporary store, and there was loss of SDSS items; this is being investigated;
- In GH Makarfi, we could not have access to the store as the pharmacist was not around on the two occasions we visited;
- RH Pambegwa has a congested store and will require more shelves;
- GH Sabon Tasha has a very small store; and
- GH Saminaka and RH Kauru are not spacious and do not have enough tally cards.

## **FBO**

- The FBOs have a problem of skilled manpower shortage, which affects adherence to operational guidelines.

## **RECOMMENDATIONS**

- Continued monitoring to ensure adherence to operational guidelines;
- Adequate attention should be given to updated record keeping during monitoring;
- More shelves and pallets should be provided in facilities requiring them;
- Traditional/religious leaders who support SDSS in their communities should be acknowledged;
- Also SDSS operators and committed members should be appreciated;
- The local government service commission should employ more staff for their facilities (PHC and LGAMS), and only transfer staff within PHCs that are in the scheme;
- Mechanism should be initiated to improve relations between PHC staff FHC members where necessary
- There is the need to organize refresher courses for facility operators at the PHC level; and
- As a matter of urgency, every facility without a functional bank account should be compelled to open one immediately.

## **LESSONS LEARNT**

- Mentoring is vital for improving quality and sustainability of the SDSS scheme;
- Mentoring brings out transparency in record keeping and encourages hard work;
- Mentoring helps in uniting staff by challenging them to work as a team to ensure sustainability of the scheme;
- Continuous grassroots mobilization is a vital tool for ensuring sustainability of the SDSS scheme;
- The participation of traditional rulers in the SDSS scheme is encouraging;
- Unless the out of stock syndrome is addressed at the SMS and the various LGAMS, the issue of parallel DRF will resurface and continue.

## **COMMUNITY CONTRIBUTIONS**

- Hon. Engr. Mustapha Haliru, Kaduna South Constituency donated hospital beds, IV stands, tables, and chairs to PHC Television;

- FHC Mararaban Rido made a few shelves for the facility;
- Lere LGA DPM has given assurance to make provision for AC, refrigerator, and ceiling fans for the LGAMS. He has also promised to provide vehicles to transport drugs from SMS;
- The community in Kamuru chawai made provision for a house to be used as a temporary clinic after the PHC was burned down;
- In Farman, the community promised to buy a generator for the PHC;
- In rural hospital Kaura, the LGA donated shelves;
- In PHC Jagindi Gari, the community repaired the leaking roof;
- There are voluntary cleaners in PHC Jagindi Gari;
- LGA provided hospital equipment for PHC Barde;
- In PHC Atuku, the community renovated the staff quarters and hospital toilet;
- PHC Gidanwaya was provided with a bed by the community;
- MB Tukur has shown great improvement in their work due to the two mentoring visits;
- In PHC Daddu, the community pays the electricity bills, bought a fridge for their thermo-labile drugs, and 20 blankets were donated by the member representing Jabba;
- In ECWA Health Centre Kwoi, Rev. Nuhu Fada repaired the fridge, and Mr Barau Gandu bought five pillow cases, five mattresses, and seven beds;
- The chairman Kagarko LGA confirmed that 3 million Naira had been budgeted for the construction of an LGAMS.

## **SUCCESS STORY**

At the end of the mentoring exercise, the following facilities showed remarkable improvement and need not be mentored for some time: GH Doka; GH Saminaka; Dr. GAH; BDSH; RH Kaura; ECWA Comprehensive Centre, Kagarko; PHC, U/Fari; FHU Kafanchan; GH Kafanchan; GH Kachia; St. Louis Hospital, Zonkwa; GH Gwantu; ECWA F/Karshi; PHC Aboro; RH Kwoi; RH Idon; LGAMS Kauru; LGAMS Birnin Gwari; JMIIMH Birnin Gwari; LGAMS Zaria; LGAMS Soba; Muslims Specialist Hospital, Zaria; PHC Samaru.

## **STRENGTHS**

- General acceptance of the programme by the communities;
- Commitment of the staff to ensure sustainability of the programme;
- Provision of logistic and technical assistance by the In-State team;
- Provision of enabling environment and skilled manpower by the state; and
- Robust financial management system built into the programme has brought an improved accountability at the facility and medical stores.

## **WEAKNESSES**

- The reporting system is weak from the facilities to the SMoH;
- Present transfer of mentored SDSS staff from capitalized facilities and replacement by non-mentored personnel;
- Insufficient skilled manpower in some facilities;
- The infrastructure in some facilities are not conducive for service delivery – e.g. in PHC Rafin magaji, Zaria; PHC Zango Road; and ECWA Health Clinic, Samaru.

## **THREATS**

- Transfer of mentored SDSS staff and their replacement with untrained/non-mentored;
- Lack of incentives to motivate staff operating the SDSS, including the non-payment of salaries in Kaduna North LGA;
- Unavailability of guidelines for the smooth take off deferral and exemption operations. However, some facilities have gone ahead to start implementing the scheme;
- Lack of strict adherence to operational guidelines;
- Persistent stock out in the LGAMS and SMS.
- Lack of standard operating procedures at the service delivery points.

## **OPPORTUNITIES TO EXPLORE**

- Deferral and exemption.

## **CONCLUSION**

The mentoring provided an opportunity to meet and interact with various facility staff to identify relevant issues on the SDSS capitalized health facilities in the state.

Major issues came up, and with our input there was an improvement in record keeping, assessment of drugs storage system, and best practices were achieved.

The interactive approach improved service delivery system by strengthening LMIS, financial records and financial management system.

This interactive approach fostered improved relations between mentors and facility operators, leading to the development of self-confidence and self-worth by the facility operators.

This exercise was strategic in ensuring that there is proper implementation of the SDSS scheme in Kaduna State. Entries into LMIS tools were correctly done and updated, while medicines were properly handled and good dispensing habits observed. Mentoring, therefore, is a veritable tool for ensuring that sales proceeds and funds are properly managed and documented, leading to the sustainability of the programme.

From the mentoring exercise, few facility operators were noted to still have peculiar challenges, and the mentoring increased their level of understanding of the SDSS operation. All the observations and recommendation that were made during the mentoring exercise were shared with the stakeholders.