FINAL REPORT: THE INAUGURAL NSHIP-SPHCDA PERFORMANCE BASED FINANCING INTERNSHIP

AMARACHI ADANNAYA IGBOEGWU
MASTER TRAINER
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1.0 EXECUTIVE SUMMARY

In August 2013, a decision was taken by the National Primary Healthcare Development Agency and the World Bank, to implement an Intensive Performance Based Financing Internship Programme in order to build capacity in this relatively new health system approach in the three pilot States, namely, Adamawa, Nasarawa and Ondo. In December 2013, relevant stakeholders, Nigeria State Health Investment Project (NSHIP) Project Coordinators and focal persons from the three PBF pilot States, along with the National Primary Healthcare Development Agency (NPHCDA) Consultant Master Trainer, Amarachi A. Igboegwu, and the World Bank Consultant Health Specialist, Dr. Ritgak Dimka, met for four days to review the curriculum framework for the PBF Internship Programme.

In February, 2014, all States had commenced the internship training with a total of 58 interns, who had undergone a rigorous interview process. Adamawa and Ondo States had 22 interns each while Nasarawa State had 14 interns. Gender parity was not achieved in all the States. In Adamawa, the ratio of men to women interns was 17:5, in Nasarawa it was 9:5 and in Ondo, the reverse was the case with the ratio of men to women at 7:15. The internship was designed for four months covering 31 PBF Modules. In addition, the interns had 15 sessions on Microsoft and Excel training.

The following is a detailed report on the first PBF Internship in Nigeria. Thinking outside the box, birthed this highly innovative idea when it was ascertained that the monitoring and evaluation component of NSHIP project needed to be reinforced in order to make PBF Health Facilities more effective and accountable. The internship is now over and the mission, accomplished- there are now eager PBF Rangers in all three states, supporting PBF and DFF LGA Scale-Up Trainings.

After four months of hard work, the respective states are now reaping the benefits of the internship. The foundation has been laid for future PBF Internships. The most important factor we can take away from this experience is that the PBF Training Team in Nigeria is of high caliber and able to repeat an outstanding performance as the need arises.
2.0 INTRODUCTION

The Nigeria State Health Investment Project (NSHIP) is a five year programme that is being implemented in three pilot States-Adamawa, Ondo and Nasarawa under the Results Based Financing (RBF) programme meant to improve quality health outcomes in Nigeria. After two years, gains have been recorded within the States which consequently has led to a scale-up of PBF facilities in additional Local Government Areas (LGA).

At the heel of this success is the need for qualified verifiers to ensure that the monitoring and evaluation aspect of the programme is well implemented. In August 2013, an intensive four month internship programme framework was designed to provide a platform where the Results Based Financing–Technical Assistant (RBF-TA) would have the opportunity of selecting qualified PBF trained verifiers to fill verifier positions required in the LGA where PBF health facilities are located.

On February 10, 2014, the PBF Internship was officially launched in Adamawa State; shortly after, Ondo and Nasarawa States followed suit. The internship was coordinated by the consultant Master Trainer. Each state had a team of PBF facilitators who had equally undergone an intensive PBF training course geared at building relevant capacity in PBF for the scale-up of requisite activities in the three pilot states. Prior to the training, the PBF facilitators underwent a training of trainers’ workshop on adult learning facilitation.

The training was created to further boost the facilitation skills of the trainers given the internship training style. The internship programme was designed in such a way that an andragogical style of facilitation would be the primary mode of teaching. This meant that interns would undertake a self-directed learning perspective to their class work. In line with this objective, interns were expected to actively participate in class through group discussions (group teach), plenary discussions, presentations as well as role play presentations. The facilitator’s main role was to introduce the topics and guide the sessions as suggested in the course manual.

The PBF Internship programme was an intensive 4 month training programme that covered all areas of the PBF Health System Approach in Nigeria. In addition, interns were able to take auxiliary courses in leadership, adult learning methods, communication skills development and health topics relevant for field work as PBF Independent Verifiers.
The internship commenced in Adamawa, Ondo and Nasarawa on February 10, 17 and 24, and ended in May 21, 28 and June 12, respectively.

3.0 CANDIDATE SELECTION

The PBF Independent Verifier position is one that requires experience in the health sector with the requisite academic background. In each State, an advertisement for the internship programme was announced in State newspapers. Over a thousand candidates applied for the position of which 59 were selected. In Ondo and Nasarawa States, a first level examination was given to pre-selected candidates after which, an interview was conducted to choose the best candidates for the internship programme. In Adamawa state, however, selected candidates underwent an interview process after which successful candidates were nominated for the State PBF internship programme. During the course of the internship, an intern dropped out of the programme in Nasarawa and another in Adamawa was disqualified for non-compliance with the attendance policy.

4.0 INTERN PROFILE

ONDO

As illustrated in Chart 1, a total of 22 interns were selected in Ondo State. Ten of the interns selected in Ondo State are graduates in the health sciences, eleven are graduates in the social sciences and one of the interns holds a degree in business administration. There were fifteen female interns and seven male interns. The average age in Ondo State was 31 years.

NASARAWA

In Nasarawa State, a total of 14 interns were selected; of those selected, eleven are graduates in the health sciences and three in the social sciences. There were five female and nine male interns. The average age in Nasarawa state was 32 years. Chart 2, gives an overview of their academic background.
ADAMAWA

As illustrated in Chart 3, the different cadres of the interns in Adamawa are as follows: six interns were Community Health Officers (CHOs), another six were Community Health Extension Workers (CHEWs), two were Junior Community Health Extension Workers (JCHEWs), five other interns were Environmental Health Technical Workers, one intern had a Masters in Public Health, and another a Bachelors of Science degree in Regional and Urban Planning, while another intern, had a technical degree in Tropical Health. There were 22 interns in total—five of whom were female and seventeen, male. The average age in Adamawa State was 38 years.

Chart 1.Masters/ Bachelor Degree Holders: ONDO STATE
Chart 2. Bachelor Degree Holders: Nasarawa State

Chart 3. Masters/ Bachelor Degree/ Technical Degree Holders: Adamawa State
5.0 FACILITATOR TEAM PROFILE

The facilitators played an important role in the successful completion of the PBF Intensive Internship Programme. Facilitators in each state participated in the Training of Trainers Workshop to help facilitators augment their facilitation skills with new training techniques. Each facilitator per state was assigned specific modules to facilitate daily. Their task was to generate discussions in order to increase the general understanding of PBF concepts and theories. Each facilitator was either a former participant of the two-week intensive PBF course in Enugu State, Nigeria, or the two-week intensive PBF course in Mombasa, Kenya. The facilitators were also actively involved in the previous scale up of PBF health facilities in selected LGAs within the pilot States. The cumulative experience of the trainers greatly added to the quality of the training. Apart from the training pool of facilitators, external facilitators were invited to give auxiliary lectures on Malaria in Pregnancy, Communication Skills Development, Integrated Management of Childhood Illness (IMCI) and Integrated Supportive Supervision (ISS).

6.0 TRAINING STRUCTURE

6.1 COURSE MODULES

The PBF Training Course Guide was the primary manual used during the internship. It consists of 31 modules covering all the relevant aspects of PBF. The training structure involved in-class theory and concepts of PBF, practical field exercises and IT training. Interns were in class for two weeks and on the field for two weeks- putting into practice concepts they had learned in class. The andragogic training methodology incorporated role plays, presentations and plenary discussions. Learning was student-focused and adult learning facilitation skills were utilized during the training to heighten the learning experience. The introductory module was facilitated by the Master Trainer who ensured that in each state, interns were grouped into teams with a team name, a team slogan and state slogan. This technique encouraged team spirit and made the modules exciting. In Ondo State, the state slogan was: “PBF Rangers: We are Together”, in Nasarawa: “PBF Rangers: To Serve and Empower” in Adamawa, the slogan “Progressive for Health Services” was used.
Team Courage enacting a role play on Contracts. In the background, lead facilitator, Mr. Solape Folarin and Co-facilitator Simon Ekpang.

6.2 ENERGIZERS

Energizers were a fundamental part of the training. Facilitators tapped into different types of energizers when they found that the attention of the interns had begun to wane (usually after tea break and lunch). Using different energizers during the course of the internship helped energize interns as well as invigorate the trainer.

Several techniques were implemented with variations per state. A common example in Ondo state was the use of “call and response” songs, in addition, specialized clapping like the Atama Clap, the Rain Clap and use of group competitions always heightened the learning environment and brought cheers and laughter making the lesson captivating and interesting.
Madame Florence leads the class in a “C-O-C-O-N-U-T” energizer in Ondo State

6.3. IT TRAINING

Information Technology (IT) training was necessary to equip the interns with relevant skills in Excel and Microsoft Word. In the three states, interns were first given an assessment test to gauge their level of computer literacy. In Adamawa, HBM Digital Solutions was contracted to build the capacity of the interns. The training comprised of 15 modules covering basic computer skills, Microsoft Word and Excel. In Ondo, an IT Consultant was contracted to equally conduct training in basic computer literacy, Microsoft Word and Excel. In Nasarawa, Investment BITC IT Center was contracted to provide IT training for the interns. In-class practice was the predominant mode of instruction in the three states.
6.4 FIELD WORK TRAINING

The third component of the internship was the bi-weekly field exercises. The hands-on experience brought to life all the previous discussions that had taken place in class. Interns were able to see the principles of PBF in action and appreciate the building blocks of PBF that had previously been covered in the classroom. Field exercises were uniform in the three states. Interns found this activity highly rewarding because they were able to see firsthand what their job roles would entail.

In addition to conducting routine quantity verification, quality verification and quantity counter-verification exercises as part of their course work, interns in all three pilot states were actively involved in the collection of data during the first quarter SPHCDA quantity verification exercises under the supervision of the State PBF Consultants and Project Coordinators. This rich
experience also raised the confidence levels of the interns and the facilitators alike as it became apparent that the interns were comfortable and knowledgeable in PBF practices on the field.

Consequently, interns were able to learn how to fill invoices for both MPA and CPA services, utilize primary and secondary data tools and were able to coach and mentor health staff where appropriate. In addition, they were able to learn how to score health facilities on the quality checklist as well as understand the processes for the LGA Primary Healthcare Department Performance Framework. Furthermore, interns had the opportunity attending a RBF Steering Committee meeting thus, giving them a birds-eye view of the meeting and the important role it plays in ensuring that health services are kept to a high standard within the community.

Quality verification at Owena Bridge Health Center, Ondo East
7.0 PRE-TEST/POST-TEST

A pre-test was conducted during the first session of the inaugural PBF internship programme. The aim of conducting both tests was two-fold: first, to find out the entry level knowledge on PBF and second, to gauge how well the interns assimilated the course material within the four month period. Each state recorded a significant increase in PBF knowledge although some states fared better than others. The results of the post-test also gave a good indication on how well the interns would fare during their final exams. The following is an overview of the pre-test scores and post-test scores per state.

7.1 OVERVIEW OF PRE-TEST/POST-TEST SCORES

The pre-test focused on the following thematic areas. *Elements of Health Facility PBF, MPAs, LGA PHC Performance Framework, Health Facility RBF Committee, Business Plan, Quality Checklist, Purchase Contracts, Fraud, Indice Tools, LGA RBF Steering Committee, Adult Learning Techniques*. There were 15 questions in total.

The average pre-test score for Ondo State was 64 percent which was significantly higher than the average score for Nasarawa at 28 percent and Adamawa at 32 percent. One explanation for the strong disparity between Ondo and the two other States might have been their previous exposure to PBF Theories and Concepts during the Ile-Oluji PBF LGA Scale-up training in January 2014, where Ondo State interns participated- albeit passively. Although the training lasted for four days only, and there was a month’s delay before the PBF Internship in Ondo State commenced, it is possible that the pre-test might have enabled them to recall past sessions covered during the LGA scale-up hence the disparity. Nasarawa and Ondo States scores were more representative of the expected outcomes for interns without prior PBF experience.

At the end of the internship, interns were again assessed with a post-test to gauge how much information they had been able to assimilate. The graphs below highlight the increase in knowledge gain for the three States.

As expected, the post-test scores were significantly improved from the pre-test scores. Each state increased their previous scores. In Ondo it was by 26 percent for an improved score of 90 percent, in Nasarawa, by 52 percent for an improved score of 80 percent and Adamawa, by 33 percent with an improved score of 65 percent.
Chart 5. Pre-Post Test Scores: ONDO STATE

Chart 6. Pre-Post Test Scores: NASARAWA STATE
Chart 7. Pre-Post Test Scores: ADAMAWA STATE

Chart 8. Post-Test Tri-State Averages
8.0 FINAL EXAM

The final exam was held at the end of the internship training. There were 41 questions in total for a maximum score of 35 points. The questions were divided in two categories, the first 29 questions were multiple choice questions and the last 12 were matching questions. The final exam was comprehensive and covered both in-class sessions and the reading material required for the internship. The exam posed a slight challenge to the students as most of them were not used to multiple choice questions. The questions tested their in-depth knowledge of concepts, theories and practice linked to Performance Based Financing.

The scoring was curved per state. The highest scorer for each state was used as the benchmark for the respective state. In Ondo state, the highest score was 97 percent with a raw score of 34 points; in Nasarawa state, the highest score was 91 percent with a raw score of 32 points and in Adamawa state, the highest score was 84 percent with a raw score of 29.5 points. All interns earned an additional 10 points for complete attendance of the IT Training Workshops and on the field practice. Students who missed a cumulative period of 10 days from in-class instruction, field work or IT Training within the four month internship period were automatically disqualified. One such student unfortunately was disqualified from the programme.

There were 57 interns that took the final exam of which 84 percent passed with a minimum score of 60 percent and above while 16 percent of the interns failed with a maximum score of 57 percent and below. Ondo State had the highest number of interns scoring between 71 percent and 97 percent. The average exam score in Ondo State was 84 percent, in Nasarawa it was 73 percent and in Adamawa State it was 66 percent.
According to the interns, the final exams were “tricky and a little difficult.” Interns were advised to read the questions carefully and select the best answer. Interestingly, interns in the three pilot states experienced difficulty in the same thematic areas. The interns scored the lowest on some questions in the following areas: Health Facility Autonomy, Contracts, Essential Drugs, Advanced Strategies, Indice Tools, Separation of Functions and Counter-Verification. Their highest scores were recorded on questions relating to: Irrational Prescription, Payment Cycles at PBF Health Facilities, Health Center RBF Committee, Adult Training Techniques, Business Plan and other questions related to Health Facility Autonomy and Separation of Functions. The final examination questions can be found on annex 2.
### Table 2. FINAL EXAM THEMATIC AREAS

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<td>Separation of Functions</td>
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<td>5.</td>
<td>Contracts/Sub-contracts</td>
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<td>Quantity Indicators/Quality Indictors</td>
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### 9.0 CLOSING CEREMONY

Closing ceremonies in all three States were held by June 12, 2014. A strong support from the States was evidenced by the attendance of the Honourable Commissioner of Health, the Executive Chairman/Secretary, the Executive Director of the National Primary Healthcare Development Agency and other highly distinguished persons in each State. The closing ceremony was an opportunity to highlight the successes of the interns in particular and the internship programme in general. Certificates of Distinction and Merit were given to students who had performed outstandingly across the three main areas of the internship: In-class instruction, IT Training and Field Exercises. The interns are now opportune to gain employment in the respective State Primary Healthcare Development Agencies.
10. OBSERVATION

The internship programme was successful because it achieved its primary goal: to build the capacity of health professionals in performance based financing. After four months of intensive training, a strong majority of the interns now known as PBF Rangers are qualified to work on the field. Over the course of the internship, the interns were able to understand and assimilate relevant information through rigorous class work and field verification exercises.

The teaching methodology was widely embraced by the interns; for most of them, it was the first time they felt their opinions mattered and were respected in a classroom. They enjoyed the facilitator-intern interaction, in-class discussions in plenary and role plays the most. The teaching environment in all three States was conducive to learning. The classrooms were well lit and furnished with comfortable chairs and a reliable cooling system. The facilitators were friendly and knowledgeable which was pivotal in the success of the internship.

Interns, who were interviewed during one-on-one discussions with the Master Trainer, highlighted the learning style and the facilitators as one of their most enjoyable aspects of the training. In addition, they felt that the field work activities were highly valuable to the programme because they were better able to instantly understand in-class sessions. Evaluations were administered after each module to garner feedback from the interns in order to assess what areas in the training went well and could also be improved upon. There were no continuous assessment tests administered.

As with any new programme, there are several areas that can be improved, in order to enhance the quality of the PBF internship programme. One of such areas is ensuring that the Executive Chairman/Secretary of State Primary Health Care Development Agency, and the Commissioner of Health in the respective States are well informed about the relevance of the internship. In one State, for example, the internship programme was temporarily stopped because of an information gap between the State Ministry of Health and Internship Programme Coordinators. This caused stress and anxiety for the interns and interrupted the tempo of the training. Further, in some States, the quality of the interns selected was rather poor. In one state, for example, one of the interns was borderline non-literate and struggled throughout the internship. This candidate had the lowest score in the entire internship. In another state, the release of funds necessary for the
internship was significantly delayed causing undue strain to the facilitators who had to chip in personal funds to purchase materials necessary for the training.

11. RECOMMENDATION

1. In order to gain full support of subsequent internship trainings at the State level, it is paramount that an opening ceremony be performed, in order to give ownership to the State and to get the relevant stakeholders on board from the onset.

2. The internship programme calls for health professionals with working experience of one year. In some states, the interns that were selected were neither health professionals nor had the requisite experience. In some cases, the interns were poorly matched for the programme. Caution should be taken to ensure that candidates are selected on merit in order to improve the quality of the training and to render the investment being made by the various States, worthwhile.

3. There is need for continuous assessment for future internships. Whilst the evaluation forms at the end of the each module was helpful to the facilitators, it did not establish how much knowledge the PBF interns had acquired. It would be helpful to carryout weekly quizzes in order to detect modules that need additional clarification and to identify interns that may need help or extra coaching. Alternatively, the TurningPoint evaluation device could be used to get instant feedback from the interns at any given point instead of waiting for a week or a month to carry out knowledge assessment tests.

4. There should be continuous training of trainers workshops for future PBF Internship Programmes, in order to facilitate effectively. As with all skills, continuous practice will aid in improving the overall quality of the training.

5. There is need for increased support from the State Primary Healthcare Development Agency to enhance the efficiency of the PBF Internship. In some States, the delay in funding meant that facilitators had to incur out-of-pocket expenses. Timely release of funds will go a long way in improving the training experience for the facilitators and consequently improve the quality of the internship.
12. CONCLUSION

One benefit of running a new programme is the tremendous opportunity for improvement. The inaugural PBF Internship Training was created to rapidly scale-up the knowledge base for PBF in order to produce a crop of skilled PBF verifiers for the three pilot States given the rapid scale up of PBF activities within those States. Although in the original plan, the Results Based Financing-Technical Assistant (RBF-TA) was charged with the responsibility of recruiting PBF Verifiers, the delay in the contractual proceedings currently, has caused the NPHCDA, SPHCDA and the World Bank to think outside the box and devise another means of training and engaging the interns until the RBF-TA assumes office.

Furthermore, the intensive training programme showed the depth of PBF Experts in Nigeria. Health workers and university graduates with little or no experience were able to quickly imbibe the theories and concepts of PBF and effectively carry them out on the field. Although, there is room for improvement, the programme proves that a Nigerian-led PBF immersion course is possible and can be highly successful.

The internship was a learning opportunity for all; for the interns they were afforded the opportunity of entering into a completely new career path; for the facilitators, the training gave them an opportunity to share their PBF experiences with the interns. It also provided an opportunity to reinforce their facilitation skills and PBF knowledge.

Now that the internship has ended, we now see the tremendous opportunity the NSHIP has in building the capacity of PBF in Nigeria as the need for expertise in that domain increases. By reviewing the training curriculum anew and incorporating some elements that were missed during the first phase of the internship, subsequent trainings of its kind are bound to be more effective and will, certainly, yield high returns in raising PBF awareness and expertise in Nigeria.
IMPORTANT INSTRUCTIONS

• Answer the following questions by circling the right answer
• Only one answer is right: circle only one answer

1. The following are elements of Health Facility Performance-Based Financing (PBF):
   a. Autonomy
   b. Separation of Functions
   c. Purchasing Quantity conditional on Quality
   d. Only (c), the other two are not typical
   e. (a) and (b) and (c)

2. Input financing and Performance-Based Financing, which statement(s) is/are correct:
   a. Are different words for the same
   b. Input financing pays after results are in
   c. Performance-Based Financing pays before results are in
   d. Performance-Based Financing pays after results are in
   e. (a) and (b)

3. The minimum package of activities (MPA) in Performance-Based Financing:
   a. Typically pays for each new outpatient visit
   b. Typically pays for each caesarian section
   c. Typically pays for all medicines
   d. Includes admissions at a General Hospital
   e. (b) and (d)
4. The Purchase Contract in Performance-Based Financing:
   a. Is a contract to purchase medicines
   b. Is a contract between the State Primary Health Care Development Agency and the State Ministry of Health
   c. Can also be used to purchase bananas
   d. Is a contract between the Ward Health Committee and the Ward Health Center
   e. None of the above

5. First time Fraud with invoices (5% of patients cannot be found back in the community) will lead to the following penalties according to the contract:
   a. Stop of the contract
   b. Firing of the officer in charge
   c. Withholding of 100% of income
   d. A written warning to the Ward Health Committee and the Health Facility
   e. Withholding of 20% of earnings and stop of the performance bonuses to health staff a written warning and a repeat investigation

6. The quality checklist for health centers:
   a. Is done once per month
   b. Is done once per six months
   c. Determines 50% of the PBF earnings of the health center
   d. Is a report done by the health center and sent to the LGA-PHC department for filing
   e. None of the above

7. The indice tool:
   a. Is used by the health center management to manage its finances
   b. Is used by the health center management to report its services each month
   c. Is used by the LGA-PHC department to measure the quality of services
   d. Is used by the Ward Health Committee to report on the Health Center
   e. Is used by the Health Center to report on the Ward Health Committee

8. The Local Government RBF Steering Committee:
   a. Is composed of members of the Ward Health Committees
   b. The members are paid a salary because they have a lot of work
   c. Reports to the LGA-PHC department for its actions
   d. Involves the LGA-PHC department; the SPHCDL and the SMOH
   e. Is an internal committee from the LGA-PHC department and is presided by the LGA chairman
9. The LGA-PHC department Performance Framework:
   a. Is measured once per month
   b. Is not tied to any money
   c. Measures the results of the LGA health facilities
   d. Is filled by the LGA-PHC department and sent to the State Ministry of Health for filing
   e. Is measured once per quarter by the State Primary Health Care Development Agency

10. The Health Facility RBF Committee
    a. Is composed of members of the health facility
    b. The members are paid a salary for their services
    c. Reports to the LGA-PHC department for its actions
    d. (b) and (c)
    e. The Health Facility RBF Committee does not report to the health facility in charge

11. The Business Plan:
    a. Is made by the LGA-PHC department
    b. Is a different name for an action plan and is really not different from an action plan
    c. Is not linked to the purchase contract
    d. Is not obligatory before receiving money
    e. Is an obligatory part of the purchase contract

12. The following are examples are not found in Quality Checklist:
    a. Project Management
    b. Business Plan
    c. Family Planning
    d. Essential Drugs Management
    e. General Management

13. The formula for calculating the monthly target for Family Planning is:
    a. Population x16% /4 /12
    b. Population x 12x 5%
    c. Population x 25%/ 12 x 22.5% x 4
    d. Population x 4.8%/12
    e. Population x 25% /12 x 20% x 4
14. **Adults are more likely to learn when:**
   a. They are told what to do
   b. They are self-directed
   c. They can tie the subject matter to their life experiences
   d. A only is correct
   e. B and C are correct

15. **Millennium Development Goal numbers 4, 5 & 6 are commonly known as:**
   a. Health related goals
   b. Environment related goals
   c. Poverty related goals
   d. Malaria related goals
   e. Gender related goals
ANNEX 2

SPHCDA-PBF INTERNSHIP

FINAL EXAM

Name:
State:
Date:

IMPORTANT INSTRUCTIONS

• Please COMPLETE the box above
• Read the questions CAREFULLY before answering
• Answer the following questions by circling the BEST answer
• There is only one right answer per question

1. A major difference between Decentralized Facility Financing and Performance Based Financing is:
   a. That they are both off shoots of Results Based Financing
   b. That participating health facilities are autonomous
   c. The financing structure
   d. B and C are correct
   e. None of the above

2. Rational prescription occurs when:
   a. Doctors over prescribe drugs for patients
   b. Doctors prescribe antibiotics for malaria
   c. Doctors use good judgment and prescribe the right amount of medication
   d. A and B are right but C is wrong
   e. None of the above

3. CRC is encouraged when:
   a. Giving mouth to mouth resuscitation
   b. Giving feedback
   c. Giving first-aid to an injured person
   d. A and C are correct
   e. None of the above
4. A classroom where learning is teacher focused is an example of:
   a. Pedagogy
   b. Adult learning
   c. Andragogy
   d. A and B are correct
   e. All of the above

5. The following are examples of preventive measures to reduce the risk of fraud except:
   a. Good governance for PBF at the LGA Level
   b. Regular Community Client Satisfaction Surveys
   c. Separation of functions
   d. 20% retention of total PBF earning from the next payment cycle
   e. All of the above

6. The payment cycle at a PBF health facility occurs:
   a. Once a month
   b. Quarterly
   c. The last week of the fourth month
   d. A and C are both correct but B is not
   e. All of the above

7. PBF Health workers can earn a maximum of _____________ as performance bonuses:
   a. 30%
   b. 60%
   c. 40%
   d. 50%
   e. None of the above

8. Lami, a health worker in a health facility in Wamba is likely to be scored on the following Individual Performance indicators except:
   a. Timeliness
   b. Quality of work
   c. Interpersonal relationship
   d. Membership in a professional organisation
   e. All of the above
9. Binga LGA has a population of 36,000 people. What is the target number for the referral of seriously ill patients for Kula Kula Health Center Facility in Binga?
   a. 250
   b. 150
   c. 300
   d. 30
   e. 75

10. In Oju Kokoro Health Center, the health workers have decided to use their individual bonuses to build a snack kiosk for additional income for the facility. Which of the following statements below is correct?
   a. This is an excellent idea as long as they give account at the end of the month
   b. The LGA PHC Department must approve the activity before the kiosk can be built
   c. Health workers are at liberty to spend the bonuses how they please
   d. A and B are correct
   e. None of the above

11. Separation of functions within an organization ensures the following:
   a. The organization runs efficiently
   b. Corrupt practices are avoided
   c. Decreases motivation in the organisation
   d. A and C are correct but B is not correct
   e. A and B are correct but C is not correct

12. The following are Nigerian PBF contracts EXCEPT:
   a. Motivation & Purchase Contracts
   b. Multilateral and Sub-Contracts
   c. Finance &Motivation Contacts
   d. B and C only are correct
   e. A and B only are correct

13. The Functions of the Health Center RBF Committee are the following, EXCEPT:
   a. Appoint the Indigent committee of the Health Center among its members and select community representatives
   b. Discuss quarterly quantity and quality performance of the Health Center and give advice on areas of improvement
   c. Ensure the health center management can operate with a reasonable level of autonomy
   d. Conduct general supervision of health facilities within the LGA
   e. None of the above
14. **Essential Drug Management is necessary in order to:**
   a. Eliminate outdated drugs in the health facility
   b. Provide both brand and generic drugs to patients
   c. Ensure that health facilities do not manufacture drugs
   d. Arrest the sale of drugs by health workers
   e. All are correct

15. **Number of fully immunized children is an example of quality data:**
   a. True
   b. False

16. **In the LGA RBF Steering Committee, the following representatives MUST be present for monthly and quarterly validation of invoices and quality score:**
   a. The LGA Supervisory Councilor for Health, SMOH, Pharmacy Officer
   b. SMOH, Director Local Government Administration, SPHCDA
   c. Representative of Health Facilities, the Primary Health Care Coordinator, Chief Medical Officer
   d. SMOH, The LGA Supervisory Councilor for Health, SPHCDA
   e. Chief Medical Officer, LGA Supervisory Councilor for Health, Representative of an active NGO in the LGA

17. **The use of Advanced Strategies is encouraged in health facilities because it:**
   a. Enables health facilities to attract more clients to the services they offer
   b. Requires thinking outside the box to solve problems in the health facility
   c. Decreases the number of inefficient health workers in a health facility
   d. All of the above

18. **The indice tool is used to manage the following types of income at the Health Facility except:**
   a. The Drug Revolving Fund
   b. Privately sourced funds
   c. Income from Sub-Contracting
   d. Other charges at the Health facility as determined by the Health Facility RBF Committee
   e. Income from PBF
19. When conducting a training, which of the following sequence should be practiced:
   a. ALOSS, OFL, EASR, CRC
   b. EASR, CRC, OFL, ALOSS
   c. ALOSS, EASR, CRC, OFL
   d. OFL, EASR, CRC, ALOSS
   e. EASR, OFL, CRC, ALOSS

20. A Quarterly quality supervisory checklist is applied by
   a. Independent verifiers
   b. NPHCDA
   c. LGA Primary Healthcare Center Department
   d. A and B only are correct
   e. All of the above

21. Which of the following is NOT a role of the SPHCDA:
   a. Negotiating targets and strategies through business plans
   b. Contract management and strategies purchasing
   c. Carrying out monthly or bi-monthly verification of the services produced
   d. Participating in the design and continuous development of the quantified quality checklist
   e. None of the above

22. The classification “Category 1” given to a health facility signifies health facilities:
   a. Closest to the community market
   b. Furthest from the main road
   c. Closest to the LGA administrative center
   d. Furthest from the State Ministry of Health
   e. None of the above

23. Ganaba Health Facility has sub-contracted a private health facility to help increase its output on child immunizations. During the contract negotiation, it was agreed that a maximum management fee of ______ would be paid to the primary contract holder.
   a. 20%
   b. 15%
   c. 10%
   d. 30%
   e. None of the above
24. The following are tools used to improve quality and quantity of performance at the health facility except:
   a. Indice tool
   b. Business Plan
   c. Framework for individual performance evaluation
   d. Activity Plan
   e. None of the above

25. The two types of fraud in the PBF Health System Approach are Rational and Irrational Fraud.
   a. True
   b. False

26. The Health Facility Autonomy approach allows facilities to do the following except:
   a. Hire and fire staff as needed
   b. Procure drugs from certified distributors for the health facility
   c. Have a designated bank account
   d. Manage fixed and liquid assets in the facility
   e. Engage in counter-verification of services

27. Which of the following is the formula used to calculate the target for the number of new antenatal care consultancies per month?
   a. Population x 18%/12 x 2
   b. Population x 16%/ 4/12
   c. Population / 12x 5%
   d. Population x 25%/12 x 22.5% x 4
   e. Population x 4.8 % / 12

28. The Performance Framework for the LGA PHC Department comprises of the following functions EXCEPT:
   a. Regular supervision of its health facilities
   b. Managing the Health Management Information System
   c. Take the secretarial role for the LGA RBF Steering Committee
   d. Involved in capacity building of Health Facilities
   e. Conduct counter-verification exercises in the community using Community Client Surveys
29. Indicators in PBF MUST be SMART, meaning:
   a. Straight, Manageable, Attainable, Reliable and Time-bound
   b. Simple, Manageable, Attainable, Reliable and Time-bound
   c. Specific, Measurable, Attainable, Realistic and Time-bound
   d. Scientific, Measurable, Attainable, Realistic and Time-bound
   e. None of the above

Choose the BEST answer that suits the phrases below. There is only one answer per phrase. DO NOT USE THE SAME LETTER TWICE.

   a. Complementary Package of Activities
   b. Bin Cards
   c. Quality Checklist for Health Centers
   d. Peer Evaluation Mechanism
   e. Ex-Post Verification
   f. Quantity Indicator
   g. Quality Indicator
   h. Primary Data Collection Tool
   i. Quality Verification
   j. Kinesthetic
   k. Minimum Package of Activities
   l. Performance Evaluation for Schools
   m. Ex-Ante Verification
   n. Business plan

30. New client put under ARV treatment __________
31. Household unit per protocol __________
32. General Hospital __________
33. Presence of map of health facility in catchment area __________
34. Curative Care Register __________
35. Conducted by the SPHCDA __________
36. Measured once per quarter by the LGA Primary Health Care Department __________
37. Measures numeric data __________
38. Measures the general standard or grade of data __________
39. Used for recording drug stock in a health facility __________
40. Learning by doing __________
41. Community Client Survey __________
ANNEX 3. EXAM ANSWER KEYS

1. PRE-POST TEST

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ANNEX 4 FINAL EXAM SCORE AVERAGES: ADAMAWA, ONDO AND NASARAWA

ADAMAWA
ANNEX 5
NSHIP PBF INTERNSHIP EVALUATION FORM

Please answer the following evaluation questions. Your feedback is valuable for this internship.

1. What did you find interesting in this session?

2. What concepts did you find difficult to understand?

3. Was the facilitator well prepared?

4. Was the learning environment conducive?

5. What topic would you like to see re-explained?

6. What other comments do you have?
STANDARDS FOR GROUPS THAT WORK WELL

From "Models for healthy and productive groups"

By Janice A. Williams

• Be 100% present and actively participate
• Speak for yourself
• Be clear, concise, direct in your contributions
• Listen carefully
• Be self-aware, responsible for yourself
• Be open to the opinions of others
• Check the assumptions and inferences
• Use concrete examples to support your ideas and concerns
• Discuss things "not easy to discuss"
• Ask and give feedback
• Accept conflict as something natural and an opportunity to learn
• Honour the confidentiality that you are privileged to
ANNEX 7: DO YOU KNOW YOUR LEARNING STYLE?

VAK QUIZ

Choose the answer that suits you best.

1. You are going to cook a special meal for your family. Do you:
   A. cook something that you know without the need for instructions
   B. flip through the cook book looking for ideas from the pictures
   C. telephone a friend and get some recipes over the phone.

2. Do you prefer a lecturer who likes to use:
   A. diagrams, slides, charts
   B. discussion and guest speakers
   C. field trips, practical sessions, and laboratory sessions.

3. A group of tourists wants you to help them find out about national parks for them to visit. Would you:
   A. drive them to the national parks
   B. show them slides and pictures
   C. give them a talk on national parks.

4. You want to buy a new stereo system. What would most influence you apart from the price:
   A. going to listen to it
   B. how it looks
   C. someone talking about it.

5. I prefer to learn how to work on a computer
   A. by doing it, then when I get suck, to ask questions or look up the answer
   B. by watching someone first
   C. by listening to someone tell me the steps about how to do it.
6. When getting directions:
   A. I want to see a map or have one drawn for me
   B. I prefer to hear how to get there,
   C. I want to be pointed in the right direction and will find the place sooner or later. I am frequently in trouble with a spouse or friend who does not want to drive around for an hour while I am getting a sense of where to go.

7. I can find something more believable if:
   A. I can see it
   B. I hear about it
   C. I feel it is real.

8. I can remember:
   A. what a friend looks like
   B. how a friend sounds
   C. how I feel about a friend.

9. When you recall a time you were immensely attracted to someone, what was the very first thing that attracted you to them? Was it:
   A. the way they looked
   B. something they said to you, or what you heard
   C. the way they touched you, or something you felt.

10. When you recall a particularly wonderful holiday you had, what’s the first the very first experience you remember? Was it:
    A. the feeling you got by holidaying there
    B. the way the area looked
    C. the sounds you heard there.

11. When my problems get me down, I find it helps to:
    A. write them down so that I can see them clearly
    B. sort them out internally until they make sense
    C. talk or listen to another person until my problems sound easier.

12. When I make decision, it helps to:
    A. hear both sides of a dialogue within my mind
    B. sense how I would feel if either choice came to pass
    C. picture the possible choices in my mind’s eye.
13. Which group do I tend to favour:
   A. music, musical instruments, the sound of the sea, wind chimes, concerts
   B. ball games, woodworking, massage, touching
   C. photography, painting, reading, sketching, films.

14. When I buy an article of clothing, after first seeing it, the very next thing I do is:
   A. take another really good look at it or picture myself wearing it
   B. get a feeling about it and/or touch it to see if it’s something I’d enjoy wearing
   C. listen closely to the salesperson and/or have a conversation with myself giving the pros and cons of buying it.
   D.

15. At the gym, my experience of satisfaction comes first from:
   A. feeling my body getting stronger and sensing it’s more in shape
   B. seeing myself in the mirror getting better
   C. hearing myself or others say how good I’m looking.

16. When I have occasion to use mathematics, I check my answer by:
   A. looking at the numbers to see if they look correct
   B. using my fingers to check my answer
   C. saying the numbers in my head.

17. At the beach, the very first thing that makes me glad to be there is:
   A. the feel of the sand and the sun on my body
   B. the look of the sand, the sun, and the water
   C. the sound of the waves and the wind.

18. When I get totally motivated, the first thing that happens is:
   A. I can actually feel myself getting psyched up
   B. I see things from a new perspectives
   C. I talk to myself about how good things are.
Find and circle the answered you chose previously. Tally your answers below.

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Now add up your responses: Visual ________________

Auditory________________

Kinesthetic________________
ANNEX 8

FROM 10% TO 100% COVERAGE FOR INSTITUTIONAL DELIVERIES IN NIGERIA;

THE CASE OF MAYO-INE HEALTH FACILITY

By

Dr. Gyuri Fritshe

Mayo-INE was a typical health center in rural Nigeria. Years of neglect had left their mark. The fence was damaged, the roof caving in places, windows broken, and equipment gone. Medical waste was scattered in the backyard, some of it half burnt. Goats were searching the waste, nibbling on edible bits of carton. The center had no running water. Its latrines were defunct. Essential drugs were out of stock and vaccines were rarely available. There had not been supervision from the district for a long time and staff were demoralized and on strike.

The population had gotten used to the situation and was rarely using the facility. In December 2011, just four women delivered at Mayo-INE, and on average it saw 4 patients per day. The few patients that came were prescribed expensive treatments with drugs which the health workers had bought and sold against a hefty mark-up, making any treatment very expensive. People preferred the local drug vendor who would sell drugs cheaply by the tablet – which fitted their budget better - and consulted with traditional healers.

The situation at Mayo-INE health center reflected what happens at a larger scale in the North-Eastern region of Nigeria, and to a lesser extent in the rest of Nigeria. Adamawa state is especially dire and its health indicators are at par with South-Sudan which had been at war for 40 years. Nigeria, which contains one- fifth of the entire African population but only 2% of the global population, contributes 14% to the burden of all maternal deaths globally. For a lower-middle income country which is forecasted to be the fastest growing economy in the world over the next forty years, having such poor basic social services would mean unequal growth, social unrest and eventually: the inability to match social development with its economic growth.
Guess what happened early this year. Mayo-Ine health center went from 4 deliveries per month to 45 deliveries per month within a six-month period. It has sustained that rate over the rest of the year, and this means that, for its entire sub-district population, it had gone from delivering 10% of pregnant women to delivering 100% of all expected deliveries in its health facility. Mayo-Ine health center has effectively reached universal coverage for institutional deliveries.

So what happened here? As you can imagine, there must have been a tremendous change from what was there before. The changes led to staff working harder, going out to villages and talking to people. They involved the local community and traditional leaders in convincing people to use their services. The health facility received autonomy and a bank account and learned to manage money. Working hours were changed from Monday to Friday 8 am to 4 pm to 24/7. One additional staff, a lab assistant, was hired. The staff purchased drugs and medical materials from certified distributors; it purchased new equipment, repaired the broken fence, the windows, repaired the toilets, and fixed the waste disposal. The changes led to health workers linking to their health posts and using these also to provide services, to provide growth monitoring, and vaccinations. Patients are now prescribed essential drugs according to protocols which make it more affordable for them. The district health team visits frequently for supervision, and provide targeted feedback using a checklist. Technical assistance from the State Primary Health Care Development Agency ensures that health staff is coached in using money, in managing their staff and in using new strategies to improve their health services.

And most difficult of all: health workers convinced all pregnant women, all of them, to come and deliver in their health facility. The health staff changed their attitudes to patients, ensured that the equipment was there, that the environment in which they had to deliver was nice, that it had water, sanitation, a bed with clean sheets and a pleasant atmosphere. Women who delivered did not have to pay any more for drugs or needles or to bring maternity pads. In fact, women who delivered were given small items such as maternity pads, and clothes for their babies. The health workers did the hardest thing of all: to regain the trust of the population by convincing them to use the public health services again and to use it for all their health needs. Today, Mayo-Ine health center is a beacon for Fufore district, for Adamawa State, and also for Nigeria. If Mayo-Ine can do it, in this far outpost of Nigeria, then anybody can do it.
## Table 1. TRI-STATE STUDENT EXAM SCORE RANKING

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