



# **BAUCHI STATE**

## **IMMUNIZATION BUDGET ACCOUNTABILITY**

# ANNUAL SCORECARD 2024



**AFRICA HEALTH  
BUDGET NETWORK**



# ABOUT THE SCORECARD

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The African Health Budget Network (AHBN), in collaboration with the African Field Epidemiology Network (AFENET) with support from GAVI, is implementing the Zero Dose Learning Hub (ZDLH) in Nigeria targeting Kano, Borno, Bauchi, and Sokoto States to address zero-dose immunization gaps. AHBN component of the ZDLH focuses on reaching missed communities through Advocacy, Stakeholder Engagement, Budget Tracking, and Accountability to improve immunization coverage.

To ensure the accountability is entrenched, ZDLH and its partners have developed a comprehensive ZDLH Accountability Scorecard for Immunization Budget Tracking, Accountability, and Sustainability at the sub-national level. The scorecard is designed to measure and track progress and performance aimed at increasing and sustaining Routine Immunization (RI) coverage to reduce zero-dose children. For operational purposes, Gavi defines zero-dose children as those who have not received the first dose of Penta 1 (or DPT1).

The scorecard is structured into three categories: budget summary, health financing and accountability & service delivery and transparency. Data collection covered desk review, secondary analysis of existing budget data, key informant interview and exit interviews at the facilities. The scorecard data are being scored as dark green (target achieved), light green (demonstrated achievement), amber (progressive achievement), red (no achievement), where data is not available the indicator is scored as black.

The ZDLH Accountability Scorecard serves as a vital tool for tracking state government and partner commitments, with respect to financial and non-financial performance. The scorecard provides actionable insights for improved decision-making, with recommendations for advocacy to be led by the ZDLH Community of Practice (CoP) members, state level CSOs, professional bodies and the media. Its implementation will enhance transparency, strengthen immunization systems, and drive sustainable progress in reducing zero-dose children at the sub-national level.

The ZDLH acknowledges and deeply appreciates the contributions of the Bauchi State Primary HealthCare Development Board (BSPHCDB) for actively participating in the development process of this scorecard and for providing access to accurate data that enriched its quality and relevance.

# BAUCHI STATE

## Immunization Budget Accountability Scorecard 2024

### BUDGET SUMMARY AMOUNT (NGN)

Indicators	2 0 2 3	2 0 2 4
Total Annual State Budget in Absolute Figure	202,641,558,614	300,219,705,820
Total Approved Health Budget for State in Absolute Figure	30,415,945,966	45,132,110,014
Total Budget Allocated to PHC Agency by State in Absolute Figure	8,601,848,413	11,594,531,363
Total Budget Allocated to Immunization Services by State in Absolute Figure	744,034,926	1,215,699,130
Absolute Amount contributed by the (MoU) partners in the immunization basket fund	421,034,926	804,749,869
Absolute amount of government contribution to the basket fund	338,834,926	410,949,261
Absolute BHCPF received by the state PHCDB from NPHCDA	411,135,985	526,318,992
Absolute amount allocated by the state as 25% counterpart fund for BHCPF	0.00	132,832,889
Absolute amount received by the BHCPF implementing PHCs from the PHCDB	97,142,250	255,036,000
Absolute amount received by BHCPF implementing PHCs as DFF from NPHCDA	0.00	0.00

# BAUCHI STATE

## Immunization Budget Accountability Scorecard 2024

### HEALTH FINANCING AND ACCOUNTABILITY

Indicators	Score	
	2023	2024
Proportion of approved State budget allocated to the health sector	15.0%	15.0%
Proportion of health sector budget released by State government quarterly	72.9%	79.5%
Proportion of the annual approved state immunization budget released into the basket fund	100%	100%
Proportion of MoU partners annual allocation released into the immunization basket fund	100%	100%
Timely contribution of the MoU basket fund by state government		
Timely contribution of the basket fund by partners		
Proportion of fund from the basket fund account disbursed for immunization		100%
Proportion of the state 25% counterpart funds released for BHCPF in State	0.00%	100%
Proportion of BHCPF disbursed through the SPHCDB to PHC facilities	20.3%	98.6%

#### Definition of Keys

Target Achieved  
(Sustainable)

Demonstrated Achievement  
(On-track)

Progressive Achievement

No Achievement

Data not Available

# BAUCHI STATE

## Immunization Budget Accountability Scorecard 2024

### SERVICE DELIVERY AND TRANSPARENCY

Indicators	Score	
	2023	2024
Proportion of under-one children (infants) who received Penta 1 in BHCPF implementing facilities in zero-dose affected LGAs	45%	39%
Proportion of under-one children (infants) who received Penta 3 in BHCPF implementing facilities in zero dose affected LGAs	45%	37%
Percentage of care-givers interviewed and satisfied with immunization services received in the BHCPF implementing facility at zero dose affected LGAs		84.35%
Proportion of BHCPF designated PHCs benefiting from DFF directly from the NPHCDA gateway		
Active participation of state level CSOs during the government convened regular meetings of RI Technical Working Group (Former SERICC)		
Active participation of state level CSOs during the state immunization taskforce		

Implement targeted interventions to increase Penta 1 and Penta 3 coverage in BHCPF implementing facilities, and to address the dropout rate between Penta 1 and Penta 3 vaccines. State level CSOs are encouraged to engage government, RI partners and LGA Chairmen vigorously to improve immunization coverage and ensure all zero dose children are reached.

Definition of Keys

Target Achieved  
(Sustainable)

Demonstrated Achievement  
(On-track)

Progressive Achievement

No Achievement

Data not Available

### DISCUSSION PAGE

In 2024, the uptake of Penta 1 vaccine, stands at 39%, while Penta 3 vaccine uptake drops to 37%, resulting in a slight dropout rate of 2%. This low dropout rate can be attributed to robust vaccinations, demand creation to reach zero-dose children, and intensive advocacy.

In 2023 the absolute amount of BHCPF received by the state PHCDB from NPHCDA is N338,834,926, out of this amount N97,142,250 disbursed to Primary Healthcare Centres (PHCs), amounting to 28.6% of the total funds received. In 2024, N526,318,992 was received from NPHCDA and N255,036,000 was disbursed to the state PHCs which amounted to 48.4% of the funds received. The culture of disbursing funds drastically improved in comparison to 2023. This release funds to BHCPF facilities were utilized to improve PHC and immunization services including cold chain maintenance, purchase of consumables for immunization as well as outreach sessions to target zero-dose children to fully vaccinate them. This improvement of the budget performance was also attributed to sustained advocacy and supportive supervision conducted jointly between government and CoP members.

Proportion of the annual approved state immunization budget released into the basket fund the release rate has remained consistently high, being 100% in 2023 and 100% in 2024. This consistency can be attributed to the enhanced participation of community of practice (CoP) members and state-level civil society organizations (CSOs) in immunization activities, such as the government convened routine immunization (RI) Technical Working Group (formerly SERICC), the State Immunization Taskforce meetings and other TWGs.

## KEY RECOMMENDATIONS FOR ACTION

1

State level CSOs and CoP members to advocate for the prioritization of releasing the allocated health sector budget, to be consistent with the 15% allocation.

2

State level CSOs and CoP members to advocate to Bauchi State Primary Healthcare Development Board to prioritize the release of at least 80% of the approved budget in 2025, consistent with the 2024 budget performance

3

State level CSOs and CoP members to engage the state government to release at least 80% of the government approved immunization budget into the basket fund.

4

Ensure that at least 60% of BHCPF funds are disbursed to the Primary Healthcare facilities via BSPHCDB.

5

Implement targeted interventions to increase Penta 1 and Penta 3 coverage in BHCPF implementing facilities, and to address the dropout rate between Penta 1 and Penta 3 vaccines. State level CSOs are encouraged to engage government, RI partners and LGA Chairmen vigorously to improve immunization coverage and ensure all zero dose children are reached.

# HEALTH FINANCING AND ACCOUNTABILITY

Indicators	Scoring Sheet				Data Source
	Target Achieved (Sustainable)	Demonstrated Achievement (On-track)	Progressive Achievement	No Achievement	
Proportion of approved State budget allocated to the health sector.	15% of state budget allocated to health sector	10% - 14.9% of state budget allocated to health sector	5 -9.9% of state budget allocated to health sector	Less than 5% of state budget allocated to health sector	State Approved Budget
Proportion of health sector budget released by State government quarterly	80% or more of the total health budget was released	70% - 79.9% of the total health budget was released	50-69.9% of the total health budget was released	Less than 50% of the total health budget was released	State Budget Performance Report
Proportion of the annual approved state immunization budget released into the basket fund	80% of the annual approved state immunization budget released into the basket fund	79.9% - 60% of the annual state immunization budget released into the basket fund	69.9%-50% of the annual state immunization budget released into the basket fund	Less than 50% of the annual state immunization budget released into the basket fund	State Budget Performance Report'
Proportion of MoU partners annual allocation released into the immunization basket fund	35% or more of MoU partners contributions in the PHC budget	20%-34.9% of MoU partners contributions in the PHC budget	10 - 19.9% of MoU partners contributions in the PHC budget	Less than 10% of MoU partners contributions in the PHC budget	State Approved Budget
Proportion of Timely contribution of the MoU basket fund by state government	If the state contribution is made in the first quarter	If the state contribution is made in the 2nd and 3rd quarter	If the state contribution is made in the forth quarter	If no contribution is made by the state across all the quarters	State Approved Budget
Proportion of Timely contribution of the basket fund by development partners	If the development partners contribution is made first quarter	If the development partners contribution is made 2nd and 3rd	If the development partners contribution is made forth quarter	If no contribution is made by the partners across all the quarters	State Approved Budget
Proportion of fund from the basket fund account disbursed for immunization	80% or more of the basket fund was disbursed for immunization and PHC	70% - 79.9% of the basket fund was disbursed for immunization and PHC	50-69.9% of the basket fund was disbursed for immunization and PHC	Less than 50% of the basket fund was disbursed for immunization and PHC	State Approved Budget
Proportion of the state 25% counterpart funds released for BHCPF in State	80% or more of the state counterpart funds released for BHCPF	70% - 79.9% of the state counterpart funds released for BHCPF	50-69.9% of the state counterpart funds released for BHCPF	Less than 50% of the state counterpart funds released for BHCPF	Secondary analysis of state level BHCPF report
Proportion of BHCPF disbursed through the BSPHCDB to PHC facilities	80% or more of the BHCPF disbursed through the BSPHCDB gateway to PHC facilities	70% - 79.9% of the BHCPF disbursed through the BSPHCDB to PHC facilities	50-69.9% of the BHCPF disbursed through the BSPHCDB to PHC facilities	Less than 50% of the BHCPF disbursed through the BSPHCDB to PHC facilities	BHCPF Newsletter



## SERVICE DELIVERY AND TRANSPARENCY

Indicators	Scoring Sheet				Data Source
	Target Achieved (Sustainable)	Demonstrated Achievement (On-track)	Progressive Achievement	No Achievement	
Proportion of under-one children (infants) who received Penta 1 in BHCPF implementing facilities in zero-dose affected LGAs	80% or more under-one children received Penta 1	60-79.9% under-one children received Penta 1	50-69.9% under-one children received Penta 1	Less than 50% under-one children received Penta 1	DHIS2/SSP HCDA (Admin Data)
Proportion of under-one children (infants) who received Penta 3 in BHCPF implementing facilities in zero dose affected LGAs	80% or more under-one children received Penta 3	60-79.9% under-one children received Penta 3	50-69.9% under-one children received Penta 3	Less than 50% under-one children received Penta 3	DHIS2 (Admin Data)
Utilization status of the BHCPF at the implementing facility in zero dose affected LGAs in relation to immunization	80% or more utilization achievement from report	60 - 79.9% utilization achievement from report	50 - 69.9% utilization achievement from report	Less than 50% utilization achievement from report	BHCPF state level report
Percentage of care-givers satisfied with immunization services received in the BHCPF implementing facility of zero dose affected LGAs	80% or more of enrollees satisfied with at least 4 of the six criteria	60 - 79.9% of enrollees satisfied with at least 4 of the six criteria	50 - 69.9% of enrollees satisfied with at least 4 of the six criteria	Less than 50% of enrollees satisfied with at least 4 of the six criteria	Enrollee interview
Proportion of BHCPF designated PHCs benefiting from DFF directly from the NPHCDA gateway	100% of BHCPF designated PHCs are benefiting from DFF directly from the NPHCDA	80% - 99.9% of BHCPF designated PHCs are benefiting from DFF directly from	50% - 79.9% of BHCPF designated PHCs are benefiting from DFF directly from	Less than 50% of BHCPF designated PHCs are benefiting from DFF directly from	Data not available
Timely contribution of the MOU basket fund by state government	Four quarters contributed timely	Three quarters contributed timely	Two quarters contributed timely	One or zero quarters contributed timely	State budget performance report
Active participation of state level CSOs during the government convened regular meetings of RI Technical Working Group (Former SERICC)	In every meeting, at least two state-level CSOs in participation	In every meeting, at least one state-level CSO in participation	Irregular state level CSOs participation	No state level CSO participation	Attendance sheet and pictures
Active participation of state level CSOs during the state immunization taskforce	In every meeting, at least two state-level CSOs in participation	In every meeting, at least one state-level CSO in participation	Irregular state level CSOs participation	No state level CSO participation	Attendance sheet and pictures







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