



MNCH2 Monthly Flash Report

September 2017

JIGAWA



Jigawa is situated in the north-western part of the country with a population of 5,590,272 (Male: 51% Female 49%). 86% of the state's wards boast of functional primary healthcare facilities. Infant mortality stands at 83 per 1000 live births; unmet need for family planning is 98.7% and the use of contraceptives stands at 1.3% (MICS, 2016).

Key achievements

- In an effort to reduce to default rates to the barest minimum, MNCH2 conducted collection and analysis of MCH and routine immunisation data for 2017 in the state. Results were shared with Local Inspection Officers from the Local Government Areas (LGAs) to enable tracking of defaulters.
- The programme conducted spot checks to assess the quality of services provided across 11 health facilities in 7 selected LGAs. These checks revealed that trained service providers are being transferred out to other facilities within the state.
- MNCH2 supported the state to review and validate data at the LGA level, by engaging the LGA M&E Officers, Reproductive health Coordinator Manager, other key personnel as well as the wards focal persons to look at the issues identified from the reported data during the previous month on the DHIS2.

Lessons

- The Office of the Special Adviser to the State Governor on Community Health has proven to be a veritable platform for engagement of community leaders and volunteers on sustainable community participation in MNCH initiatives.
- Traditional and Religious Leaders' participation in awareness campaigns on MNCH2 services greatly influences Traditional Birth Attendants' (TBAs) and Men's Support Group (MSG) mobilization activities. Post-natal clinic visits in rural areas are increasing significantly due to inter-personal communication and mobilisation for outreach activities by TBAs and MSGs.
- Improved documentation observed amongst health facilities visited, owing to participation of Officers-in-charge in the National Health Management Information System trainings supported by MNCH2, leading to more effective management of their facilities' service data.

Transition and Sustainability

The programme continues to promote ownership of outreach interventions with the Jigawa State Primary Health Care Development Agency (SPHCDA) already starting to conduct quarterly outreaches in all the 288 wards of the state with engagement of about 1,728 teams.

Disparate teams from MNCH2, the World Health Organisation (WHO), Save the Children, UNICEF and the Jigawa State Outreach Teams have been harmonised to ensure sustainability.

Priorities for the next month

- Continuation of push distribution system to ensure sustained availability of vaccines at LGAs and Service Delivery Points
- Strengthening of monitoring and supervision to ensure adherence to best cold chain practices, inventory control management and documentation.
- Reinforcement of provision of Healthy Timing and Spacing of Pregnancy LARC services by already trained health care providers.



Jigawa Outreach Officer Providing Support on Routine Immunization in Yalwan Damai Birnin Kudu LGA

“MNCH2 is a blessing to us because after the training and periodic meetings we attend, we have now started to have pregnant women assessing care from health facilities, rather than the local patent medicine vendors they were hitherto patronising. Through our male support group, we engaged with heads of households on the importance of accessing care at health facilities. As a result, we have seen more and more women attending ANC and a reduction in non-compliance in immunization.”

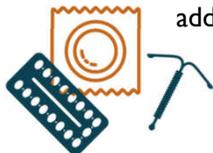
- Basiru A Sule Daini
Male support group facilitator, Balago, Kiyawa LGA

 births assisted by skilled personnel
134,606

 pregnant women making at least 4 ANC visits
422,490

 newborns and mothers who received care within 24 hours of delivery by a skilled health care provider
34,486

 children fully immunized against vaccine-preventable diseases.
529,714

 additional women using modern Family Planning methods
78,385

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