



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

- The programme established Oral Rehydration Therapy (ORT) corners and practicum sites on Kangaroo mother care. ORT materials were also distributed to 90 supported health facilities.
- MNCH2 supported the production and distribution of National Health Management Information System (NHMIS) data collection tools.
- The programme also provided "Radio packs" to encourage and promote pregnant women's access to ante-natal care and facility delivery services in supported facilities.
- We worked with Male Support Groups across all the local government areas of the state to enhance awareness, knowledge, demand and uptake of services by women through peer education as an entry point. We also identified volunteers for blood donations in cases of emergency.



Health Facility In-charges participating in an expanded LGA-level Data Review and Validation Meeting in Taura LGA

Lessons

- Knowledge is not enough: Dearth of power supply in most primary healthcare facilities leaves service providers with no option than to send women with low birthweight babies that need incubation home, even when they know the potential danger of doing so.
- We have noted improved documentation skills among the health facilities visited. This can be attributed to the MNCH2-supported training on NHMIS attended by most officers-in-charge, and to the programme's support in printing and disseminating of the NHMIS data tools to the facilities.

“Naturally people are reluctant to change; we and our people were more traditional in health-seeking behaviour, but the moment MNCH2 engaged and educated us [the religious leaders] on access to quality healthcare services, we quickly embarked on grassroots sensitisation and educated our communities, which resulted in wide acceptance of immunisation, ANC services, facility deliveries etc. We are very grateful to MNCH2 for changing our perceptions and negative attitude to maternal child health issues.”

– Mallam Usman Liman
Chief Imam of Kudai, Dutse LGA

Transition and Sustainability

MNCH2 supported a 5-day Strategic Plan Retreat involving critical state stakeholders. The goal is to ensure the 5-year Jigawa State Health Sector Strategic Development Plan includes interventions to be handed over to state ministries, departments and agencies with adequate plans and associated budgetary provisions.

Priorities for the next month

- Strengthening of the health management information system across all health facilities and LGAs through holistic supportive supervisory visits.
- Collaborate with Monitoring and Evaluation Officers in 12 LGAs to document outreach monthly data into the HMIS Registers.
- Conduct 2nd round of Community Scorecards to collect data for improving quality of care based on the findings.
- Collaborate with LGA health promoters to create awareness on outreach services and sites.

births assisted by skilled personnel
142,013

pregnant women making at least 4 ANC visits
437,298

newborns and mothers who received care within 24 hours of delivery by a skilled health care provider
35,363

children fully immunized against vaccine-preventable diseases.
556,547

additional women using modern Family Planning methods
82,970

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