



Yobe is located in northeast Nigeria and borders four Nigerian states as well as the Republic of Niger. It has a population of 3.4 million, with an economy is mainly based on agriculture. Under-five mortality stands at 102 per 1000, immunisation coverage is 7%, and antenatal care attendance is 26.6%. Most wards have a functional health facility (98.4%) (MICs 2016/2017).

Key achievements

- To increase access to MNCH services, the programme conducted outreaches in four hard-to-reach communities in two LGAs (Jakusko and Nanger), bringing integrated RMNCH to their doorsteps.
- The programme conducted a quarterly review meeting for Cold Chain Officers (CCOs) with 17 LGA and 3 Zonal CCOs on vaccine management, cold chain inventory, vaccine forecasting, direct vaccine delivery, empty vial retrieval and accountability.
- The programme continues to support the State Government in the development and monitoring of early warning signals for potential stock-outs for RMNCH products through pipeline monitoring and prompt alerts to programme management on necessary steps to avert stock outs.



An MNCH2-trained service provider inserting an implant during outreach in Dumburi, Jakusko LGA

Lessons

- Private health facilities in the state are not properly reporting their data to local government monitoring and evaluation officers, which results in under reporting of achievements.
- Volunteers under the Federal Government's N-Power Initiative have proven effective in addressing staff shortages in data management units at various secondary healthcare facilities.

“We appreciate the contribution of MNCH2. Before the advent of the project, we didn't have an FHC. Our facility was dilapidated. With the programme's interventions – provision of medical equipment and renovations – our health facility is now effective; hence client turnout has increased.”

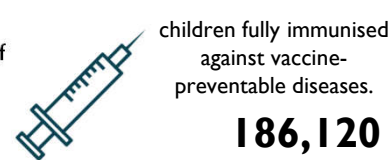
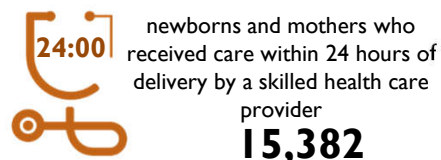
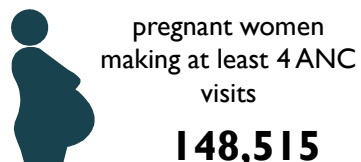
- Dauda Abdulrahman
Officer-in-charge,
Gashaka Health Clinic, Fika LGA

Transition and Sustainability

Through the Saving One Million Lives Programme for Results (SOML-P4R), the SMOH is scaling up the Emergency Transport Scheme (ETS) by extending the intervention from the initial 102 communities supported by MNCH2 to 178 communities. This is to align with the National Primary Health Care Development Agency (NPHCDA) requirement of one focal Primary Health Care Centre per ward as part of the minimum ward package.

Priorities for next month

- Strengthen the Logistics Management Information Systems (LMIS) at state, local government and health facility levels.
- Follow up and monitoring of data reporting in private healthcare facilities.
- Institutionalise quarterly meetings between FHCs and LGA Health Promotion Officers to promptly identify gaps and feedback to LGA health team.
- Deepen support to the FHCs, especially in newly-established facilities, through mentoring by the LGA Health Promotion Officers.



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