



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

- MNCH2 administered the community score card across all programme-supported health facilities, with results showing 92% of clients reporting satisfaction with services received from the facilities.
- Due to regular mentoring and coaching of service providers on the logistic management system, an increase was recorded in the number of supported health facilities with minimum stocks of reproductive, maternal, newborn and child health essential commodities from 58.7% in the last quarter to 85% this quarter.
- The programme built the capacity of Jigawa State MNCH Accountability Forum (JIMAF) members on strategies to employ during advocacy on maternal child health issues to State House of Assembly members and other policy makers.



Women participating in a community score card focus group discussion at Gidan Maigari community, Sule Tankarkar LGA

Lessons

- Results from the Maternal and Perinatal Death Surveillance and Response (MPDSR) review at Gumel General Hospital showed that postpartum haemorrhage is the leading cause of recorded maternal deaths. This led to the MPDSR committee conducting a 4-day community mobilisation for blood donation to address the shortage of blood supply in the hospital.
- To reduce staff attrition particularly in hard-to-reach rural communities the State Primary Healthcare Management Board has introduced a policy of posting newly-recruited health workers to locations close to their places of origin.

“We had earlier planned to construct a place of worship on that piece of land. However, we saw the need for accommodating our midwives and other staff closer to the health facility to ensure pregnant women and newborns receive care at the right time.”

*- Mallam Sabo Babale,
FHC Chairman,
Gabari PHC, Hadejia LGA*

Transition and Sustainability

- The Facility Health Committee (FHC) in Gabari Primary Healthcare Centre of Hadejia Local Government has raised NGN 100,000 to start construction of midwives' and staff accommodation.
- The State Ministry of Health (SMoH) has taken over the monthly Maternal and Perinatal Death Surveillance and Response (MPDSR) Committee meetings.
- The SMOH has continued monthly procurement of essential commodities and drugs worth NGN 75 million to provide free maternal and newborn child health services in 22 healthcare facilities.

Priorities for the next month

- Support the State Primary Health Care Development Agency (SPHCDA) and State Ministry of Health to establish quality of care teams at LGA level.
- Work with traditional rulers to harmonise the community data tools into the 'Jakadan Lafiya' (Health Ambassadors) initiative.
- Conduct mentoring and coaching on National Health Management Information System (NHMIS) across newly-established and rehabilitated health facilities.

