



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

- As part of Integrated Supportive Supervision processes to ensure provision of quality healthcare services, the programme concluded spot checks in 30 supported health facilities across 6 local government areas (LGAs)
- Towards entrenching accountability in the management of free maternal, newborn and child health medicines at the facility level, MNCH2 worked with the State-led Accountability Mechanism (SLAM) to monitor the dispensing of free medicines
- Fifty-two (52) newly recruited healthcare workers were oriented on health facility data coordination and appropriate use of National Health Management Information System (NHMIS) for data management.

## Lessons

- Involving local Civil Society Organisations (CSOs) in LGA engagement meetings has improved identification of service delivery gaps and timely interventions at the level of the health facility
- Active engagement of assistant Health Promotion Officers (HPO's) in the quarterly Facility Health Committee (FHC) self-assessment and community score card has improved their skills and successfully task-shifted some duties from HPOs to their assistants.

“*The opportunity of working with MNCH2 as a member of JIMAF has been an eye opener for me to appreciate how stakeholders' can influence government to deliver on the yearnings and aspiration of citizens and overall community development. What policy makers plan and execute are sometimes not what the people actually demand or need. In reality, citizens see development through the angle of poverty alleviation, improved healthcare services and quality education for all which the states accountability mechanisms have been able to make the government deliver on”.*

- Ahmad .T. Said Member Advocacy Sub-Committee JIMAF

Cross section of participants at the quarterly self assessment meeting with HPOs in Duru PHC.



## Transition and Sustainability

- 27 LGA's maternal, newborn and child health steering committees have implemented capacity development plans during this reporting period. This shows increasing ownership of the capacity development plan process by the state.
- A new budget line to support Logistics Management Coordination Unit (LMCU) activities was created and funds were released for the full implementation.
- The State Government has been slow in releasing funds for the implementation of community level interventions due to general elections holding during this period of reporting.

## Priorities for the next month

- Follow up with SPHCDA on sustaining and adoption of Master Trainer Mentors (MTM) as they will be anchoring the health facility supervision, PTSS and comprehensive training of HCWs
- Follow up with the Director Primary Health Care to review and approve the Family Planning Costed Implementation Plan (CIP)
- Support the conduct of Rapid Assessment of Storage Facilities across the state
- Follow with the State Ministry of Health (SMoH) on adoption of the Family Planning CIP

births assisted by skilled personnel  
**250,960**

pregnant women making at least 4 ANC visits  
**617,565**

newborns and mothers who received care within 24 hours of delivery by a skilled health care provider  
**109,554**

children fully immunised against vaccine-preventable diseases.  
**824,735**

additional women using modern Family Planning methods  
**158,410**