



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. Focused ANC, 47.9%; Skilled Birth Attendance, 21.3%; Unmet need for family planning, 14.5%; Use of modern contraceptives, 3.9%; Fully Immunized Children, 2.5% (NDHS 2018).

Key achievements

- The State Level Accountability Mechanisms (SLAMs) members were oriented on Basic Health Care Provision Funds (BHCPF), the rationale for its establishment and governance and administrative structures with a view to guiding them to appreciate their roles and responsibilities, as well as that of other stakeholders on BHCPF intervention and implementation
- SLAMs state-specific action plans to deepen advocacy and ensure smooth take off and successful implementation of BHCPF were developed with MNCH2 technical support
- MNCH2 supported the State Ministry of Health to finalise and print 500 copies of Family Planning Cost Implementation Plan (CIP) manuals

Lessons

Strategic engagement and training of key and relevant states' stakeholders (including accountability platforms and legislators) on BHCPF created the needed awareness and impetus for its roll out. The SLAMs have now developed a tool to advocate for transparency and financial accountability from all actors. Similarly, the House of Assembly (SHoA) has facilitated swift second reading of the state contributory healthcare agency bill.

“ This is one of the best training I’ve ever attended, I feel like a champion for the BHCPF scheme. This is because we were equipped with adequate technical knowledge of the scheme for successful implementation”.

- Dr Haruna Usman Director Clinical service State Ministry of Health

Transition and Sustainability

- The State Government continues to sustain the provision of free MNCH commodities through monthly allocation and release of N75 million for the procurement of the commodities
- The Jigawa state contributory healthcare agency bill, supported by MNCH2, has passed second reading in the SHoA. The bill when signed, will satisfy one of the critical requirements set by the Federal Ministry of Health to access BHCPF funding
- The state Government continues to sustain the conduct of outreach services. 12 hard to reach communities in 4 local government areas were reached in July.
- The State Government has continued funding Maternal and Perinatal Death Surveillance and Response (MPDSR) monthly meeting without any financial support from MNCH2
- The State Government continues to sustain renovation of health facilities previously supported by DFID through MNCH2. 287 health facilities have so far been renovated by the State government in line with I/PHC per ward.

Priorities for the next month

- Support the orientation and training of local government health departments on their roles and responsibilities as it relates to BHCPF
- Support the State Primary Health Care Development Agency (SPHCDA) and State Social Health Insurance Agency (SSHIA) to develop a costed workplan for the first four quarters of BHCPF implementation
- Work closely with the State House Committee on health to ensure rapid passage of the state health contributory agency bill
- Provide technical support to the SPHCA in stepping down BHCPF training at the HEALTH facility level.



State participants during Orientation of SLAMs Members on BHCPF

