



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

- A total of 6,098 people were reached with Integrated Maternal, Newborn and Child Health services across 12 communities.
- Following the appointment of 27 Local Government M&E Officers, the programme supported a Partners' Coordination Meeting to strengthen their capacity in the National Health Management Information System (HMIS) and the DHIS2.
- MNCH2 trained and mentored Local Government Planning Teams to strengthen and develop their capacity on use of demographic data to inform health care service delivery in their LGAs.
- The programme supported the State Primary Health Care Development Agency (SPHCDA) to align their Annual Operation Plan with the State Sustainable Health Development Plan II.



LGA M&E Officer conducting follow-up to Data Quality Assessment (DQA) in PHC at Roni, Roni LGA

Lessons

- MNCH2 funding to support the State Emergency Routine Immunisation Coordination Centre (SERICC) have contributed to a substantial improvement in percentage coverage of routine immunisation (RI) from 4% to 33% achieved through a rapid assessment of missed RI opportunities in out- and in-patient wards in 24 selected health facilities in the state.
- Boosting the capacity of the LGA teams meant they are able to roll-out Organisation Capacity Assessments (OCAs) and develop Capacity Development Plans (CDPs) on identified gaps on their own, which is proving to be better value than engaging external consultants.

“The MNCH2 sustainability approach to Data Quality Assessments (DQAs) is completely unique, because LGA M&E Officers have acquired adequate capacities to provide feedback on the findings, develop a report on the Analysis & Narrative template and conduct dissemination meetings to share findings with the LGA - PHCDA staff.”

- Sani Ibrahim
M&E Officer, PHCDA
Maigatari LGA

Transition and Sustainability

- MNCH2 efforts to distribute Implanon have increased demand for Healthy Timing and Spacing of Pregnancy commodities in the communities. However, the state supplies of these commodities are low and the State Government is yet to make funds available to support the Master Trainer Mentors transportation and stipends for the activity.
- The LGA Health Promotion Officers' commitment on Facility Health Committee activities depends largely on the financial support received from MNCH2. There is a risk that if the government fails to support the activity, it will fail to continue.

Priorities for the next month

- Collaborate with the Saving One Million Lives programme to increase coverage for Integrated Supportive Supervision.
- Support and monitor the state and zonal teams to provide Integrated Reproductive, Maternal, Newborn and Child Health outreach services to 12 hard-to-reach communities.
- Enhance the capacity of already trained health care providers from competency to proficiency through the conduct of post-training supportive supervision.
- Support all the Local Government Areas to conduct OCAs and develop CDPs.

births assisted by skilled personnel
157,227

pregnant women making at least 4 ANC visits
472,480

newborns and mothers who received care within 24 hours of delivery by a skilled health care provider
38,737

children fully immunised against vaccine-preventable diseases.
599,149

additional women using modern Family Planning methods
92,744