



Katsina State is located in northwest Nigeria and has a total population of nearly 6 million. Each ward has at least one functional primary health facility and the state has seen great improvements in some key health indicators: delivery by skilled birth attendants has risen from 5.1% in 2008 to 20.8% in 2017. However, antenatal attendance stands at 33.40% and immunisation coverage is 6%. The unmet need for child spacing is 29.5% (MICs 2016/2017).

Key achievements

- The programme provided training for members of the State-Led Accountability Mechanism (SLAM), Katsina State House of Assembly and other key stakeholders from the Ministry of Health and its agencies on budget analysis, monitoring, tracking and scorecard development. The training also facilitated formation of a working relationship between CSOs, media and the State House of Assembly.
- During the reporting month, the programme reached a total of 3,544 clients in 24 hard-to-reach and underserved rural communities with free Reproductive, Maternal, Newborn and Child health (RMNCH) commodities.
- The programme conducted Quality of Care assessments and on-site mentoring and coaching in 204 health facilities across the 34 LGAs of the state.

Lessons

- Involving civil society organisations, particularly women, in creating awareness on health promotion activities during outreaches has led to an increase in awareness and improved health seeking behaviour amongst women and caregivers in hard-to-reach and underserved areas.
- Training of trainers on integrated demand creation strategies has motivated the community leaders to start planning for the establishment of more community structures.

Transition and Sustainability

The Katsina State Government conducted a capacity building training on budget tracking and demand creation to Civil Society Organisations and community leaders, practically demonstrating sustainability in scale up and establishment of more community structures across the state even after exit of the MNCH2 programme.

Priorities for next month

- Support Accountability Mechanism platforms to develop and implement action plans.
- Conduct Health Education Skills update for Facility Health Committee (FHC) members to enable their scaling it out to new FHCs members at non-supported facilities in the state.
- Support the finalisation and roll-out of the state operational plan for the task shifting policy.
- Provide technical support to State Ministry of Health (SMoH) to develop their own Family Planning Costed Implementation Plans (CIPs) in line with the National Blueprint.
- Meet with the National Union of Road Transport Workers to map out strategies for Emergency Transport Scheme transition and sustainability.

“We will facilitate the process of sustaining the MNCH2 community structures for demand creation using the Saving One Million Lives (SOML) funds and will also facilitate the implementation of the demand creation and health promotion components of the State budget”

- Hajiya Bilquisi Gidado,
MCH Coordinator,
Katsina State PHC Delivery Agency

MNCH2 State Demand Side Coordinator conducts a session for Traditional Birth Attendants (TBAs) at the State Ministry of Health Conference Hall

