



Kano is located in north-western Nigeria. With an estimated population of 13.4 million, it is the most populous of Nigeria's 36 states. The child mortality rate is 103/1000 live births (MICS 2016/17), with less than 50% of children under 5 fully vaccinated and 20% availability of child health cards (MICS 2017).

Key achievements

- Mapping of 260 out of 264 MNCH2 supported facilities was conducted. This was aimed at plotting service delivery points and other community based interventions with communities served across MNCH2 intervention locations.
- MNCH2 supported the Economic & Financial Modelling study of Kano State Contributory Healthcare Scheme. Findings from the study led to a review of the State's healthcare financing landscape and policies options to address identified gaps.
- Kano State Contributory Health Management Agency (KSCHA) framework for vulnerable groups was developed with technical support from MNCH2
- The state owned and piloted Community Distribution of Misoprostol for prevention of Post Partum Haemorrhage during home births has fully covered the 3 pilot sites including Warwa, Makoda and Rano LGAs

Lessons

- Partnership between the State Ministry of Health and Kano State Emirate Council on Health and Development (KECCOHD) has led to resolution of block rejection of Immunisation in Gamadan community Kura LGA.
- Inter-agency collaboration and cooperation in the state led to the review of the operational guidelines of KHETFUND that allowed increased funding allocation from about 5% to about 30% for the new vulnerable group component of the Kano State Healthcare Contributory Scheme
- Decentralisation of control room data validation meetings to six primary health care management board zones and regular team capacity building has contributed to increased data quality and reporting

Transition and Sustainability

- The Sustainable drug supply system committee has finalised plans to scale up establishment of Facility Health Committees (FHCs) in all health facilities running Drug Revolving Funds (DRF) scheme.
- The State government through the Child Memorandum of understanding has committed to funding the monthly control room meetings across the 6 Primary Healthcare Management Board zonal levels.
- Budget line for scale-up of Data Demand and Use (DDU) training for all cadres of healthcare workers in the State has been included in the 2019 annual operational plan.



MNCH2 trained service provider delivering long lasting insecticide treated net to a mother after receiving Immunisation for her child.

“ We are now fully equipped financially to commence conduct of control room meetings in our respective Zones and LGAs for data validation and data quality control without funding support from MNCH2 ”

- Abdulkarim Salisu
Rano Zonal M&E officer

Priorities for next month

- Conduct spot check in 10 supported primary health facilities to identify and address service delivery gaps.
- Monitor the implementation status of the community distribution of misoprostol and chlorhexidine in the 3 selected local government area.
- Follow up with the state government on the release of the NGN 100 million commitment made towards the implementation of the Basic Health Care Provision fund.
- Provide technical support to the state Operational Research Advisory Committee (ORAC) on research protocol review and monitoring of approved protocols.



births assisted by skilled personnel

358,259



pregnant women making at least 4 ANC visits

699,572



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

224,981



children fully immunised against vaccine-preventable diseases.

1,508,849



additional women using modern Family Planning methods

545,994