



Katsina State is in the Sahel Savannah in northwest Nigeria. It 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 health indicators: delivery by skill birth attendance 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

- MNCH2 mapped all supported health facilities, communities and community based interventions using Quantum Geographical Information System(QGIS) to. This was aimed at plotting service delivery points and other community based interventions with communities served across MNCH2 intervention locations
- The Biannual state level Maternal, Newborn and Child Health (MNCH) sector budget dialogue was conducted by the State led-Accountability Mechanisms (SLAMs) with support from MNCH2. 2018 MNCH and health sector budget scorecard were disseminated to stakeholders including health ministry department and agencies during the meeting
- Spot-checks to identify and fill service delivery gaps were conducted across 204 MNCH2 supported health facilities in the 34 local government areas (LGAs).



MNCH2 trained data collectors sourcing information from a service provider during the QGIS mapping exercise at Randa Community Mashi LGA

Lessons

- Use of data such as MNCH scorecard developed by Katsina state Maternal Accountability Forum (KATSMAF) to support advocacy efforts on maternal, newborn and child health (MNCH) are more potent in stimulating discussions around priority areas and influencing government officials to take positive policy decisions
- Entrenching community health interventions within the operations of committed and well organized Community Based Organizations such as NURTW can promote ownership and success of such interventions



“With MNCH2 intervention on strengthening ETS in Katsina state, there is great reduction in the death of pregnant women and children arising from delays in transportation from community to health facility”.

- Nuhu Dikko – ETS Focal Person Katsina LGA.

Transition and Sustainability

- The State and LGA Logistic Management Units (LMCUs) are mobilising resources and partnering with donors to train LGA LMCU officers.
- KATSMAF advocated and received an increase in the budgetary provision for Drug Revolving Fund (DRF) from N100m in 2018 to N450m in 2019.
- Safe Space Intervention was included in 2019 budget with proposal of NGN100million start up fund.

Priorities for next month

- Conduct data review and validation meetings at LGA levels
- Follow up on transitioning the activities of facility health committees to local government health promotion officers.
- Support the SMOH in process of establishing Contributory Healthcare Management Agency and Drug Management Agency (SCHCMA).
- Support printing of task shifting and sharing policy
- Support the distribution of printed Health Management Information System (NHMIS) registers.

