# MNCH2 MNCH2 Monthly Flash Report

**KANO** 

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**

- The programme supported the formal launch and inauguration of the board for Kano State Contributory Healthcare Management Agency and launch of the access to care for enrolees of the Contributory Healthcare Scheme.
- Outreach services conducted in 140 communities in 42 local government areas. Services provided included 285 implant insertions, 557 oral pills, 2,236 antenatal care services, 1,800 Integrated Management of Childhood Illness services, 538 postnatal services, 1,015 routine immunisation (RI) services, 5,652 outpatient treatments and 77 referrals for management of severe cases.
- MNCH2 purchased free maternal, newborn and child health drugs and medical consumables worth over 23 million naira and distributed to 93 supported facilities across the state.



Official launching of the Kano State Contributory Healthcare Scheme and Agency on June 20, 2018

#### Lessons

The 8-week strike by health workers strike has adversely affected access to healthcare with low recorded numbers of antenatal visits and a decrease in the numbers of fullyimmunised children (63,012this quarter compared to 94,031 in the last quarter of programme year 4)

A lot of states across the federation call us for support, but Kano State always calls us to launch their achievements."

> - Prof Isaac F. Adewole Hon. Minister of Health at official launching of the Kano Contributory Healthcare Scheme

# **Transition and Sustainability**

- There has been an increase in government funding for the procurement of essential maternal, newborn and child health commodities from 8 million Naira in April 2018 to 9.75 million Naira in June.
- The State Government has provided a budget line and rolled out integrated supportive supervision to 90 MNCH2-supported facilities in June.
- Facility Health Committees' (FHC) resource mobilisation has proven to be effective for sustained MNCH2 activities at the facility level. FHC advocacy has led to Member of the House of Representatives Hon. Alhassan Doguwa funding a new site at Dadin Kowa PHC and 15-bed capacity blocks at Burji, Tagwaye and Riruwai in Doguwa LGA.

### **Priorities for next month**

- Conduct a review meeting to disseminate integrated supportive supervision (ISS) findings from the quarterly comparative analysis of ISS, logistics and maternal death review data per facility to generate evidence for advocacy and action.
- Strengthen Hospital Friends Committees across all secondary health facilities.
- Facilitate adoption of MNCH2 training modules and methodology of community volunteers by the National Primary Health Care Development Agency (NPHCDA) for the Community Health Influencers, Promoters and Services (CHIPS) initiative.







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



children fully immunised against vaccinepreventable diseases.



additional women using modern Family Planning methods

421,001