ligawa 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

- The programme trained 27 Facility Health Alliance members on coordination of activities of all the Facility Health Committees in each of their 6 supported health facilities.
- To ensure efficiency in reporting, the programme conducted capacity building training for 27 newly recruited local government Monitoring and Evaluation Officers to conduct data quality assurance(DQA), enter health service data on District Health Information System (DHIS2) and conduct data reviews and validation.
- MNCH2 conducted supportive supervision on National Health Management Information System (NHMIS) in 4 hard-to-reach health facilities in Birnin Kudu (Yalwan Damai PHC) Guri (Dawa Bula PHC), Birniwa (Karanga PHC) and Gwiwa (Daabi PHC)



M&E Officers during a data validation meeting at Babura LGA.

Lessons

- Participation of key decision makers from the Primary Health Care Development Agency (SPHCDA), local and state governments during the LGA validation meeting has yielded positive results. The parties engaged on the sustainability of the process and agreed on building capacities of Officers in Charge and Medical Record Officers and resolved to have each monthly submission of data validated on the same day to reduce errors.
- Results from the supportive supervision exercise on NHMIS in low performing health facilities show that most of the health care workers are new and require support on the use of NHMIS for data management.

MNCH2 interventions at the health facilities have gradually improved the quality of data, especially supportive supervision which is targeted at building capacities and mentoring both new and old health care workers to document and get familiar with National Health Management Information system (NHMIS)...."

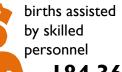
> - Adamu Abdullahi Director Planning and M&E ligawa SPHCDA

Transition and Sustainability

- The State Government has taken over the conduct of the local government data review and validation process following the impact recorded through the support of MNCH2. The Saving One Million Lives Initiative has aligned its budget to support this process.
- ligawa SPHCDA has taken over development of the Capacity Development Plans (CDPs) and monthly supportive supervision at the LGA-Primary Health Care Development Agency through Monthly Ambassadorship Meetings fully funded by the ISPHCDA.

Priorities for the next month

- Support concept note development for the State Communitybased Contributory Healthcare Insurance Scheme.
- Work with religious and traditional rulers to ensure compliance in providing routine immunisation and healthy timing and spacing of pregnancy services.
- Follow-up with the state government on budget releases for health interventions in the state.
- Work closely with the State Ministry of Health in distribution of free maternal and child health commodities donated by MNCH2 to all supported health facilities.



184.362



pregnant women making at least 4 ANC visits

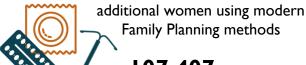
514,357



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



children fully immunised against vaccinepreventable diseases.



107,407

Last updated: May 2018