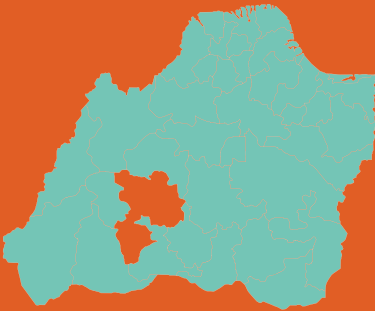


- Make data on number of pregnant women with HIV available, and ensure that all HIV positive women receive antiretroviral medicine
- Work with the Primary Health Care Development Agency to identify barriers and solutions on the importance of attending antenatal care in the first 20 weeks of pregnancy and a postnatal clinic visit within two, or at least three, days of delivery. Develop and implement a plan that, includes state-wide sensitisation
- As many women seek care from traditional birth attendants (TBAs), allocate resources to strengthen linkages between health facilities and TBAs, and develop and implement a plan to strengthen support and training of TBAs to encourage more referral of women to facilities for maternity care
- Identify ways to motivate private and military or police facilities to adhere to the guidelines that require all facilities to submit their data on maternal, newborn and child health on time and in full into the DHIS and develop a plan to enact and monitor this

We ask the State Ministry of Health to:



MATERNAL, NEWBORN & CHILD HEALTH SCORECARD

BAUCHI STATE, NIGERIA

January – June 2017





INDICATORS

INDICATORS	YEAR		
	2015	2016	Jan - Jun 2017
% of pregnant women receiving antenatal care in the first 20 weeks	28% ¹	32%	30%
% of pregnant women receiving antenatal care after 20 weeks ²	50% ¹	68%	70%
% of pregnant women who attended at least 4 antenatal visits ³	27%	38%	35%
% of pregnant women who received two doses of malaria intermittent preventive treatment (IPT) ⁴	28%	42%	42%
% of HIV positive pregnant women who received antiretrovirals	5%	5%	5%
% of deliveries attended by a skilled birth attendant in health facilities ⁵	29%	41%	45%
% of pregnant women attending a postnatal clinic visit within 3 days of delivery	9%	8%	57%
% of children less than 1 year fully immunised	20%	19%	33%
% of new diarrhoea cases in under five year olds who are given ORS/zinc supplementation	68%	77%	81%
% of females ages 15-49 using any method of modern contraceptives ⁶	0%	3%	4%
% of all births that are caesarian deliveries ⁷	0%	2%	0%
% of all deliveries that are stillbirths ⁸	3%	4%	3%

¹ 2015 data cannot be verified for this indicator

² Note that colour cut-offs for this indicator have been reversed: 0 to 25% (good progress), 25 to <50% (some progress), 50 to 100% (insufficient progress)

³ WHO standards now recommends an increase from 4 to 8 ANC visits <http://apps.who.int/iris/bitstream/10665/250796/1/9789241549912-eng.pdf?ua=1>

⁴ WHO now recommends at least 3 doses of IPT be given at antenatal care; policy yet to be amended in Bauchi state.

⁵ Skilled birth attendant is defined as a doctor, nurse, midwife, and also community health extension worker (CHEW)

⁶ DHIS2 data cannot capture total number of women using modern contraception (eg. when purchased through the informal / private sector).

⁷ Incomplete data. Colour coding removed. When caesarean sections rise towards 10% across a population, the number of maternal and newborn deaths decreases. When caesarean sections are above 10%, there is no evidence that survival rates improve.

⁸ Does not reflect stillbirths outside of health care facilities. Colour coding removed as no internationally agreed standard for this indicator. The stillbirth rate relates to the quality of care during labour and most of these stillbirths are preventable.

Data source: Unless otherwise indicated is the District Health Information Software 2 (DHIS2), submitted from public primary and secondary healthcare facilities

For additional information on calculations and data sources, please visit: www.mamaye.org/evidence and filter by Scorecards and Nigeria

