

MNCH2 Learning Event on accountability: Break-out session 3

# **Using information to improve quality of health care services**

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Katsina, 30 October 2018



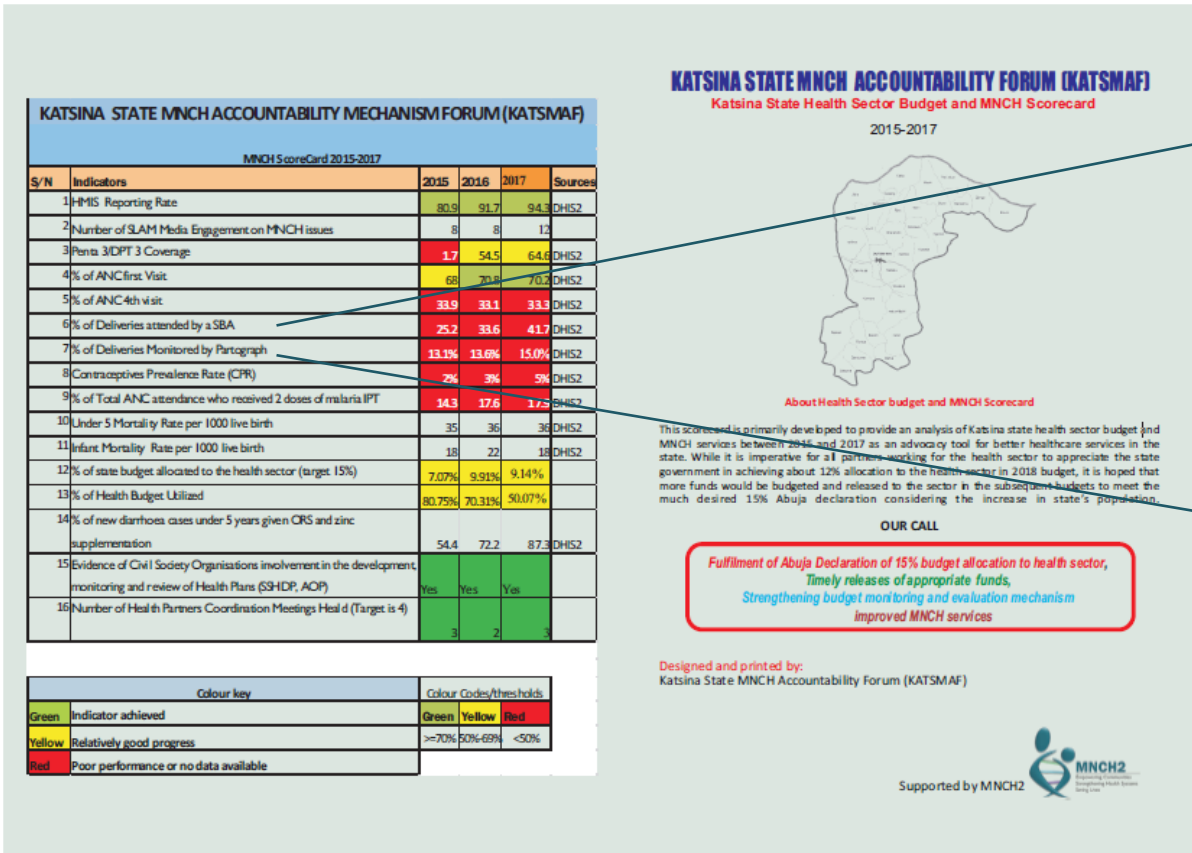
# Case study: Evidence for action on human resource for health in Katsina State (1)

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- Total population for Katsina State (2017 projection from 2006 census): **8,325,827** (Katsina State SSHDP II, 2017-2021)
  - Approx. no. of pregnant women (5% of total population):  
**416,291**
- Number of skilled health providers in the State:
  - Doctors: **260**
  - Nurses/midwives: **1,161**
- Ratio
  - Doctor : population = approx. **1:32,000** (WHO Standard = 1:600)
  - Nurses/midwives : patients = **1:350** (WHO Standard = 1:8 Patients)



# Evidence from the Katsina MNCH Scorecard for 2017



41.7% deliveries attended by skilled health providers (DHS2)

15% of deliveries were monitored by partograph (DHS2)

# Case study: Evidence for action on human resource for health in Katsina State (2)

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## Challenge

- Inadequate human resources
  - Most facilities manned by casual staff
  - Deliveries are not attended by skilled health providers
  - Consultation hours are limited – most facilities do not run 24/7



# Activity

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- Questions to explore on
  1. Note the evidence available. What other evidence could work? What solutions do you suggest to improve the evidence?
  2. Develop asks/calls to action based on the evidence for a) health facilities, b) local government authority, and c) State. The asks should be SMART: specific, measurable, achievable, relevant and timebound.
  3. Where would you share the evidence and asks to improve maternal and newborn health outcomes?



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**THANK YOU!**

