

THE MINUTES OF THE 312th MEETING OF THE STATE EMERGENCY MATERNAL AND CHILD HEALTH INTERVENTION CENTRE HELD IN SERICC, YENAGOA BAYELSA STATE.

Date: 29/7/2025

Time: 10AM

Presiding: **OGBO ENDUTIMI (PM SEMCHIC)**

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MEETING AGENDA ITEMS IN ATTENDANCE

1. Opening Prayer
2. Opening Remark
3. Reading and adoption of previous minutes
4. Matters arising from previous minutes
5. Business of the day
6. A.O.B.
7. Adjournment
8. Closing Prayer

DISCUSSION

1. OPENING PRAYER

The meeting started with an opening prayer, which was taken by **AKPOTIMI** at 10AM.

2. OPENING REMARK; OGBO ENDUTIMI (PM SEMCHIC) welcomed everyone to the 312th meeting of SEMCHIC.

3. READING, CORRECTION AND ADOPTION OF PREVIOUS MINUTES;

The minute was perused by the house and no correction was made.

The motion for the adoption of the minutes was moved by **EKEREKE** and seconded by **OGOUN**.

4. MATTERS ARISING FROM PREVIOUS MINUTES

The 310th BYSEMCHIC meeting Action tracker was presented which contained 6 items: 5 and 1 AGENDA item..

5. BUSINESS OF THE DAY

BAYELSA STATE RMNCAHN DATA REPORT FOR THE MONTH OF JUNE, 2025 BY -

EKEREKE: Key highlights he mentioned include the following; Maternal and Child Health Week in June boosted Vitamin A coverage to 60% and deworming to 112% statewide. SILGA had the lowest Vitamin A coverage at 9% and deworming at 17% in June. Brass achieved the highest Vitamin A coverage at 134% and deworming at 198% in June. Nembe recorded the highest exclusive breastfeeding rate at 29% in June. ORS and zinc coverage for diarrhoea cases reached 200% in Nembe in June. ANC 1st visits slightly increased in June to 15%, while ANC 4th visits remained lower at 7%. Skilled birth attendance stayed high at 95% in June, though Nembe showed fluctuations with 44% in April and 55% in June.

COMMENT/DISCUSSION: MARCUS (Dept team lead, secretariat WG) commented that during the MNCHW supervisors, including commodities were not sent to some facilities, mostly in SILGA, but all the above mentioned facilities that did not receive commodities and were not supervised were also included in the analysis which actually affected the target coverage, hence, he suggested that facilities that did not receive commodities and were not supervised should not be included in the general analysis in subsequent programs. **EKEREKE** (the presenter) responded that the facilities that received commodities and were supervised was used as a sample to cover the remaining facilities across the State. **OGBO** also added that sending supervisors to all the facilities in the State requires a lot of money, and there is no fund to go round the whole facilities (221 active facilities) during the implementation. **KONYEFA** (logistics officer) express concern on the missing data and suggested the need to retrieve all the missing data for feasibility, and also apply other relevant means to achieve the over all expectations in subsequent programs.

WORIPRE (SDWG officer) encouraged the BYSEMCHIC data team to list out all the facilities that did not send in data for follow up, so that all missing data will be retrieved. **EKEREKE** mentioned that the volume of work is always high during interventions, hence, proper documentation into the monthly summary is a great challenge, mostly facilities that are experiencing shortage of manpower, hence, adequate documentation should be encouraged at the facility level. **WORIPRE** observed that after the MNCHW, administrative data of deworming was 83% while Vit A was 60%, but from the current presentation, DHIS2 is recording deworming 55% and Vit A 112%, showing a discrepancy of about 20%. **MABEL** (TA, NPHCDA) responded that more data were retrieved after the administrative data was given

41 through tracking and review, hence data can increase. **OGBO** encouraged the data team to review
42 the MNCHW data including non-reporting facilities, he also observed that family planning data
43 was not captured on the presentation. **EKEREKE** responded that it was an oversight, and
44 promised to fix in the family planning data. **MABEL** mentioned that by January, 2025 the State
45 was still struggling to retrieve missing data of the second round, 2024 MNCHW due to poor
46 documentation and translation, stating that the data was not reflecting as if a campaign was done,
47 which is not speaking well as a State, hence, she suggested the need to fast-track the post
48 implementation meeting to address some of the challenges. she also mentioned that poor
49 attendance of health officers to work is also a problem, she further encouraged all supervisors to
50 apply the spirit of integration when going out to the field to ensure that all PHC activities are
51 properly checked and problems are resolved accordingly.

52 **6. AOB:**

53 **OGBO** updated the house that, the need to increase ANC to get more pregnant women tested for
54 HIV was strongly emphasized during the last EMCT (elimination of mother to child transmission)
55 meeting, hence, he appreciates the BYSEMCHIC Service Delivery working group for its weekly
56 tracking and further encouraged the team to continue with the great work. He finally encouraged
57 all members of the house to comply with all welfare activities in the center, mostly those that has
58 to do with retirement/sent-fort.

59 **ADJOURNMENT;** The meeting was adjourned by **YESE-IBO** and seconded by **KONYEFA**.

60 **7. CLOSING REMARKS:** **OGBO** thanked everyone for coming.

61 **8. CLOSING PRAYER;** The meeting ended with a closing prayer by **MABEL** at about
62 **11:56 AM.**

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