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This month's edition highlights NFTI's successful handover of the Human Resource for Health Management Information System (HRHMIS) Biometric System to the Kaduna State Primary Health Care Board and the rollout of training for the Health Facility Analytics Registry Platform, reinforcing sustainable digital health systems and data-driven decision-making in Kaduna State.



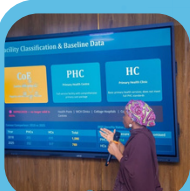
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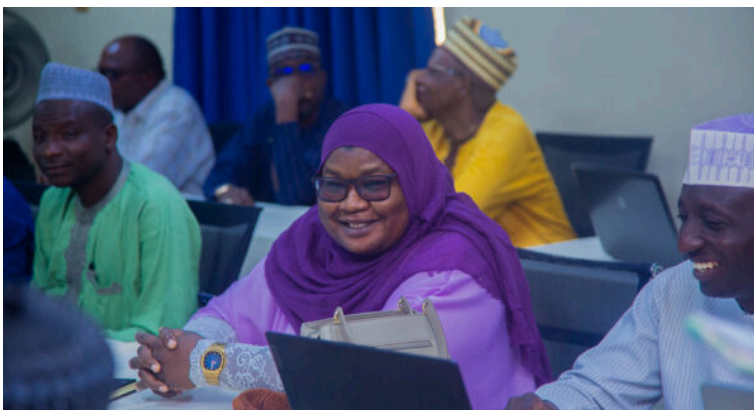
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NFTI Cascades HEFA Training Across Kaduna State

NFTI has successfully cascaded the Health Facility Analytics (HEFA) Registry Platform training to health stakeholders in Zones 1 and 2 in Kaduna State, as part of ongoing efforts to strengthen health facility data management and institutionalize the platform's use across the state's health sector.

The cascade training commenced in Zaria, where Zone 2 health stakeholders participated in a two-day session on Friday and Saturday, before continuing in Kaduna on Monday for Zone 1 stakeholders. The engagements brought together Zonal Coordinators, Health Secretaries, Monitoring and Evaluation (M&E) Officers, Health Management Information System (HMIS) Officers, and other key health stakeholders responsible for health facility data management and reporting across the two zones.



During the sessions, participants were introduced to the HEFA Registry Platform and its role in strengthening the management of health facility information through a standardized and centralized facility registry. Facilitators demonstrated how the platform addresses fragmented facility records by

providing a single authoritative directory aligned with national standards, enabling stakeholders to access accurate and up-to-date health facility information.

A key highlight of both training sessions was the live demonstration of the HEFA dashboard, in which participants were guided through the platform's workflow, features, and functionality.

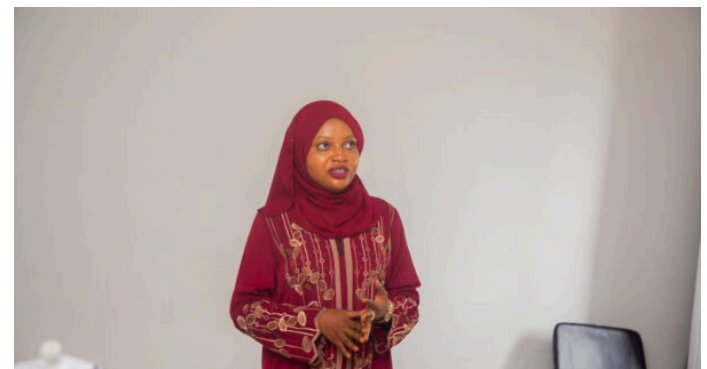
Read More [Here](#).



NFTI Completes HRHMIS Biometric Handover to Kaduna State

The Kaduna State Primary Health Care Board (SPHCB), with continued technical support from the Natview Foundation for Technology Innovation (NFTI), has officially taken over the Human Resource for Health Management Information System (HRHMIS) Biometric System, marking the successful transition of the initiative from pilot implementation to state ownership.

The handover meeting brought together directors, deputy directors, and senior officials from key departments within the Board, including Human Resources and Administration, Planning, Family Health, Community Health, Nutrition, and other relevant technical units, to review the implementation journey and prepare for the next phase of the program. The meeting commenced with an overview of the HRHMIS Biometric System, highlighting its purpose,



implementation process, and the impact recorded during the pilot phase across the 23 selected Primary Health Care Centres (PHCs). Presentations reflected on how the The biometric system improved workforce attendance monitoring and strengthened accountability during the period when the Local Technical Assistants (LTAs)

supported implementation. The pilot phase demonstrated the value of integrating digital tools into health workforce management by providing more reliable attendance records and improving visibility into workforce availability across participating facilities. Read More [Here](#).



Kaduna Stakeholders Convene Peer Learning Sessions to Review Longitudinal Study Findings

Peer Review Learning Sessions were held across selected locations in Kaduna State on 19th and 20th June 2026, bringing together key stakeholders from state, LGA, and facility levels to review findings from the ongoing longitudinal study on Human Resources for Health (HRH) and Supply Chain Management (SCM).

Participants included representatives from the Kaduna State Primary Health Care Board (SPHCB), Kaduna State Contributory Health Management Authority (KADCHMA), Health Officers from Kaduna South, Kaduna North, Chikun, Makarfi, and Kubau LGAs, as well as Health Facility Managers and Pharmacy Technicians from participating Primary Health Facilities (PHFs).

The learning sessions were convened following eight rounds of biweekly longitudinal monitoring visits conducted by Data Champions across selected facilities.



The visits generated evidence on the status of Human Resources for Health, supply chain management, and overall facility readiness, providing stakeholders with an opportunity to review findings, identify challenges, and develop practical solutions to strengthen service delivery. The sessions aimed to evaluate the progress and findings of the ongoing longitudinal study, assess Primary Health Facility (PHF) readiness, and facilitate a peer-learning environment for experience sharing and capacity building. They also provided an opportunity for participants to reflect on lessons emerging from the biweekly monitoring visits and explore ways of translating findings into actionable improvements at the facility and LGA levels.

What Happens When Health Decisions Are Made Without Data.



In 2024, a Primary Health Care facility may appear fully staffed on paper, yet patients arriving at the facility could spend hours waiting to see a health worker. A state may invest millions of naira in medical equipment while the actual challenge affecting service delivery is a shortage of skilled personnel. A disease outbreak may spread across communities before authorities recognize its scale. These situations have one thing in common: decisions are being made without sufficient data.

Health systems generate large amounts of information every day. Health workers record patient visits, facilities submit monthly reports, supervisors conduct assessments, and governments commission surveys. However, collecting data is only part of the process. The real value comes from using that information to guide decisions.

When reliable data is unavailable, outdated, incomplete, or ignored, health managers are forced to work with assumptions. Those assumptions can affect staffing, resource allocation, service delivery, and health outcomes.

One of the most common challenges in healthcare management is understanding what is happening with the workforce. A health ministry may know how many workers are employed across a state. That information is useful, but it does not answer several important questions.

How many workers are present at their assigned facilities?

Which facilities have severe staffing shortages?

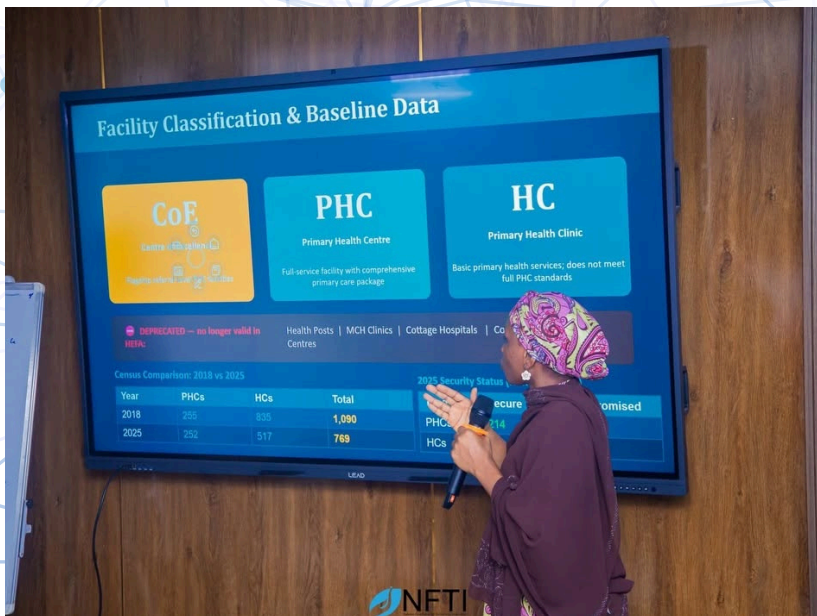
Which locations are carrying the highest workload?

Where are attendance challenges affecting service delivery?

Without answers to these questions, workforce planning becomes difficult.

A facility with three nurses serving a large catchment population may receive the same level of attention as a facility with adequate staffing.

Read the full article [here](#).



NFTI and KDBS Support Kaduna State to Strengthen Health Facility Analytics (HEFA) Registry.

NFTI in collaboration with the Kaduna State Bureau of Statistics (KDBS), conducted a training on the reclassification of public health facilities and the adoption of the Health Facility Analytics (HEFA) Registry platform for key stakeholders in Kaduna State's health sector.

The training brought together representatives from the State Monitoring and Evaluation (M&E) Unit, State Health Management Information System (HMIS), Zonal M&E Coordinators, and other key stakeholders responsible for health data management, planning, and reporting across the state.

A major highlight of the engagement was the demonstration of the HEFA dashboard, a platform developed to address fragmented health facility records across multiple systems, including HMIS, Electronic Integrated Supportive Supervision (EISS), and microplanning platforms.



The platform provides a single authoritative directory of health facilities, replacing duplicated and outdated facility lists while aligning with the National Health Facility Registry (NHFR) and the Master Facility List. During the presentation, participants were introduced to the challenges HEFA seeks to solve and how the platform supports more

efficient health sector planning and coordination. Through the dashboard, health facility information is consolidated into a unified system, enabling stakeholders to access accurate and up-to-date facility records from a single source.

Read More [Here](#).



There is a tendency to think of technology as the answer to complex problems. We celebrate new platforms, faster systems, and smarter tools, often assuming that progress begins with the technology itself. In reality, lasting progress should be about the people who use them, the institutions that sustain them, and the willingness to rethink how public services are delivered.

Let's reflect on one of the stories in this newsletter, the successful completion and handover of the Human Resource for Health Management Information System (HRHMIS) Biometric Project to the Kaduna State Primary Health Care Board. While the handover marks the close of one phase, it also signals something more meaningful. A digital system that was carefully introduced, tested, and strengthened is now firmly in the hands of the institution it was designed to serve.

For us at the Natview Foundation for Technology Innovation, this has always been the measure of success. The goal is not to leave behind projects that depend on continued external support, but to help build systems that continue to serve long after our implementation teams have stepped away. We understand that strong public institutions are built gradually through partnership, shared responsibility, and local ownership. When these foundations are in place, digital solutions become more than tools. They become part of a stronger, more responsive public service, one that is better equipped to meet the needs of the people it exists to serve.

– Editor, TSGN

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