



Kaduna State, in northwest Nigeria, has a population of 7.7 million. The state boasts a functional Primary Health facility in every ward. Immunisation coverage is 25% and antenatal visit attendance has improved from 30% in 2008 to 43.8% in 2017. Contraceptive prevalence rate is 24.10% while unmet need for family planning is 22%. (NUHRI/MICS 2017).

Key achievements

- MNCH2-trained emergency transport workers transported 785 women with pregnancy related complications to the hospital during the month.
- Technical support and advocacy provided by the State Maternal and Perinatal Death Surveillance and Response Committee has led to reconnection of electricity to 3 health facilities, as a result of which the blood banks of these facilities are now functional.
- Due to data mop up and mentoring across all health facilities in the state, there has been a remarkable improvement in recorded post-natal care within 24 hours with a six-fold increase from an average of 1,680 to 9,694 per month.

Lessons

- Improved communication between traditional birth attendants and traditional rulers has increased the number of pregnant women transported to healthcare facilities (785 in January compared to 441 in December 2017).
- Engaging the Young Women Support Groups in outreach activities has proven to be effective in mobilising young women and increasing their acceptance of Healthy Timing and Spacing of Pregnancy interventions.

Transition and Sustainability

- Inadequate release of budgeted funds by the state government poses a great challenge to sustaining reproductive, maternal and child health activities in the state.
- Communities' lukewarm attitude to ownership of existing structures (particularly Young Women and Male Support Groups) in demand creation activities will pose a great challenge in sustaining these structures in the state.

Priorities for next month

- Support health facilities' outreach teams to provide quality integrated Reproductive, Maternal Newborn and Child Health outreach services in the local governments.
- Provide technical support to the State Ministry of Health and the facility-level Maternal Death Response Committees based on the new National Community Maternal, Perinatal Death Surveillance and Response Guidelines.
- Conduct a training of trainers for stakeholders and Civil Society Organisations on how to support and sustain demand creation activities.

“I am optimistic that the foundation laid down by MNCH2 to address maternal and infant mortality in the state will go a long way, and I hope the state government will use this structure in curtailing other maternal health problems.”

- District Head of Sabon Gari, Kaduna South LGA



MNCH2 staff and facility service providers during a Maternal Death Review meeting at General Hospital, Saminaka in Lere LGA.

