

Zamfara is located in northwest Nigeria and has a population of 4.1 million (800,000 children under five). Maternal Mortality Ratio (MMR) is 1,100 deaths per 100,000 per live births. Infant mortality is 104/1000 per live births. Contraceptive prevalence rate has increased from 3.3% in 2011 to 5% 2016. (MIC survey 2011-2016).

### Key achievements

- 98 Healthy Timing and Spacing of Pregnancy (HTSP) service providers across the 14 Local Government Areas (LGAs) in the state were trained on completion and data capturing of HTSP services.
- The Emergency Transport Scheme (ETS) has transported over 100 women with pregnancy related complications across 13 LGAs.
- MNCH2 supported 8 LGAs to conduct Organisational Capacity Assessment Tool (OCAT) sensitisation, retraining, roll-out, verification and scoring with development of Capacity Development Plans



**Routine Immunisation session at Makoshi Community PHC, Dawakin Takwas, Maradun LGA.**

### Lessons

- Engagement with religious leaders has contributed to turnout of women at health facilities, both for antenatal care and HTSP.
- Advocacy efforts of the Zamfara State Accountability Mechanism on MNCH (ZAMoM) have led to transparency in budgetary allocations to the health sector in the state.

“ We appreciate this feedback and sensitisation, and we are now awake from our slumber. We will revive the already existing community structures to continue mobilising our community members for sustainable positive health seeking behaviour...”

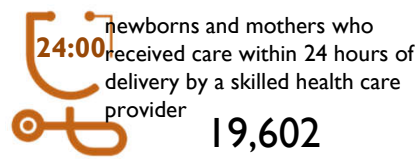
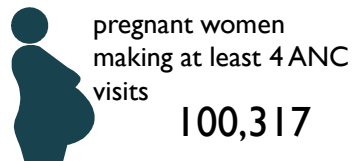
- Alhaji Ahmad Isa Umar,  
Emir of Mafara, Kauran Namoda LGA

### Transition and Sustainability

Zamfara State Level Accountability Mechanism (SLAM) has been looking at ways it can outline key donor programmes and activities into the State Strategic Health Development Plan (SSHDP). It also plans to conduct a health dialogue session in October 2017 with involvement of key stakeholders to canvass support for increased budgetary allocation to health.

### Priorities for next month

- Conduct of health budget dialogue with policy makers and media.
- Conduct of outreach activities and community advocacy and mobilisation
- Follow up with the Ministry for Religious Affairs on the institutionalisation of MNCH services.
- Support Health Ministry, Departments, and Agencies in developing the SSHDP II



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