



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

### Key achievements

- A total of 2,595 women and children were reached with integrated maternal, newborn and child health outreach interventions in 9 communities across 3 local government areas (LGAs).
- The programme built the capacity of State Monitoring and Evaluation (M&E) Officers on use of the Open Data Kit (ODK) platform to collect quality of care data across all MNCH2-supported health facilities.
- 700 community members were sensitised during community forum discussions on the importance of attending health facilities for antenatal care and other maternal, newborn and child related services in 4 LGAs - Kaura Namoda, Tsafe, Talata Mafara and Bungudu.

### Lessons

- Consistent mentoring visits to health facilities by the State M&E Officer in collaboration with the MNCH2 team have led to an increase in the overall data quality from 87% in the last quarter to 91% in this quarter.
- Coordination of community level engagement by Emirate Council Committees on Health have led to improved access and uptake of family planning, immunisation and antenatal care in rural communities.

### Transition and Sustainability

- The Zamfara State Primary Health Care Board (ZSPHCB) engaged members of the Society of Gynaecology and Obstetrics in Nigeria (SOGON) under the Volunteer Obstetrician Scheme (VOS) to provide technical support to health providers in 14 primary healthcare facilities across all the LGAs.
- The State Ministry for Local Government and Chieftaincy Affairs has included Organisational Capacity Assessment Tools (OCAT) rollout in the state's budget proposal for 2019.

### Priorities for next month

- Step down ODK training to local government M&E Officers.
- Work with the State Ministry of Health to domesticate and implement the 2018 Costed Implementation Plan.
- Conduct a data validation exercise across all the 14 LGAs in the state.
- Follow-up with traditional birth attendants on tracking referrals to health facilities.
- Sensitise the Ministry of Religious Affairs on the significance of community engagement in sustaining MNCH2 activities.

“ I had a negative perception of family planning before now, but through the community forum discussions I was made to understand its health benefits.”


- Nusaiba Musa  
Community member  
Furfuri, Bungudu LGA,





Traditional rulers analysing feedback from the community forum during community mobilisation in Gusau.

 births assisted by skilled personnel  
**105,173**

 pregnant women making at least 4 ANC visits  
**135,940**

 newborns and mothers who received care within 24 hours of delivery by a skilled health care provider  
**41,338**

 children fully immunised against vaccine-preventable diseases.  
**279,741**

 additional women using modern Family Planning methods  
**147,133**