



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 /1000 live births. Contraceptive prevalence rate has increased from 3.3% in 2011 to 5% 2016. (MIC survey 2011-2016).

Key achievements

- To enhance tracking and accountability of programme-procured drugs and equipment, MNCH2 designed and disseminated a medical consumables distribution matrix.
- The programme printed 200 and distributed 86 copies of the Health Facility-based Maternal Death Review (MDR) tool to private management organisations and 14 secondary health facilities in the public sector.
- MNCH2 conducted a training for 13 Safe Space Initiative (SSI) facilitators on skills acquisition, which will be stepped down to Young Women Support Groups at the community level.



Women and children waiting to receive immunisation services in Mafara PHC, Talatar Mafara LGA

Lessons

- Traditional Birth Attendants' efforts in tracking ante-natal defaulters has led to an increase in the number of ANC attendance rates in two LGAs (Tsafe and Bungudu).
- The Community Interactive Forum has led to an increase in the fourth antenatal visit rate and postnatal care visits in the state. Other MNCH2-supported states are already emulating the initiative to improve on their RMNCH outcomes.



The Zamfara Primary Health Care Board was established and rendered dormant, but with the effort of MNCH2 [...], the board is now functional and on the right track. I want to thank the State Team Leader as well as the entire MNCH2 staff for being flexible to accommodate the state health sector needs."

*Alhaji Yusuf Mafara,
Executive Secretary,*

Zamfara State Primary Healthcare Board

Transition and Sustainability

To address the shortage of human resources in the state health sector the State Government has initiated recruitment of a 300 doctors, nurses and midwives (100 of each cadre).

Priorities for next month

- Follow-up with the Ministry for Religious Affairs on the implementation of religious leaders' activities.
- Reactivate Village Health Committees' alliances in all 14 LGAs in the state.
- Conduct a medical equipment inventory and assessment in supported health facilities to avoid duplications during distribution.
- Continue distribution MNCH2-procured drugs and equipment and tracking metrics.

