



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

- The programme trained 45 master trainers from all the 23 Local Government Areas (LGAs), State Ministry of Health, State Primary Healthcare Board, and civil society organisations on demand creation activities and sustainability strategy.
- In collaboration with established Facility Health Committees (FHCs) MNCH2 conducted sensitisation and mobilisation activities in five communities. As a result, antenatal attendance in these communities increased from 200 to 800 pregnant women per month.
- The programme conducted Integrated Supportive Supervision (ISS) in all supported health facilities. Improvements were noted in data capture and quality of care - from 52% in December 2017 to 69% in February.
- Community mobilisation and advocacy visits have increased the uptake of outreach services from 3,326 in December 2017 to 3,619 in February 2018.

Lessons

One day re-orientation workshops for Maternal and Child Health Coordinators conducted before data collection for quality of care have made the collection process easier and improved the timeliness of reporting.

“ *Volunteerism to me is fun and rewarding! I thank MNCH2 for opening my eyes to see this truth, and to know that it is more fulfilling to be a volunteer.*”

*Aliko Abubakar,
Volunteer Security and Ambulance Driver,
Gidan Waya, Zangon Kataf LGA.*

Transition and Sustainability

- To sustain the programme’s Human Resources for Health (HRH) Forum the state government has budgeted NGN 716,000 for conduct of quarterly forum meetings.
- Despite several commitments made by the state government to own established structures like FHCs, Male Support Groups and the Safe Space Intervention by the programme, the little evidence of this actually occurring poses a concern for sustainability.

Priorities for next month

- Support documentation of Community Maternal Perinatal Death Surveillance and Response (CMPDSR) review and data analysis based on Maternal Death Review scorecards and mentoring reports.
- Support local governments to develop a community development plans.
- Provide mentoring support to FHCs, including quarterly self-assessments.
- Follow up with the State Primary Healthcare Board on the distribution of National Health Management Information System (NHMIS) tools.



MNCH2 outreach team during house-to-house mobilisation at Uguwar Daaki community, Kajuru LGA

births assisted by skilled personnel **222,150**

pregnant women making at least 4 ANC visits **630,878**

newborns and mothers who received care within 24 hours of delivery by a skilled health care provider **101,506**

children fully immunised against vaccine-preventable diseases. **1,006,916**

additional women using modern Family Planning methods **497,068**