Yobe is located in northeast Nigeria with a population of 3.4 million and a mainly agrarian economy. Most of the state’s wards (98.4%) have a functional health facility; under-five mortality stands at 102 per 1000, immunisation coverage is 7%, and antenatal care attendance is 26.6% (MICs 2016/2017).

**Key achievements**

- The programme built the capacities of 28 personnel from civil society and faith-based organisations, State Ministry of Health and Primary Health Care Management Agency on maternal, newborn and child health demand creation strategies.
- MNCH2 supported the development of a costed Minimum Service Package for Primary Health Care - one of the components of Primary Health Care Under One Roof as required by the National Primary Health Care Development Agency scorecard.
- The programme supported the State Maternal, Perinatal Death Surveillance and Response (MPDSR) committee to conduct a review meeting to discuss findings and take action on reported death cases.
- Involvement of local government Chief Health Officers (CHOs) in quarterly review meetings has led to identification of a communication gap between Essential Drug Officers (EDOs) and the CHOs who are their supervisors. The gap is now bridged and facility supervision on commodity management strengthened.
- In-depth sensitisation of local government chairmen on sustainable health care financing has brought about the establishment of the first ever Mutual Health Association for community-based health insurance in Geidam LGA.
- Support the State Government to update the cold chain and medical equipment inventory at LGA and facility level.
- Preparation for step-down capacity building training of local government Health Promotion Officers and Maternal and Child Health Coordinators to ensure smooth transition of community engagement activities.
- Follow-up with the State Ministry of Health to schedule a date for the inauguration of the State Quality of Care Steering Committee.
- Validate proposals for setting up of the state’s formal sector contributory health scheme.

**Lessons**

- Reducing maternal deaths is a responsibility that is vested on all of us. We need to take adequate measures to ensure that women in our community deliver in the health facility. The government and development partners like MNCH2 have done their part, therefore we need to play our part by encouraging women to attend the health facility from the onset of pregnancy.”
  
  - Aisha Ibrahim
  
  Traditional Birth Attendant
  
  Gulani LGA

**Transition and Sustainability**

Yobe State Government has exhibited a high level of commitment towards sustaining National Health Management Information System (NHMIS) activities in the state. As part of its commitment, most activities conducted during quarter 2 & 3 of Year 4 were implemented in collaboration with the state through the Saving One Million Lives initiative.

**Priorities for next month**

- Support the State Government to update the cold chain and medical equipment inventory at LGA and facility level.
- Preparation for step-down capacity building training of local government Health Promotion Officers and Maternal and Child Health Coordinators to ensure smooth transition of community engagement activities.
- Follow-up with the State Ministry of Health to schedule a date for the inauguration of the State Quality of Care Steering Committee.
- Validate proposals for setting up of the state’s formal sector contributory health scheme.

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**Births assisted by skilled personnel**

- 82,821

**Pregnant women making at least 4 ANC visits**

- 189,952

**Newborns and mothers who received care within 24 hours of delivery by a skilled health care provider**

- 24,886

**Children fully immunised against vaccine-preventable diseases.**

- 236,650

**Additional women using modern Family Planning methods**

- 72,748