



Katsina State is located in the Sahel Savannah in northwest Nigeria. It has a total population of nearly 6 million. Each ward has at least one functional primary health facility and the state has seen great improvements in some health indicators: delivery by skilled birth attendance has risen from 5.1% in 2008 to 20.8% in 2017. However, antenatal attendance stands at 33.40% and immunisation coverage is 6%. The unmet need for child spacing is 29.5% (MICs 2016/2017).

Key achievements

- MNCH2 mentored and coached service providers from 11 local government areas (LGAs) on use of a partograph in managing labour. 7 of the 12 trained service providers were certified to be proficient.
- The programme conducted data quality assessments across 340 health facilities. The result shows a 98.6% reporting rate, making the state the leader in District Health Information System and National Health Management Information system reporting across the country.
- MNCH2 trained all 34 Local Government Health Educators and Maternal Child Health Coordinators on integrated demand creation activities.
- The programme sensitised 610 women on the importance of antenatal care (ANC) attendance and routine immunisation in 3 LGAs - Daura, Dutsin-Ma and Funtua.

Lessons

- Expansion of distribution coverage of antimalarial drugs by the Global Fund Malaria Programme from 578 to all the health facilities in the state has boosted drug availability in all the facilities.
- Facility Health Committee (FHC) members are now supporting male support groups in resolving issues around non-compliance by some husbands.

Transition and Sustainability

- The Routine Immunisation Technical Working Group in collaboration with the State Logistics Working Group have implemented direct vaccine delivery (DVD) for routine immunisation antigens to 16 LGAs.
- The Katsina Emirate Council printed and distributed data tools to District and Village Heads to boost the tracking of demand activities at the grassroots level.

Priorities for next month

- Follow-up with LGAs on the implementation of their draft health work plans.
- Conduct workshop for facility Maternal Death Review (MDR) Committees to update them on the causes of maternal and perinatal deaths and to disseminate findings based on the concluded facility MDR mentoring.
- Advocate for budget release to support maternal, newborn and child health to the state government through the state-led accountability mechanism (SLAM).


“*Since blood cannot be manufactured in the clinical setting, community mobilisation and sensitisation as taught by MNCH2 is the only way we can ensure blood is donated. We therefore need to strive actions to save the lives of women in our community.*”

- Ahmad Muhammad Dabai
Dabai FHC Chairman,
Bakori LGA.


Women being sensitised on the importance of ANC and routine immunisation at Sabon Fege community, Funtua LGA.




births assisted by skilled personnel
167,071



pregnant women making at least 4 ANC visits
579,377



newborns and mothers who received care within 24 hours of delivery by a skilled health care provider
106,744



children fully immunised against vaccine-preventable diseases.
626,604



additional women using modern Family Planning methods
232,261