



# STRENGTHENING EMERGENCY OBSTETRIC AND NEWBORN CARE AND FAMILY PLANNING IN NORTHERN NIGERIA



## FY 10 ANNUAL REPORT

Presented to USAID/Nigeria  
2<sup>nd</sup> November, 2010



**Jhpiego in partnership with  
JSI, Save the Children, PATH,  
JHU/IIP, Broad Branch, PSI  
and Macro International**

## July – Sept 2010 (Q4 FY10) Report

<b>ACTIVITY SUMMARY</b>
<b>Implementing Partner:</b> MCHIP Nigeria
<b>Activity Name:</b> Emergency Obstetric and Newborn Care and Family Planning in Northern Nigeria
<b>Activity Objective:</b> Increased utilization of quality Emergency Obstetric and Newborn Care (EmONC) services (including birth spacing) by pregnant women, mothers and their newborns at selected LGAs in Kano, Katsina and Zamfara States.
<b>USAID/Nigeria SO13:</b> Increased use of child survival and reproductive health services
<b>Life of Activity (start and end dates):</b> April 1, 2009 – September 30, 2011
<b>Total Estimated Contract/Agreement Amount:</b> \$6,150,000
<b>Obligations to date:</b> \$6,150,000 committed as of November 1, 2010
<b>Current Pipeline Amount:</b> \$2,732,489 as of September 30, 2010
<b>Actual Expenditures this Quarter:</b> \$659,637 July 1 – September 30, 2010
<b>Estimated Accruals as of September 30, 2010:</b> \$243,104 as of September 30, 2010
<b>Estimated Expenses Next Quarter:</b> \$858,552 September 1 – December 31, 2010 (est.)
<b>Report Submitted by:</b> Emmanuel Otolorin, COP <b>Submission Date:</b> 2 <sup>nd</sup> Nov. 2010 <b>Name and Title</b>

## Acronyms

ACCESS	Access to clinical and community maternal, neonatal and women's health services
AMTSL	Active Management of the Third Stage of Labour
ANC	Antenatal care
CAC	Community Action Cycle
CCG	Community Core Group
CHEWs	Community health extension workers
CM	Community Mobilization
CMT	Community Mobilization Team
COP	Chief of Party
CTU	Contraceptive Technology Update
CYP	Couple years of protection
FANC	Focused Antenatal Care
EmONC	Emergency obstetric and newborn care
FGDs	Focus Group Discussions
FMOH	Federal Ministry of Health
FP	Family planning
FY	Fiscal year
Jhpiego	Corporate name, no longer an acronym
KMC	Kangaroo Mother Care
LAM	Lactational amenorrhea method
LGA	Local Government Area
LOP	Life of Project
MCHIP	Maternal and Child Health Integrated Program
MNH	Maternal and Newborn Health
MSS	Midwives Service Scheme
NPHCDA	National Primary Health Care Development Agency
NYSC	National Youth Service Corps
OB-GYN	Obstetrics and gynecology
PHC	Primary health care
PMP	Performance management plan
PPFP	Postpartum family planning
PPH	Postpartum hemorrhage
QIT	Quality improvement team
SBM-R	Standard Based Management and Recognition
SMOH	State Ministry of Health
TMMD	Tallafi Mata Masu Dubara
TSHIP	Targeted State High Impact Project
TOT	Training of Trainers
USAID	United States Agency for International Development
ZAIHAP	Zamfara and Akwa Ibom HIV/AIDS Project

## **Narrative section**

### **I. Background**

MCHIP is the USAID Bureau for Global Health's flagship maternal, neonatal and child health (MNCH) program, which focuses on reducing maternal, neonatal and child mortality and accelerating progress toward achieving Millennium Development Goals (MDGs) 4 and 5. Awarded to Jhpiego and partners in September 2008, MCHIP works with USAID missions, governments, nongovernmental organizations, local communities and partner agencies in developing countries to implement programs at scale for sustainable improvements in MNCH. MCHIP addresses major causes of mortality, including malnutrition, by:

- Implementing high impact, effective interventions at scale, based on the country context and using global and local data;
- Using innovative program approaches to achieve country MNCH goals including performance-based financing, community insurance schemes, and public-private partnerships;
- Building global consensus and sustained government commitment to support results-oriented, high-impact, effective MNCH interventions;
- Influencing country programs to incorporate effective, feasible, high-impact interventions and approaches based on global evidence;
- Maximizing the use of local programs supported by MCHIP<sup>1</sup> to advance field-based learning and innovation; and
- Strategically integrating critical interventions into existing services and wrap-around programs.

In Nigeria, MCHIP has continued the goals and objectives of the ACCESS Program which is to strengthen emergency obstetric and newborn care in Northern Nigeria as an entry point to postpartum and long-acting family planning. This it does in its 3 supported States of Kano, Katsina and Zamfara States. MCHIP Nigeria's LOP objective and results continue to contribute to USAID's strategic objective 13, *Increased Use of Child Survival and Reproductive Health Services*.

### **II. Progress in FY10**

FY10 was a year of consolidation for the MCHIP program and intensifying impact in its supported facilities spread across its 3 States. It was also a year for implementing its sustainability strategy. A total of 57 health facilities (27 general hospitals, 5 comprehensive health centers and 25 primary health care centers) in 29 LGAs were supported during the year to provide quality maternal, newborn and family planning care services as well as to mobilize the surrounding communities to use these services.

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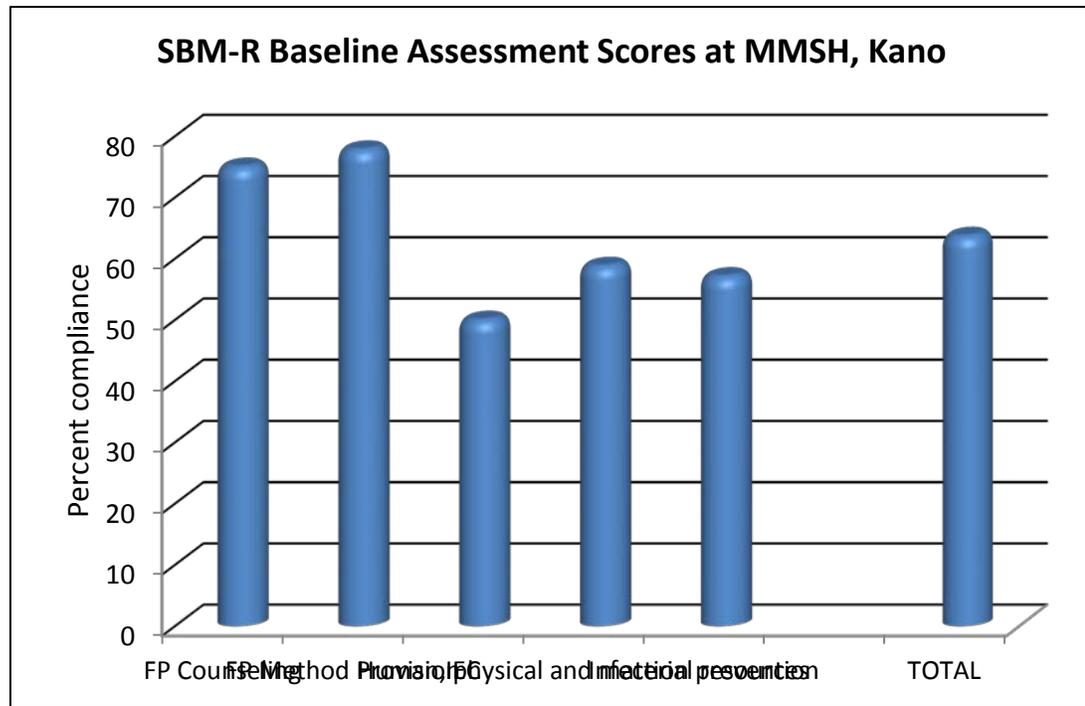
<sup>1</sup> Local programs include, among others, NGO/PVO grantees of the Child Survival and Health Grants Program (CSHGP) and Malaria Communities Program (MCP).

## *Family planning*

This year, MCHIP experienced a substantial uptake in its FP services which resulted in its set targets for CYP being exceeded. This substantial achievement can be attributed to some of the following reasons:

- Training of more midwives and doctors to provide long acting FP methods like IUD and Jadelle. MCHIP took advantage of the MSS midwives posted to its PHCs and equally trained them on IUD and Jadelle insertion. This resulted in more women receiving these long-acting methods of contraception.
- To address the frequent stockouts of long-acting methods in project sites, MCHIP partnered with Maries Stopes Nigeria to conduct FP service outreaches during which many clients received IUD or Jadelle insertions. While MCHIP prepared the sites and clients, MSN provided the FP commodities used during the outreaches. Thereafter, MCHIP requested Jhpiego to help leverage resources to procure additional Jadelle implants to continue the outreaches. Jhpiego was able to leverage \$22,000 of unrestricted funds to procure 1000 Jadelle implants for the program. These will be deployed in the next quarter.
- MCHIP continued its trainings on the use of Balanced Counselling Strategy approach and provided counseling cards and job aids to every trainee. MCHIP also trained some health care workers to educate women on the Standards Days Method of family planning.
- During the year, MCHIP trained additional CHEWS to provide postpartum FP services.
- MCHIP pioneered the use of the postpartum systematic screening checklist during the year to reduce missed opportunities for counseling women and providing FP/RH services as needed. With the PPSS checklist, clients attending immunization, newborn care and pediatric/sick baby services were more likely to be screened for FP, postnatal care and immunization services. This low-cost investigation demonstrating the feasibility and practicality of this integrated approach is a lesson learnt.
- In order to improve the quality of FP services, MCHIP printed and deployed the final National Performance Standards for Family Planning Services which has a total of 57 standards. Availability of the standards in all MCHIP project sites accelerated the process of institutionalizing the Standards Based Management and Recognition (SBMR) approach to quality improvement in family planning services. Figure 1 below shows the SBM-R baseline assessment results of FP services in the MCHIP training centre (Murtala Mohammed Specialist Hospital, Kano). The relatively high level of compliance with the set standards at MMSH is a reflection of the significant programmatic inputs at the facility since 2007.

**Figure 1: Baseline Assessment Scores of FP Performance Standards at MMSH**



- To improve compliance scores in respect of FP-related IEC materials, MCHIP developed, printed and distributed a variety of posters on healthy-timing and spacing of pregnancies and FP in English and Hausa languages (see Annex 1).
- On the demand side, MCHIP expanded its successful *Tallafi Mata Masu Dubara* (“Mothers Saving and Loan Clubs”) program by training additional women facilitators and forming new clubs especially in Katsina State. Similarly, MCHIP trained more household counselors to work in its LGAs where hitherto they were not present and also expanded their services to 3 LGAs in Katsina with plans to expand to the remaining LGAs in 2011.
- During the year, step down trainings were conducted for Male Birth Spacing Motivators and this resulted in more LGAs being covered by more men who counsel their fellow men in their respective communities to either use a male FP method and/or support their wives to use a method so as to practice healthy timing and spacing of pregnancies.

***Emergency obstetric and newborn care***

- During the year, two Basic EmONC workshops were conducted for CHEWS working in maternity units of MCHIP supported health facilities in Kano and Katsina States
- MCHIP organized a three-week training workshop on Anaesthesia for Emergency Obstetric and Newborn Care (AEmONC) in Kano State. This was in response to a

previous observation on the poor quality of anaesthesia services in many facilities in the project states.

- A series of one-day EmONC orientations for NYSC medical and para-medical graduates, as well as sociology graduates, was conducted during the year in the three State NYSC boot camps
- As part of its sustainability strategy, MCHIP continued its work with the NPHCDA to train the new MSS midwives using its adapted EmONC training materials, job aids and IEC materials. MCHIP also supported the agency to standardize the training methodology for medical doctors in selected States in the 6 geo-political zones on the Expanded Life Saving Skills (ELSS). By so doing, MCHIP lessons learnt are being scaled up to every state of the federation, a legacy that is bound to outlive the project.
- MCHIP also entered into an MOU with NPHCDA to provide content for the agencies virtual e-learning environment on its website. This also helps to scale-up MCHIP's capacity building interventions for emergency obstetric and newborn care and family planning. MCHIP also helped to organize NPHCDA's very first EmONC webcast using the network of computer base stations installed by Galaxy Backbone company. It is expected that in FY11 this will be further consolidated and made more effective.
- MCHIP also held a meeting with the DG, Senior management staff and all Zonal Directors of the Kano State Hospitals Management Board (HMB) on Friday 27<sup>th</sup> August, 2010. After a formal welcome to the HMB, the CD made presentations on lessons learnt from the MCHIP-Nigeria project and an overview of SBM-R as a quality improvement approach. The presentation stirred a lot of interest and discussion on standardization of care in the health facilities and the need to adopt the SBM-R approach in all facilities in the state. The HMB called on MCHIP to provide the HMB with the necessary support in terms of training and supporting documents for the scale up of SBM-R to other facilities in the State. Thus, while effort is being made towards forming a State level SBM-R team/coordinating body and setting up a quality assurance unit at the SMOH, more energy will be channeled towards supporting the MCHIP facilities to achieve all standards and get to recognition stage. With expression of interest by Kano SMOH to establish a Quality Assurance Unit, MCHIP has commenced collaboration with PATHS2 a DfID funded health systems project, to provide technical support to the SMOH/HMB on the establishment of such a unit and the adoption of SBM-R as a quality improvement approach for improving EmONC and FP services.
- In an effort to share lessons learnt from its successful community mobilization strategy, the MCHIP Senior Community Mobilization Officer was invited by the TSHIP Project to provide technical assistance on the design and implementation strategies for the



MCHIP/Nigeria COP making a presentation on to Zonal Directors of the Kano State HMB

TSHIP community mobilization activities at a TSHIP consensus meeting of strategy for engaging the community, held in Sokoto.

### III. Specific program activities achieved in Q1-Q3 of FY10<sup>2</sup>:

1. IUD and Jadelle Trainings for a total of 40 participants comprising 18 midwives from Kano, 10 from Zamfara and 12 from Katsina, were conducted in Kano State during the year. The trainings aimed to improve knowledge and skills for the provision of IUDs and Jadelle implants (long-term methods) so as to improve the FP service provision skills of health care providers.
2. Training on contraceptive technology update (CTU) for doctors and nurse/midwives were conducted during the year. The training was aimed at improving the competence of doctors and midwives in the provision of family planning counseling and services in MCHIP supported facilities in Kano, Katsina and Zamfara States. A key objective of the training was to introduce and integrate the *balanced counseling strategy* to doctors and midwives providing family planning counseling and services. This was more so as most of the midwives trained were from the Midwifery Service Scheme (MSS) posted to Primary Health Care facilities where the scope of family planning service provision was limited. A total of 28 participants were trained comprising 11 doctors and 17 midwives. One doctor from Katsina State was an NYSC doctor, while 8 of the midwives were participating in the Midwives Service Scheme (MSS) program.
3. A series of one-day EmONC orientations for NYSC medical and para-medical graduates, as well as sociology graduates, was conducted during the year in three State Camps. These were done in pursuance of the MCHIP objective of having a ready pool of human resource that will provide quality EmONC services in MCHIP facilities. In the Zamfara camp, activities of the Zamfara and Akwa Ibom HIV/AIDS Project (ZAIHAP) were also shared with the corps members with counseling and testing offered. A total of 239 Corp members were oriented.
4. Postpartum Family Planning Training was conducted for 26 midwives, including one who was a participant of the MSS program from Katsina and Zamfara States. The training aimed at increasing knowledge and skills of providers in order to improve, and in some cases initiate, the provision of FP services in the selected facilities. Also postpartum family planning training was conducted for 20 CHEWs spread across the 3 States.
5. Systematic Screening Study for family planning was implemented during the year and piloted in Murtala Mohammad Specialist Hospital (MMSH) in Kano and King Fahad General Hospital (KFGH) in Zamfara. A total of 27 service providers were trained on how to use the tool for the systematic screening of post partum women from Immunization units, sick baby care units and the paediatrics outpatient departments of the two hospitals.
6. During the year, MCHIP organized a three-week training workshop on Anaesthesia for Emergency Obstetric and Newborn Care (AEmONC) in Kano State. The main objective of the workshop was to upgrade the knowledge and skills of practicing nurse anesthetists from the three MCHIP supported States. Hence 13 nurse anesthetists from

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<sup>2</sup> Q4 FY10 program activities are described in later part of this report.

Kano (6), Katsina (5) and Zamfara (2) States benefitted from the training on modern techniques of AEmONC.

7. During the year, SBM-R Training workshops were held mainly for new MCHIP clinical Staff and officials of the SMOH/HMB. The aim of the workshops were to train participants on the SBM-R process to be fully equipped with the knowledge, skills and techniques of implementing SBM-R, commencement of the implementation of the process in selected facilities, including the baseline assessment, initial gap identification and analysis, and development of operational action plans for rapid improvements and restarting the quality improvement process at the MCHIP supported facilities.
8. During the year, an outreach program on family planning was conducted by MCHIP in collaboration with Marie Stopes Nigeria and the Hospital Services Management Board. The one day program was conducted at the Family planning clinic of the General Hospital Katsina by a team of technical staff from Marie Stopes Nigeria and MCHIP. 66 clients who had been mobilized from MCHIP supported health facilities and communities had Jadelle insertions. The Jadelle was supplied by Marie Stopes and offered at very highly subsidized prices.
9. As part of MCHIP's Strategy to build sustainability into its programs in Nigeria, MCHIP embarked on capacity building of a selected group of FP/RH champions during the quarter. One of such activities was the implementation of Jhpiego's new and improved Clinical Training skills course in Abuja. Participants included Jhpiego staff, Consultants and SMOH staff.
10. During the year, MCHIP was actively involved in the development of training materials for the TOT workshop on Standardization of Knowledge and Skills on the Life Saving Skills for the MSS participants. A letter of appreciation was sent to the MCHIP COP for his outstanding input.
11. ACCESS End line Survey was conducted during the year, using the initial 4 LGAs in Kano and Zamfara States. The Consultant hired for the survey has since submitted his report.
12. Male Birth Spacing Motivators Step down Trainings was conducted in Zamfara State during the year. The main objective of the trainings was to impart the male volunteers with skills and knowledge on how to motivate men in their communities to support their wives to practice healthy timing and spacing of pregnancies. A total of 119 men were trained from 6 LGAs. These men were also commissioned for the work in their LGAs at brief ceremonies.
13. During the year, as part of the plan to improve the quality of maternal and newborn care in the household and community level using the Household to Hospital Continuum of Care approach, Kano and Zamfara States MCHIP offices conducted TMMD step down trainings for more facilitators as a follow up to the initial ones conducted in the previous year.
14. Gusau CMT & Kaura Namoda CCG Award Ceremony in Zamfara State was conducted during the year in recognition of their outstanding performance in mobilizing communities for better health seeking behavior and also to motivate the CMT/CCG to do more.
15. The outcome of the last ACCESS/MCHIP DQA and subsequent recommendations informed the decision for the training and retraining of Data Collectors in all the MCHIP supported facilities in order to update their skills and knowledge for effective

data management through the use of HMIS data tools introduced by ACCESS/MCHIP project. The workshop was organized for Data collectors in all the Fifteen (15) MCHIP supported facilities in Katsina State. A total of 42 participants attended.

16. MCHIP carried out renovation of six health facilities spread across the 3 States.
17. MCHIP Kano State Office secured a much bigger and more convenient building which is located at No. 32 Ahmed Daku Street by Masallaci Crescent, Off Sokoto Road, Kano.
18. ACCESS/MCHIP data quality assessment was conducted by USAID/MEMS together with Ms. Stella Akinso, USAID Activity Manager for MCHIP. The team, led by MEMS Acting Chief of Party Zakaria Zakari, assessed MCHIP data collection and reporting tools and processes from the facility to the State field office and finally to the Abuja Head office. The three (3) day DQA process was concluded with commendation to ACCESS for the marked improvement in data quality.
19. The Senior M & E Officer, Dr Gbenga Ishola, attended the 4<sup>th</sup> International RHINO Workshop which held in Guanajuato, Mexico. The organizers of the workshop were MEASURE Evaluation and Instituto Nacional de Salud Publica (INSP). The overall goal of the workshop was to strengthen the work of people involved in improving Routine Health Information Systems in their settings. During the workshop, Dr Ishola participated in a “tools fair” where he showcased MCHIP Nigeria tools for collection of service statistics from the health facilities, the record keeping training manual and checklists for data quality assessment.
20. The Strategic information Officers from the 3 States attended the Performance Management workshop organized by the Nigeria MEMS for USAID/Nigeria staff and Implementing Partners.
21. The MCHIP Senior Program Manager attended an *International Conference on FP: Research and Best Practices*, which held in Kampala, Uganda. During the 3-day conference the MCHIP Senior Program Manager made 3 presentations.
22. The MCHIP Senior Community Mobilization Officer attended the 8<sup>th</sup> International Conference on Urban Health. This took place in Nairobi, Kenya. While there he made a scientific poster presentation on Nigeria ACCESS Community Mobilization and Urban-Rural Reproductive Health Interventions in Northern Nigeria titled “*Community Empowerment for improved Maternal and Newborn Health (MNH) Care in Northern Nigeria*”
23. MCHIP COP, Senior Program Manager and the Senior Community Mobilization Officer, attended the 2nd Global Conference of Women Deliver. This took place in Washington DC. There the COP made a presentation.
24. Immediately after the Women Deliver Conference, the 3 Nigeria MCHIP staff joined other country MCHIP staff in a one-day meeting held in Washington DC to share lessons being learnt in MCHIP programs globally. There the 3 officers sat at panels sharing Nigeria’s MCHIP experiences.
25. During the year, the MCHIP COP and the Senior Community Mobilization Officer attended the Global Health Council Meeting. There the Senior CMO made a presentation on *FP/MNCH Integration in Nigeria: Perspective from the community*.
26. The MCHIP COP was trained as a master trainer for the USAID-supported “Helping babies Breathe” (HBB) project. This training took place in Washington DC. The HBB project will be rolled out across all MCHIP supported facilities as soon as the

inexpensive anatomic model developed for the project becomes commercially available.

27. During the year, MCHIP was invited to participate in the Nigerian Health Campaign Round Table Meeting under the platform of the “White Ribbon Alliance & One Voice Campaign for Safe Motherhood”. The MCHIP team at the meeting included the Country Director/MCHIP COP - Professor Emmanuel Otolorin, MCHIP Senior Technical Officer - Dr Lydia, MCHIP Senior Community Mobilization Officer –Mr. Samaila Yusuf and the Katsina CMO – Mr. Umar Imam. The goal of the year’s campaign was to help lay the ground work for an accelerated response to maternal and newborn mortality in Nigeria and around the globe.
28. In recognition of the immense importance of Family planning as one of the key strategies of ultimately reducing maternal mortality, the MCHIP Senior Technical Officer and the TSHIP Quality Improvement Manager (who was formerly the Kano State Senior Program Officer) were invited to Washington DC to attend the ACCESS-FP Technical Consultation meeting. There the team made a presentation titled “*Integrating LAM into an MNH program in Northern Nigeria*”
29. The MCHIP COP assumed the Chair of the Ministerial ATM Malaria Technical Working Group following the relocation of the substantive chairman, Dr. Bayo Fatunmbi, to Manila in the Philippines.
30. During the year, the MCHIP COP led a number of NGOs and development partners working on maternal, newborn and child health to meet with the Honorable Minister of Health, Prof. Onyebuchi Christian Chukwu, to discuss a number of issues related to MNCH in Nigeria. Two main issues were discussed - the recurrent stockouts of contraceptive commodities nationwide and the stalled IMNCH secretariat in the FMOH.
31. During the year, 2 officials from USAID Washington, Dr Scott Radloff and Dr Sarah Harbison visited Nigeria and met with heads of USAID IPs in country. Issues of repositioning FP, the role of IPs working in country, advocacy to Government and what USAID Washington can do, were extensively discussed. MCHIP was represented by the Senior Program Manager.
32. Also during the year, the Global ACCESS Director, Ms Nancy Caiola, and the Global ACCESS FP Director, Ms Catharine McKaig visited Nigeria. The purpose of their visit was to meet with the new USAID HPN Team regarding current views on expanding the impact of MCHIP, particularly with regard to increasing service utilization and assuring sustainability, review of the preliminary ACCESS end-line results and its implications for programming and work with the in-country MCHIP team and other stakeholders to explore alternatives for increasing impact and coverage with the remaining funds and outline key strategies that will feed into a revised work plan programming all funds in the current MCHIP pipeline.
33. During the year, the annual meeting of Country Directors and Field Representatives of Jhpiego worldwide was held in Rwanda in May. This was the first time ever that the meeting would hold outside Baltimore. The Country Director and MCHIP Nigeria Senior Program Manager attended the 6-day meeting. This year’s meeting also coincided with Jhpiego’s preparation of its next 5-year strategic plan.
34. During the year, the new USAID HPN Team Leader, Ms. Sharon Epstein, paid 2-day visits to Kano and Zamfara State Offices. The purpose of her visit was to familiarize

herself with the workings of the project in two out of the 3 MCHIP supported States. She was accompanied by Mr. Abdullahi Maiwada and Ms. Joyce Elele. She met with different stakeholders, including the First Lady and Commissioner of Health of Zamfara State.

35. During the year, the USAID Senior Program Manager (Reproductive Health) and USAID/MCHIP Activity Manager visited the Kano and Zamfara Field Offices. The objectives of their visit were to familiarize themselves with the sites MCHIP was working, the field staff, what they do, assess the present situation, achievements, challenges and way forward.
36. During the year, a USAID Initial Environmental Examination (IEE) team conducted an assessment of all the ACCESS supported renovations in facilities in Kano. The main aim of the assessment was to visit ACCESS renovated health facilities in Kano with the aim of ensuring that the renovations carried out were in line with USAID IEE policy and regulation guidelines.
37. The USAID Deputy Mission Director, Mikaela Meredith, paid a 2-day visit to Zamfara State to attend the NDHS Dissemination meeting as well as familiarize herself with MCHIP work in Zamfara State.
38. During the year, the USAID/Nigeria Desk officer in Washington, Ms. Dana Alzouma visited the MCHIP supported facilities and communities in Kano State. She was accompanied by Mr. Abdullahi Maiwada, Senior Programme Manager Reproductive Health, USAID-Nigeria. She visited the MCHIP supported facilities as well as the communities and at the end she had this to say *“it is these kinds of field visits that serve as opportunities to see what MCHIP is doing in the field rather than reading reports”*.
39. MCHIP hired four new staff during the year. They include Umar Imam, a new Community Mobilization Officer for the Katsina Office to replace the disengaged CMO, 2 Strategic Information Officers, Musa Abdullahi Surfi for Kano and Mohammad Kurfi for Katsina and Mairo Ali Rano as the new FP Coordinator for Kano to replace the former FP Coordinator who moved on to TSHIP.

#### IV. Quarter 4 FY10 achievements

During this quarter, MCHIP completed the following activities:

##### 1. Postpartum Family Planning (PPFP) training for CHEWs

The general objective of the MCHIP program is *“Increased utilization of quality EmONC services by pregnant women, mothers and their newborns as an entry point to postpartum family planning”*, while Intermediate Result 4 of the program is *“Improved quality of family planning services in selected LGAs”*. Activities

aimed at achieving these include improving the FP counseling and service provision skills of health care providers. This training aimed to



Participant practising counseling using the balanced counseling strategy

improve the knowledge and skills of community health extension workers for the provision of family planning counseling and services in MCHIP supported facilities in Kano State. A key objective of the training was to introduce and integrate the balanced counseling strategy to the community health extension workers providing family planning counseling and services. The postpartum family planning update aimed at increasing the knowledge and skills of community health extension workers (CHEWs) in order to improve and expand the scope of FP services in the selected facilities. This was more so as much of the health care provided in the Primary Health Care facilities is by CHEWs. The training also included a session on the USAID policy requirements for FP service provision at USAID-supported facilities. A total of 22 community health extension workers were trained. The algorithm and brochures were made available to all participants. The baseline knowledge of family planning among participants was moderate. Most of the participants showed remarkable improvement by the end of the training as evidenced by their scores in the pre- and post- tests. At the end, participants drew up action plans with regards to improvement of family planning services at their respective facilities and host communities. They were informed that it was optimal to use the CCGs for any community related activity.

## 2. Basic Emergency Obstetrics and Newborn Care (BEmONC) training for CHEWS

During the quarter and in line with MCHIPs intermediate result of increasing the availability of trained EmONC health care workers and improving quality of services, two BEmONC workshops were conducted for CHEWS working in maternity units of MCHIP supported health facilities in Kano and Katsina States. A total of 40 CHEWS working in 27 facilities, the MCH Coordinator Ministry for Local Government and 2 WAHO interns fully participated in the training. A total of 20 CHEWs and 2 WAHO interns were trained. A team of MCHIP Nigeria staff, led by the Senior Technical Officer, facilitated the training.

At the end of the workshop, participants were equipped with the required knowledge and skills for provision of FANC, AMTSL (using anatomic model) and were able to fully understand the use of magnesium sulphate in the control of convulsion in eclamptic patients with due consideration given to the loading dose and the maintenance dose and what should be



Checking fetal surface after delivery of the placenta



Group picture of trainers and trainees at the BEmONC workshop

checked before administering the drugs.

Pre- and post-tests were administered to assess the baseline knowledge and post training knowledge of the participants and they were assisted to develop their work plans for step down training and implementation of acquired knowledge and skills. The workshop was concluded with evaluation by the participants.

### 3. Meeting on Community Based Management of Neonatal Sepsis

During the quarter, MCHIP in collaboration with FMOH and other stakeholders, organized a two-day stakeholders meeting on community based management of neonatal sepsis. The main objectives of the meeting were to discuss the current status of management of neonatal infections in Nigeria, share the global evidence for community-based management of neonatal infection and discuss how to make treatment for neonatal infections more accessible in Nigeria. The meeting was attended by representatives of Federal Ministry of Health (FMOH), UNICEF, WHO, Nigeria Society of Neonatal Medicine, PRINN-MNCH/Save the Children and selected MCHIP/Nigeria staff.



Representatives of MCHIP, PRINN-MNCH and NISONM at the meeting

A number of presentations were made after which rich and robust discussions ensued. Participants agreed to improve services at three levels: general hospital, primary health care centers and at the household. The cadre of non-physician health workers to be trained to provide treatment was agreed to be midwives/nurses and community extension health workers (CHEWs). Volunteers would only be trained to identify sick newborns and call for the CHEWs or refer directly to health facility. For those who might refuse referral, it was decided that only the first dose of treatment (i.e., Procaine Penicillin and Gentamycin) would be given, but all subsequent doses would be at the health facility. It was also agreed that implementation would be done based on the NPHCDA's Midwives Service Scheme (MSS) clusters, which comprises one general hospital, 4 PHCs and its surrounding communities. MCHIP will select clusters where they have already initiated activities at the facility and community levels and work in 3 MSS clusters, one cluster per each of its three supported States. At the end of the meeting, the following key steps were agreed on:

1. Development of harmonized set of health facility assessment, household survey and qualitative tools for use in rapid situation analysis in areas where neonatal infection management services would be improved. This would entail the review and revision of existing national and international instruments.
2. NISONM in partnership with FMOH, MCHIP, UNICEF and WHO would conduct situational analysis on neonatal infection management in selected general hospitals,

PHCs and communities, starting with the MCHIP areas. Assessments in UNICEF and WHO supported MSS clusters will happen after the completion of MCHIP's assessment.

3. Hold a second national stakeholders meeting with wider audience where the results of the situation analysis would be disseminated.
4. Finalizing the adaptation of the WHO/UNICEF training manual ensuring a wide stakeholders' input in particular organizations implementing community-based newborn care interventions

#### 4. NYSC Orientations

ACCESS/MCHIP has been working in collaboration with NYSC secretariat to carry out a series of Emergency Obstetric and Newborn Care (EmONC) orientation lectures for corps members during their orientation exercise at the NYSC camp for the past three years in Kano. The aim of the orientation is to present an overview of the MCHIP program and the strategies for providing pregnant women, mothers and their newborns access to quality emergency obstetric and newborn care as well as family planning services. The orientation also helps to sensitize the NYSC medical personnel and sociologists to develop interest in working in the MCHIP supported communities and facilities in order to increase availability of trained personnel that will provide quality EmONC as well as postpartum family planning services. The usual presentations covering the ACCESS/MCHIP programme activities and the potential role of NYSC members in the MCHIP supported health facilities and communities were made, leading to question and answer sessions. Forty three (43) Corps members were in attendance comprising 21 doctors, 6 nurses, 7 pharmacists, 2 dental surgeons and 7 paramedical personnel. The MCHIP State Programme Officer facilitated the orientation, with the two WAHO interns also in attendance. At the end of the orientation, the representative of the Director General HMB promised to post the doctors to selected MCHIP supported facilities considering the shortage of human resources.



MCHIP State Prog Officer making a presentation



Participants being trained on the use of Frontline SMS software

#### 5. Training workshop on use of SMS4Learning

In line with MCHIP's IR 3, activity 5 which focuses on initiating the use of mobile phone technology to send regular SMS messages to health facility staff trained by the programme, a training workshop for Jhpiego and SMOH staffs was conducted in Abuja. The 5-day workshop which was facilitated by Jhpiego's Learning Technology Advisor, James Bon Tempo and MCHIP Senior M&E officer, included illustrated lectures, group exercises and practice sessions on role of mobile technology for improving healthcare delivery with emphasis on competencies acquired by health care providers through training, use of Frontline SMS for delivery of messages to targeted personnel, crafting of messages that reinforce learning and competencies to enable the achievement of SBM-R performance standards and improved quality of care as well as monitoring and evaluation of the impact of the SMS messages. The possibility of conducting a study on the impact of the SMS messages in reinforcing learning and improving the forgetting curve was also discussed. At the end of the workshop, action plans were developed by Jhpiego staff based on programme activities (MCHIP, TSHIP, ZAIHAP and MIP) for the commencement of the use of SMS messages for improving health care delivery.

## **6. Visit to Kano by USAID HPN/LAPM Team**

During the quarter, a visit was made to Kano State by a USAID HPN/LAPM Team. The

main purpose of the visit was to conduct a review of long acting and permanent family planning methods use in the State (and country) with the aim of assessing the use, unmet needs, trends and current programmes for LAPMs and to gather useful information for the development of strategic approaches by USAID for increasing access to, availability, quality and use of LAPMs. The USAID Team members comprised Joyce Holfeld – Consultant, Kayode Morenikeji – Programme Manager, RH (USAID/HPN), Dr Abdullahi Randawa – Consultant OB-GYN, ABUTH, Zaria and Mrs Ajayi Abimbola – Department of



USAID LAPM team at a meeting with the Honourable Commissioner of Health

Hospital Services, Federal Ministry of Health, Abuja. The MCHIP Kano Office was given the responsibility of coordinating the other IPs. On the first day of the visit, a meeting was held in the Office where all the IPs, including MCHIP made presentations on their work as regards LAPM. With regards to LAPM, it was clearly stated that while all IPs promote uptake of all modern FP methods, the BCS introduced by MCHIP gives the clients the options to choose between short and LAPMs to ensure voluntarism and informed choice of method. MCHIP has also trained nurse-midwives, including MSS midwives, on IUD and Jadelle insertion and donated insertion kits to ensure access to services. At the end of the session, it was generally agreed that while evidence and field experience has shown a change in attitude towards FP and a gradual increase in the uptake of FP in Kano, there is need for increased advocacy to stakeholders and community mobilization to address the unmet FP need and increase utilization of services. For the LAPM, there is increasing awareness about safety and effectiveness, but persistent shortage of affordable commodities

(IUD and Jadelle) and stock out still pose as a barrier. The team then visited the MMSH, the Laure fistula centre, PATHS2 Office, the State MOH where they met with the Commissioner for Health and her team, MCHIP's Dawanau community where they interacted with the CCG, Male Birth Spacing Motivators, Household Counsellors and TMMD, Kano State PPFN Coordinator and the HOD OB-GYN of Aminu Kano Teaching Hospital. At the end of the visit a debrief meeting was held. Positive findings included the fact that there is high level of awareness, acceptance and demand for family planning, the facilities are ready for the implementation of FP programme activities, models exist (MCHIP) that can be replicated, there are performance standards for improving quality of services and the policies are in place, family planning services are available and that the communities are well mobilized. Obstacles identified included stock out of FP commodities and high cost of implants; PHCs charge fee for FP services but offer free MCH services, lack of skilled personnel on LAPM especially at PHC; MSS has increased availability of midwives but sustainability is an issue; partial support of traditional and religious leaders and insignificant support of policy makers and decision makers. In terms of future programming it was identified that there is need to further strengthen collaborations and partnerships, that services need to be client centred to ensure satisfaction and that maximum integration of FP into other services is required.



USAID LAPM Team Leader commending the Dawanau community

## 7. Household Counsellors Training of Trainers

The Household counselors training is a program introduced by MCHIP in an attempt to assist in improving maternal and child health services demand and utilization, improve family planning services provision and promote the house to hospital continuum of care which would further reduce to the barest minimum incidences of newborn and maternal mortality in the project States. Many of the behaviors that will contribute towards improved maternal and newborn outcomes can be practiced in the home by pregnant and postpartum women, mother-in-law or other senior family members, husband or the traditional birth attendant. The household level is where most behavioral practice takes



Demonstration of group counseling

place, where decision makers gather and where barriers and motivators are most obvious. It is against this backdrop that the MCHIP has initiated an intensive package for home visitation by community health workers (CHEWs) and community volunteers known as Household counselors at the community level. From the foregoing and in a bid to expand the scope and reach of these household counselors, a 5-day TOT workshop was organized for Nurse/Midwives, CHEWs and a few serving household counselors with a view to training them in order to cascade the training down at the community level in the MCHIP supported LGAs. The participants were selected from the facilities and communities the programme supports in Kano, Katsina and Zamfara States. The training was led by the Deputy Country Director and facilitated by the Senior Technical Officer, Senior M&E Officer, 3 FP coordinators, and 3 CMOs and 1 SIO from Katsina field office. Planning meeting was held and chaired by the Deputy Country Director where all facilitators were oriented on the length and breadth of the content of their presentations, the application of trainers guide and reference manual in development of presentations were also discussed. Roles and responsibilities were allocated at the meeting. The training was facilitated in a very interactive and participatory way. Using interactive training techniques such as brainstorming small working groups, case studies and games, the participants were able to share experiences, learn from each other and make decisions on how they are going to improve what they have been doing on the ground. Moreover the simulation exercises were an opportunity for each of the participants to role play the counseling sessions at the household level either on one to one or during group counseling. The last day of the training was devoted to participant's presentation where most of them demonstrated excellent as well as highly motivating ability to teach, carry participants along and maintain utmost class control.

## 8. Staff Transitions

There were no staff changes during the quarter

## 9. State-based Activities

### Kano

- i. **Bi-monthly review meeting with DELIVER/SMOH for supply of contraceptive commodities** - Following the recent training of family planning service providers working in MCHIP supported facilities on contraceptive logistics management system (CLMS), MCHIP supported the attendance of the Health Care Providers at the bi-monthly meeting with DELIVER/SMOH for review of service provision and supply of FP



commodities. Using the family planning registers, the average monthly consumption, minimum and maximum stock levels were estimated and 12 out of the 17 service providers in attendance were able to procure commodities that would last for 4 months. The 5 remaining service providers would be followed up to procure the adequate quantity through the hospital management. However, DELIVER will continue to provide logistic support for 5 MCHIP supported facilities that were already under their support.

- ii. **Community activities** - A material development meeting was organized with the Health Education, Communication, Training and Information Centre (HECTIC) and Family Planning service providers from MCHIP supported health facilities viz. Sheik Jidda, Rano General Hospital, Kiru Comprehensive Health Center, Rurum and Rijiyar Lemu PHCs respectively. The purpose of the meeting was aimed at translating the newly developed FP Posters into Hausa. At the end of the meetings, Hausa family planning messages were developed with the participation of target populations and took into account local traditions, culture, and values. This was a critical step towards promoting simple messages that state what couples can do, state the benefits for making changes depending on the type of decision or FP method desired, and suggest ways to overcome barriers. More so, the spacing of pregnancies, particularly among married couples, would improve their family well-being in terms of education and women's health.



MCHIP SCMO facilitating the session on translation of MCHIP posters into Hausa Language

- iii. **CLMS Training** - In collaboration with USAID/DELIVER, MCHIP Kano Field office conducted a training workshop on contraceptive logistics management system (CLMS) for Health Care Providers working in MCHIP supported facilities. The CLMS workshop aimed at making the participants to have a full understanding of the contraceptive logistics management system and ensuring that service providers demonstrate the proper use of the logistics management tools to be able to forecast and procure the required quantity of good quality family planning



Participants engaged in exercises during the workshop

commodities from the State Ministry of Health, through the State Family Planning Coordinator, and deliver to their health facilities to ensure no stock outs. The training included lectures, discussions, practical exercises (including calculations) and brainstorming on components of the CLMS, logistics management information system and the various forms being used to keep record such as the CBD voucher, daily consumption record (DCR), cost recovery record (CRR), requisition, issue and report form (RIRF), as well as proper record keeping and supportive supervision. At the end of the workshop, seventeen (17) family planning service providers working in MCHIP supported health facilities in Kano State were trained on CLMS. The 2 WAHO interns were also in attendance. There was one trainer for the workshop, Maryam Musa, the Logistics Advisor of USAID/DELIVER, Kano Field Office. The State Family Planning Coordinator was in attendance as a representative of the SMOH, who is also the primary source of FP commodities for the public health facilities in the State. A copy of the streamlined contraceptive logistics management system was given to all participants to serve as a guide and a job aid. With support from MCHIP, the healthcare providers will put their newly acquired knowledge and skills into practice to improve contraceptive security at their respective facilities and ensure no stock out of family planning commodities.

- iv. **Baseline assessment of FP performance standards at MMSH** - The SBM-R approach to quality improvement was used to commence baseline assessment of family planning services of MMSH for compliance with national FP performance standards. Plans for setting up QITs at the facility are currently being made and they will be given technical support to identify and close gaps in performance and achieve the set standards for EmONC and FP. The field office staff completed the baseline assessment of the FP performance standards for MMSH where an overall score of 63.7% was achieved. Feedback will be given and action plan for closure of identified gaps will also be done.
- v. **Household counselors step down trainings** - The rigorous process of identification of HHCs was followed by a step-down training on MNH and PFP led by the Senior CMO and FP Coordinator for Household Counselors in Gezawa, Fagge and Dawakin Tofa LGAs. The training aimed at strengthening and expanding the household education on danger signs at MCHIP supported health facility catchment communities in Dawakin Tofa, Fagge and Gezawa LGAs. Issues discussed included integrating postpartum family planning messages into maternal and neonatal counseling sessions,



Jhpiego/Nigeria CD making a speech during the HHCs training at Fagge LGA

review of current and future roles of household counselors and work responsibilities regarding home visits during pregnancy and postpartum, essential newborn care at the household level, including drying and warming through skin-to-skin contact with mother, eye and cord care, immediate and exclusive breastfeeding, and recognition of complications and appropriate referrals and postpartum care for mother and newborn during home visit by household counselors within 24-48 hours and again within one week of life to counsel about birth spacing including LAM and transition to other modern family planning methods.

vi. **Step-down training on IUD and Jadelle and Contraceptive Technology Update**

- As follow up to the recently completed training workshop on CTU and IUD and Jadelle where trainees drew up work plans for implementation of acquired knowledge and skills and step down to other colleagues at the facility, the MSS midwives working at Burumburum PHC, with technical support from MCHIP field staff, conducted a one (1) day step down training at the health facility. The session involved delivery of lectures on modern contraceptive



Step down training on CTU and IUD and Jadelle at Burumburum PHC

technologies (effectiveness, benefits and side effects), demonstrations and discussions to clarify issues of concern, myths and misconceptions. Participants at the step down training included the CHO in-charge of the facility, all 4 MSS midwives working at the facility and other staff. The on-site training succeeded in increasing the knowledge and skills of other service providers at the site on modern contraceptive technologies.

vii. **Visit of WAHO staff to Kano Field Office**

- Mrs Awoyale Adeola Florence paid a visit to Kano field office to obtain first hand information from the WAHO interns and their mentor on the progress of their internship with Jhpiego. Following her meeting with the interns, she expressed her satisfaction and happiness with the progress made so far in building their capacity on MNH programming and technical issues and thanked MCHIP for the tremendous support.



Group picture with WAHO YPIP Representative and Interns

- viii. **Integrated supportive supervision** - The SPO represented MCHIP Kano field office in a round of integrated supportive supervision (ISS) for the MSS midwives conducted by NPHCDA. A team of consultants and representatives of IPs (MCHIP, Pathfinder and PATHS2) and State MOH were divided into six (6) groups and assigned to one (1) cluster each to conduct a four day ISS. The SPO led the team assigned to Bichi cluster consisting of Bichi General Hospital, Kunchi, Saye, Shuwaki and Gurum PHCs. The ISS checklist developed by NPHCDA was used to assess the facilities and the midwives and they were given positive feedback on their areas of strength and suggestions for improvement on their areas of weakness. On the last day of the supervision, a meeting was held with the North West Zonal Coordinator of the MSS programme to discuss findings, set a date for a joint feedback to all the facilities in each cluster and identify modalities for addressing some of the identified problems.
- ix. **Meeting with the Director General of Kano State Hospitals** - During the quarter, a meeting was held with the DG of Kano State Hospitals. The purpose was to discuss MCHIP programme activities in the State, identify ways of increasing state ownership of MCHIP initiatives by the Hospitals Management Board (HMB) and modalities for tackling challenges at the health facilities. The discussion then focused on specific areas where there is need for increased involvement of the HMB in order to further strengthen and improve programme activities and healthcare delivery in the State. These included, printing of Maternal and Newborn Health Record booklet by the State Government - MCHIP has been bearing the financial responsibility for the printing of the record booklets that capture information from the ANC through labour and delivery to postnatal care for the mother and the newborn. It was however deemed imperative for the State government to take ownership of the booklets and continue publication to ensure sustainability. Also formation of state level of Quality Improvement Teams (QIT) for SBM-R and subsequent scale up by the HMB to which the DG called for a meeting where MCHIP would make a presentation to the HMB to better understand SBM-R and improve its level of participation in the change process. Availability and use of partograph in health facilities was also discussed as the persistent shortage and poor usage of partograph still remains a problem in most health facilities in the State. This was acknowledged by the DG and a promise was made to increase availability and train more service providers.
- x. **Meeting with Principal, School of Nursing, Danbatta** - In recognition of MCHIP's commitment to strengthening pre-service education, one of Jhpiego's areas of technical expertise and strength, a meeting was held with the principal of the newly established school of midwifery (SoM) at Danbatta LGA, Kano to identify areas where MCHIP can further strengthen pre-service education at the school. Though result 2, activity 2 of the work plan focused specifically on the new SoM in Zamfara State, it was seen as an important step towards strengthening midwifery education in Kano as appropriate core competencies in the pre-service education for midwives will be incorporated to reduce the number of in-service trainings needed to upgrade the skills of service providers.

With plans underway for a step down training on CTS, the required number of tutors will be identified for the training and the SBM-R tool in the CTS learner's guide will be used to identify gaps where MCHIP can make additional contribution towards strengthening the school.

xi. **Rano CMT and Fagge Ward A-D CCG Award Ceremony** – during the

quarter, an award ceremony was organized for the best performing CMT and CCG in Kano State. These 2 were chosen based on the work they had done in the past 2 years that they had been in operation. MCHIP organized a special annual Iftar (Breaking of Fast) ceremony for the best performing CCG and CMT in Kano. This was done in recognition of their performance in mobilizing people, especially women, living in the communities to utilize MNH and FP services. The performance of Rano CMT and Fagge Ward A-D CCG members clearly shows that they have all invested their time and effort in putting pregnant women and their family members in the front line of maternal and newborn health. The evidence to date suggests that institutional deliveries and care seeking behavior among pregnant women in their domains have increased overtime. The result of the



A female participant receiving certificate at Rano LGA during the Iftar ceremony



A religious leader receiving his certificate

evaluation done in the previous quarter revealed that Gezawa CMT and Dawanau CCG excellently applied the CAC process leading to measurable outcomes such as increased awareness and strengthening of access to EmONC services among others. 48 community members attended the ceremony in Rano and Fagge LGAs out of which 23 CMT and CCG members were awarded certificates and prizes that included wall clock, praying mats and T-Shirts. The dignitaries in Fagge included the State Health Educator who represented the Commissioner of health, Monitoring & Evaluation officer, Kano State Ministry of Health, The Village head of Jaba who represented the District Head of Fagge. Similarly, in Rano the PHC coordinator was represented by the LGA Health Educator while the Medical Doctor in charge of Rano General Hospital

presented a speech on behalf of the district head of Rano. The event was covered and aired by AIT radio. Also Daily Trust Newspaper covered the event.

## Zamfara

- i. **Stakeholders Meeting and Inauguration of Core Technical Committee on IMNCH** – The IMNCH program mainly focuses on health care with linkages from home to community to health facility. Health policies, programmes and interventions in the fields of maternal, newborn and child health will be approached together and incorporated into integrated programmes. New and radical ways of resource mobilisation, coordination (or coordinating) and putting into action a minimum range of effective interventions that have been proven to work for the attainment of MDG 4 -Reduce child mortality- and MDG 5 – Improve maternal health. The IMNCH Pre-visit meeting was coordinated by the SMOH in collaboration with FMOH with sponsorship from PRRINN-MNCH based in Zamfara State. Stakeholders in the meeting included representatives of IPs (MCHIP/ZAIHAP, PRRINN-MNCH, UNICEF); Civil Society Organisations; State Ministry of Women & Children’s Affairs; the Media (Manager NTA/Radio); MD King Fahad; School of Health Technology; School of Nursing & Midwifery; State Ministry of Health Officials (Director PHC, RH/MCH coordinator/Asst, IMCH focal person). Series of presentations were made by the State MOH officials and IPs as well as FMOH representatives to expatiate on the IMNCH strategy. At the end, the Permanent Secretary SMOH read the commissioners speech and inaugurated the IMNCH Core Technical Committee (CTC) for Zamfara State.
- ii. **Integrated supportive supervision** – During the quarter, two facilities in Talata Mafara Cluster (Jangebe and Kagara PHCs) were visited in continuation with the Joint ISS Visits to Facilities in the State. A voluminous Supervisory Questionnaire was administered at each Facility on issues around general information, general management and external linkages, logistics and supplies, human resources, data management etc. The activity aimed at maximizing the impact of the MSS in the State to be able to achieve high quality EmONC/FP Services by addressing multiple program components to help in reducing maternal and infant morbidity and mortality rates in the State. Technical Assistance was also provided during the visits in some areas like ensuring that relevant data are up-to-date.
- iii. **Donation of EmONC and FP Equipment** - Following the renovation of Tsafe General Hospital, some EmONC and FP



Handover of General Hospital Tsafe Equipment to HSMB Secretary

equipment were donated to the hospital at a short ceremony at the Health Services Management Board (HSMB). The HSMB Chairman was represented by Secretary to the Board at the handover were the Director Administration, Director Nursing Services, Director Medical Services and Director Finance. A journalist was also invited from Zamfara Radio. The Hospital Secretary, on behalf of the Chairman expressed the appreciation of the Health Services Management Board for the renovation and the donation of Resuscitation equipment, Trolleys, IUD Kit and Delivery Kits. He added that HSMB remains committed to the health of Zamfara State people and working with MCHIP and other development partners to achieve health goals in the State. Similarly 2 Delivery Kits each were donated to Bilbis PHC (Tsafe LGA) and Bagega PHC (Anka LGA). The representatives of the LGAs were pleased with the donations and Tsafe LGA officials were appreciative of MCHIPs renovation at Bilbis PHC. The Chairman of Tsafe LGA was particularly pleased that MCHIP is assisting to address some of the issues plaguing healthcare delivery in the LGA. The next batch of equipment received from Jhpiego Country Office was handed over to the Chairman at another short ceremony. All the Directors at the HSMB were present and the journalist from Zamfara Radio was once again invited. The HSMB Chairman applauded MCHIP for all her activities in Zamfara State and said all doors at the HSMB are open to provide all the assistance MCHIP needs to implement the project at supported health facilities in the State. The IUD and Delivery Kits were allocated to General Hospitals Anka, Gummi, Maradun and Shinkafi.

- iv. **Outreach Services for Long Acting FP Methods** - Another successful outreach session was again carried out at Tsafe community where the community themselves identified their needs for health services and requested for assistance. Families from this community have now adopted many healthier practices and increasing women's participation and status in community decision making. These communities subsequently reported improved child health indicators and increased use of family planning methods. They also significantly learned how to access health resources/services, advocate for policy changes and monitor their progress. During this session, six women had copper T IUCD inserted while some other four women opting for implant which was unavailable then, but we promised to go back soon with methods mix.
- v. **CMT/CCG Award Ceremony Zamfara held at Kaura Namoda and Tsafe LGAs** - Tsafe Community Mobilization Team (CMT) and Kasuwar Daji Community Core Group (CCG) were inaugurated in August 2008 and September 2009 respectively. After implementation of the 7 Phases of the Community Action Cycle (CAC) and developing workplans, Tsafe CMT Kasuwar Daji CCG embarked on various self help projects and activities that translated to increasing care seeking behavior in the communities they are mobilizing around. They were assessed using the 3 criteria set by the CMT/CCG themselves during at the onset of CCG Quarterly Meetings: Timely submission of workplans; timely submission of activity reports; and number the activities implemented at the community level that increase demand for MCH services and consequent increase in the number of individuals accessing services at

MCHIP supported health facilities in the communities. The CMT/CCG Award ceremony is aimed at honoring the best CMT and CCG in the State in recognition of their outstanding performance in mobilizing communities for better health seeking behaviors and also to motivate the CMT/CCG members to do more. The outstanding CMT and CCG for 2010 (Tsafe CMT and Kasuwar Daji CCG) were honored in their respective Local Government Areas (Tsafe and Kaura Namoda). Shagari CCG was also honored during the CCG award for coming second best in the CCG category for the year 2010. Three (3) members of Shagari CCG were given certificates of recognition for their contributions to the activities of the CCG. Achievements of Kasuwar Daji CCG include: renovation of toilet facility at the PHC, advocating for and succeeding in getting a Medical



Group Photograph with Tsafe LGA CMT and Invited Guests

Doctor posted to Kasuwar Daji PHC, securing accommodation for MSS midwives and the doctor within Kasuwar Daji Community, donation of bed sheets and curtains, construction of benches for clients, and periodic clearance of bushes around the PHC. At the CCG Award Ceremony for Kasuwar Daji CCG were the representative of the Emir of Kaura - Sarkin Sudan of Kaura, Representative of the District Head of Kasuwar Daji, District Heads of Yankaba, Barkeji, representative of Kaura Namoda LGA Chairman – The Director Personnel of the LGA, all other CMT Chairmen and all CCG Chairmen. The ceremony held at SDP Hall Kaura Namoda. Achievements of Tsafe CMT include: advocacy to philanthropic individuals which led to the renovation of the pediatric ward and building of a new theatre at General Hospital Tsafe, carrying out outreaches to communities in Tsafe LGA to provide health education and basic health services to pregnant women and children, and providing unrelenting supervision and mentoring for the CCGs in the LGA which has fostered a good working relationship among CCG members. In attendance at the CMT Award Ceremony for Tsafe CMT were Emir of Tsafe Alhaji Habibu Dandotu, representative of Tsafe LGA, all other CMT Chairmen and all CCG Chairmen. The ceremony was held at Tsafe Emir’s Palace. A plaque was presented to the best CMT and CCG after reading their citation and all the members of the CMT/CCG were given certificate of recognition and a gift. 50 participants were invited for each ceremony: 24 CMT/CCG Members, 4 Program Staff, LGA representatives, Traditional Leaders and Media. Alhaji Abdulqadir Sani and Aminu Muhammad Anka presented the vote of thanks on behalf of the recipients at the CCG and CMT awards respectively. Alhaji Abdulqadir Sani, Kasuwar Daji CCG Vice Chairman stated: “*We are delighted*

*and amazed by this award.... Imagine you are working for your community and yourself and an outsider recognizes this and even awards you for it.....Thank you very much. God Bless MCHIP”*

vi. **Household Counselors Step down Trainings** - The trainings were aimed at

equipping participants with knowledge to provide information, guidance and support to pregnant women and their families to adopt appropriate maternal and newborn health behaviors to improve their health through household visits. The overall goal of the training was to prepare the Household Counselors as change agents to facilitate and sustain proven maternal and newborn household practices including



Participants practicing counseling

appropriate care-seeking. The specific objectives of the training are: To provide basic information on antenatal, childbirth and postpartum care for both mother and baby to household counselor. To improve counseling and communication skills of Household counselors, describe the roles of counselors at community level, to provide household counselors with appropriate negotiating skills to support pregnant women and their families to identify and improve barriers that prevent them from practicing adequate MNC behaviors. Describe the post partum care for mother and newborn, understand the element of communication, IPCC and BCC, basic knowledge on LAM, return to Fertility, LAM transition, understand various types of post-partum family planning and how to integrate PFP into counseling sessions, understand the basic concept of data, data tools and the essence of accurate and timely reporting of all activities. The training was facilitated in a very interactive and participatory way using interactive training techniques

15 participants were trained to adequately educate families to change their health seeking behavior. 6 out of the 15 participants are CHEWs 3 were TBAs and 6 were teachers of which 3 were among the trained TMMD facilitators. Participants were drawn from around Danbedi, Shanawa which are Shinkafi general Hospital Catchment communities and WCWC shinkafi Catchment



Group photo after the training

Communities. Household counselors were divided into 3 groups to cover the 3

areas where CCG, TMMD and Male Motivators are working.

- vii. **SBM-R Step down Trainings** - The aim of this series of SBM-R Workshops was to continue SBM-R processes which were began under the ACCESS program with stronger involvement and supervision from State and Local Government health authorities. The training workshop was held in 4 Batches in Zamfara State. Batch I was the Managerial Level Training which held from May 18-22, 2010. The aim of training managers of health services in Zamfara State is to create a sense of ownership as the implementation progresses through the involvement of Directors at the Ministry of Health and Health Services Management Board Level in assessments and supervision, and for their support towards mobilization of resources to meet performance standards. Batch II – IV were Health Facility Level Trainings. Batch II & III were held back-to-back from June 21-26. Batch IV took place from July 20-22, 2010. The training workshop involved illustrated lectures, group work, review of the performance standards for EMONC, SBM-R performance assessment practice (Structured Observation, Guided Interview, and Chart Review) and role plays. The total number of participants trained in this series of Module I SBM-R Trainings was 107. Six trainers facilitated during one or more of the training workshops. For participants who were new to the SBM-R process, knowledge on quality improvement interventions was low and SBM-R was a new concept. At the Managerial Level Training very few participants were familiar with the SBM-R process. For health service providers who had gone through the SBM-R trainings and began implementation of the process previously, the workshop was an opportunity to remind them of the quality improvement and performance principles of SBM-R which many had forgotten. By the end of the training workshop, most participants were knowledgeable about the standards of performance for EMONC. This was evident in the level of participation, myriad of questions about implementation and participant evaluations of the workshop. A critical mass of Health Service Providers and Managers of Health Services in Zamfara state which can move the SBM-R process forward has been created with this series of SBM-R workshops. Most participants went away with a copy of the Performance Standards for EMONC in Hospitals and the Performance Standards for Family Planning to begin using as job aids and for self-assessment, pending the arrival of baseline assessment teams and formation of Quality Improvement Teams (QITs) in the health facilities.



MCHIP Senior Program Manager scoring a participant using direct observation method

- viii. **CM Data Collection** – During the quarter, the CMO routinely collected data from the CCGs, Household counselors and the TMMD and sent all to the Senior

M & E Officer in Abuja. CCG work plans were reviewed as well. Of the TMMD data collected, an analysis of five clubs in the Mada Community showed that an average of 24% of the loans taken were used for health related reasons with a range of 12% to 43%. Loans for health emergencies are interest-free and are given out from each Club's Emergency Fund, to be paid back within a period stipulated by all members of the Club.

## Katsina

### i. Ambulance vehicle donated to CCG Abukur of Rimi for PHC services –

The CCG/CMT efforts in advocacy yielded a result as Alh. Mannir Abukur, a philanthropist, donated a Carina E Toyota for use of the clinic as mobile Ambulance. The one-day event was attended by The Hon. Commissioner of Health, the Deputy Speaker State House of Assembly, the LGA Chairman, Director PHC at SPHCDA, District head, heads of departments, Imams village heads, counsellors, and multitude of spectators from the community. Several Speakers delivered speeches



The Donor surrendering the vehicle to the LGA Chairman

during the event but of special interest were speeches delivered by the CMT Chairman and the in charge of the facility. Below are a few quotations from the some of the aforementioned speakers: *“For over 10 years this clinic has had a committee that assists in running the affairs of the facility but could not show anything serious that the committee had achieved except with the coming of ACCESS/MCHIP recently that helped in reorganizing us, training us and facilitating our activities which focuses on the strategic mobilization activities. The effort has yielded a lot of result as all can attest in Abukur and its environs. Some of the successes recorded in this regard includes awareness creation on the activities of the clinic which had increased the participation of community members, several contribution of money and drugs for the DRF operation and the recent donation of the vehicle which you are all witnessing today, those were all achieved as a result of the organized community mobilization efforts that MCHIP supported us to conduct; we appreciate MCHIP”* Alh. Sani Abukur, CMT Chairman Abukur *“I am a CHEW assigned to take charge of this health centre, I had little knowledge on Maternal and Child health conditions, but through MCHIP continuous training and retraining on EMONC, PFP, IPCs etc, my knowledge on effective management of cases increased rapidly which in turn assisted in boosting the clinical attendance as well as community services in the clinic and in the Abukur community generally. Now they strengthen us to initiate strong advocacies for the sustenance of the clinic; see this break through we had on getting this vehicle. We will never forget ACCESS/MCHIP, we are appreciative”* Hajiya Amina Suleiman in-charge PHC Abukur

- ii. **Household Counsellors Step down trainings** – As was done in the other States, step down trainings were conducted using the trained trainers in 3 MCHIP supported LGAs.
- iii. **Integrated Supportive Supervision** – MCHIP participated in the just concluded integrated supportive supervision of Midwives Service Scheme organised by National Primary Health Care Development Agency. The objectives of the exercise are to establish effective cluster linkage between the general hospital and four Primary Health Care Facilities, to provide supportive supervision to the Midwives and ensure their availability at their duty post.



Supervision team inspecting registers at CHC Bindawa LGA

## 10. Renovation of more Health Facilities

Renovation needs assessment of maternity units of Rano General Hospital, Tudun Wada GH and Abasawa PHC was conducted by the Engineer contracted with support from Kano field office staff. In the company of the hospital management/administrative and clinical staff, the entire maternity and ANC units of the three facilities were assessed to identify their renovation needs. Similar assessments were done in the 2 other States and the renovation would commence in the next quarter after the bidding process is done.

## 11. Participation in other project related activities

During the quarter, MCHIP participated in the following activities:

- i. **Planning Meetings for FP Conference** – The MCHIP COP, Senior Program Manager and Senior Technical Officer, took part in the planning meeting for an upcoming international conference on FP which is to hold in Nigeria in November. This is a follow up to the FP conference which held in Uganda last year
- ii. **MSS Baseline Survey Dissemination Meeting** – The MCHIP Senior Program Manager attended the MSS baseline survey dissemination meeting which took place in the NPHCDA Office in Abuja. Opportunity to make input into the document was given and participants made useful inputs.
- iii. **USAID IPs Quarterly Meeting** – The MCHIP COP, Senior Program Manager and Senior M & E Officer attended the IPs quarterly meeting where relevant issues were discussed.

- iv. **Cervical Cancer Meeting** – The MCHIP COP and Senior Technical Officer attended the 4<sup>TH</sup> Stop Cervical Cancer In Africa (SCCA) Conference at La Palm Royal Hotel, Accra, Ghana and to participate in Jhpiego’s “Better Practices for Implementing Cervical Cancer Prevention Programs” Regional Workshop at Airport West Hotel, Accra, Ghana
- v. **Review/Validation Meeting on Baseline Study on Maternal Mortality** – during the quarter, MCHIP was invited to the review/validation meeting on the report titled “*Baseline Study on Maternal Mortality – Appreciating the Impact of Socio-cultural Factors*”. MCHIP representatives made useful contributions to the review of the study.
- vi. **Global Maternal Health Conference** – The MCHIP Senior Program Manager attended the first ever 3-day Global Maternal Health Conference which took place in India. He made a presentation there titled “*Improving Maternal and Newborn Health through Income Generating Activities (IGA) of Mothers Saving and Loan Clubs in Northern Nigeria*”
- vii. **Extraordinary meeting of the CTC** – during the quarter, an extraordinary meeting of the CTC of the IMNCH Secretariat was called. This 3-day meeting took place in Kaduna where the Situation Analysis and Action Plan for Newborn Health and the Kangaroo Mother Care Training Manual were looked at. Recommendations for ensuring the survival of the newborn were articulated at the end of the meeting.
- viii. **TSHIP 2- Day Consensus Meeting on Community Mobilization Strategy** – during the quarter, the MCHIP Senior Community Mobilization Officer was invited to attend the TSHIP consensus meeting on its community mobilization strategy. The 2-day meeting was held in Sokoto and he provided technical guide for the focus on effective Community Engagement and Health Systems to improve integrated maternal and child health services in Sokoto State

## **12. FP policy and legislative procedures activities**

During the quarter, the FP coordinators continued to supervise FP activities in all MCHIP supported facilities to ensure that there were no violations of the FP policy and legislative procedures. Also all trainings undertaken ensured that the FP Policy and legislative procedures were taught.

## **III. CHALLENGES AND OPPORTUNITIES**

1. Partial state project coverage (27 LGAs out of a total of 92 available across 3 states representing 29.3%) due to presence of other implementing partners doing similar work and limited funding.
2. High rates of home deliveries across Northern Nigeria continues to pose a great challenge to the project despite increasing attendance at MCHIP supported facilities. Using the UN indicators, in FY10, the proportion of births taking place in MCHIP supported sites was only 18% while met need for emergency obstetric and newborn care was 14%. Though this is quite similar to lessons learnt from other similar

projects<sup>3,4</sup>, it falls below the level of coverage desired for rapid lead to achievement of MDGs 4 and 5. Table 1 below provides more information about coverage. The TSHIP project is a response to the challenges of partial state coverage of high impact interventions.

**Table 1: Selected UN Indicators in the ACCESS/MCHIP Project States**

	FY07	FY08	FY09	FY10
Population served	1,470,673	5,143,461	5,313,195	6,880,468
Expected births	60,298	210,882	217,841	282,099
Expected complications	9,045	31,632	32,676	42,315
<b>Service statistics</b>				
Births in EmONC facilities	7,685	22,092	39,677	50,130
Women with complications delivering in EmONC facilities	276	2,576	4,147	6024
Cesarean births	473	1,237	2,114	4209
<b>UN Process indicators</b>				
Proportion of births in EmONC facilities (Percent)	12.7	10.5	18.2	18
Met need for EmONC (Percent)	3.1	8.1	12.7	14
Cesarean sections as a proportion of all births (Percent)	0.8	0.6	1.0	1.5

3. Shortage of skilled birth attendants and adhoc staff transfers in the MCHIP supported facilities continue to pose a serious challenge in ensuring availability of quality EmONC services. MCHIP response has been to continue to train newly posted staff while building the capacity of the more stable CHEWs to provide some components of Basic EmONC services.
4. The MSS program and deployment of some midwives to MCHIP supported facilities continues to provide an outlet for increasing deliveries by skilled birth attendants. This project which is already showing signs of success has become one of MCHIP's critical routes to sustainability of its lessons learnt. MCHIP has become the technical partner to NPHCDA in respect of human capacity building and performance management.
5. Frequent stockouts of family planning commodities and tracer obstetric drugs seems rather intractable, especially in an environment where the project had to depend on third party sources for these commodities. In 2010, MCHIP continued its aggressive

<sup>3</sup> T.G. Rana, B.D. Chataut, G. Shakya, G. Nanda, A. Pratt, S. Sakai *Strengthening emergency obstetric care in Nepal: The Women's Right to Life and Health Project (WRLHP)*. International Journal of Gynecology and Obstetrics (2007) 98, 271–277

<sup>4</sup> M. Kayongo, E. Esquiche, M.R. Luna, G. Frias, L. Vega-Centeno, P. Bailey. *Strengthening emergency obstetric care in Ayacucho, Peru*. International Journal of Gynecology and Obstetrics (2006) 92, 299—307

advocacy to all their tiers of government to ensure that budget line items are provided for the procurement of these commodities as at when due. MCHIP leadership in company of other IPs have succeeded in extracting a promise from the Honorable Minister of Health that appropriate funding will be provided in 2011 for the procurement of FP commodities. MCHIP will continue to track the progress of the budget through the national assembly.

#### IV. ACTIVITY CHANGES

No significant activity changes occurred during the quarter.

#### VI. SUCCESS STORIES

##### 1. Mallam Abubakar Maikudi's Story

Mallam Abubakar Maikudi who resides in Kiru village is anxious about his family's future. He began to worry about his wife's frequent and poorly spaced deliveries which have adversely affected her health. Even though he had heard about family planning on the radio, he didn't know where to get detailed information about the various family planning methods that are available and where to get the services. It was quite a difficult situation for Mallam Abubakar at this point in time. Fortunately, one of the MCHIP trained Male Birth Spacing Motivators (MBSM) in the village paid a home visit to him and provided him



Malam Abubakar being educated on family planning by an MCHIP-trained Male Birth Spacing Motivator

information on the range of family planning options available (such as pills and condoms) and referrals for other methods such as IUD, Jadelle and sterilization. The counseling provided by the MBSM also highlighted key benefits of healthy timing and spacing of pregnancies. After the counseling session, Mallam Abubakar responded by saying that:

*"I am very happy that your visit to my house has taken a big burden out of my life and I am very much satisfied with the information you have given me on how to plan my family and where to get the services. I am personally encouraged by your explanations and I would like to visit the hospital tomorrow along with my wife to choose a method"*

Mallam Abubakar was referred to Kiru Comprehensive Health Centre, an MCHIP supported facility by a Male Birth Spacing Motivator (MBSM) on the 13<sup>th</sup> of August, 2010. He later provided evidence that Mallam Abubakar and his wife were attended to by the service provider trained on family planning including IUD and Jadelle insertion by MCHIP.

They chose the IUD as their preferred Family Planning method and it was inserted immediately.

## **2. Success story – Jamila Muhammad**

For more than 8 years, Jamila Muhammad has lived with an unmet need for family planning. She is the mother of 8 children who is married to a patent medicine vendor living in Kano metropolis. At the age of 27 years, she had delivered five children and had had three miscarriages. That was when she realized she needed to use a modern contraceptive method to space her pregnancies. However because she was being treated for a kidney disease, she was misinformed by her relatives that she could not use any family planning method. Thus, Jamila dismissed the thought of discussing her family planning options with a service provider.



Jamila Muhammad receiving medical care at maternity unit of the hospital

She sat at home and quietly endured the difficulties of two subsequent pregnancies and deliveries while receiving treatment for her ongoing kidney disease. When she became pregnant for the 11<sup>th</sup> time at the age of 35 years, she made up her mind that she needed to explore her options for family planning at the health facility.

During one of her antenatal care visits at Sir Muhammad Sanusi Specialist Hospital, Jamila came in contact with MCHIP-trained Dr Yusuf who counselled her on family planning options in the postpartum period. She chose to undergo bilateral tubal ligation after delivery.

On the night of 11<sup>th</sup> September 2010, after several hours of prolonged labour due to abnormal foetal presentation, Jamila had an emergency caesarean section with bilateral tubal ligation. She was delivered of a live baby girl named Amra.

Jamila: *“I wanted to use family planning methods for a very long time but I was told since I have kidney problem I could not use any method. That was how I went on to have 8 children. If I had known about this method I would have had the surgery long ago”*.

Dr Yusuf Munkaila is the Medical Director of



Dr Yusuf Munkaila making suggestions on strategies to increase uptake of family planning services in Kano

Sir Muhammad Sanusi Specialist Hospital, an MCHIP supported health facility. He believes that *“while there is increasing trend in the uptake of family planning services in Kano, a large number of women still have an unmet need for family planning. This is largely due to the myths and misconceptions about family planning and the perceived religious and family opposition to family planning in the region. There is a need to step up engagement of the religious and traditional leaders to understand the health benefits of family planning so that they can actively participate in advocacy efforts and disseminating messages that promote family planning as a means of improving maternal and newborn health. There is also a need to increase male involvement to mobilize other men to allow their wives to practice family planning”*.

With the involvement of MCHIP’s male and female volunteers who work as male birth spacing motivators (MBSMs) and household counsellors (HHCs) respectively, MCHIP will continue to educate women/couples in both rural and urban settlements about healthy timing and spacing of pregnancies and family planning and the importance of delivery with a skilled birth attendant because every pregnancy is at risk of complications. Healthcare providers will continue to be trained and supported to acquire competency in providing emergency obstetric and newborn care and to meet the family planning needs of couples.

## **VI. NEXT QUARTER RESULTS**

In 2011, MCHIP will continue to work with the SMOH and LGA officials to support the 57 health facilities in 28 Local Government Areas within the 3 project States. MCHIP will invest in showcasing what has worked to staff of the SMOH, HMB and LGA. These staff will be supported to attend a planned ACCESS/MCHIP Dissemination meeting scheduled to take place during the November/December 2010 SOGON conference in Abuja. MCHIP will thereafter work with these agencies to sustain what MCHIP has started and to scale-up to other facilities that were not supported by MCHIP.

Specifically, in the area of family planning, MCHIP will build on the following successful inputs:

- Leverage commodities from the private sector and charities to conduct family planning outreaches in facilities with long waiting lists for long acting methods. To start this process, Jhpiego Corporation, the lead partner in MCHIP has already provided \$22,000 of unrestricted funds procure 1000 Jadelle implants to jumpstart the outreaches in the new fiscal year. This intervention, will in no way, affect its aggressive advocacy to FMOH takeover FP commodity procurements from donors.
- MCHIP will continue its capacity building of FP and EmONC champions in Northern Nigeria by using its trained trainers as consultants for step down trainings.
- MCHIP will train many more midwives, nurses and medical officers to provide long acting and permanent methods of contraception

- MCHIP will intensify the now popular balanced counseling strategy (BCS) cards that were adapted from the Population Council. MCHIP will support the printing of more of these cards and distribution to frontline health care workers and train them in their use.
- MCHIP will also support the adoption and use of the systematic screening checklist in child welfare clinics, postnatal clinics and wards as well as immunization clinics to avoid missed opportunities for FP counseling and services.
- MCHIP will distribute its existing stock of FP posters and job aids to the supported facilities and advocate for replacement by the appropriate government agencies when due.
- MCHIP will continue its support for the joint quarterly supervisory visits to all facilities and the implementation of the SBM-R process. MCHIP will pay special attention to capacity building of newly posted staff on record keeping and use of data for decision-making.
- MCHIP will also intensify its community mobilization efforts in under-served communities, particularly for skilled birth attendance and postpartum family planning. To this end more household counselors and male birth spacing motivators who will reach out to hard to reach groups will be trained and commissioned for work. MCHIP will also continue to form CMTs and CCGs around supported health facilities where none exist especially in Katsina State. More TMMD clubs will be formed to meet demands and to further empower the women and give them financial access for emergencies.
- MCHIP will strengthen its collaboration with its CDC-funded PMTCT project in Zamfara and Kano states by integrating HIV counseling and testing and provision of anti-retroviral drugs to positive women in its supported facilities. This is made possible by access to rapid testing kits and ARVs from the ZAIHAP project. MCHIP will also continue to seek opportunities for integrating malaria in pregnancy interventions in all its project sites.

In the area of emergency obstetric and newborn care:

- MCHIP will continue to build the capacity of service providers to provide basic emergency obstetric and newborn care and post-partum family planning.
- To consolidate its sustainability plan, MCHIP will strengthen its collaboration with NPHCDA on the MSS program particularly in the area of CHEWS training to provide basic EmONC services and training of medical officers to provide comprehensive EmONC services.
- MCHIP will also work with the NPHCDA on its web-based virtual learning environment project.
- MCHIP will integrate the “Helping Babies Breathe” training into its Essential Newborn Care training scheduled for January 2011. This training will be done in collaboration with TSHIP so that together HBB will be stepped down to the 5 Northern States of Sokoto, Bauchi, Kano, Katsina and Zamfara.
- MCHIP will be making its last donation of anatomic models and some medical equipment to the pre-service training institutions. These will facilitate the

continuous training of student midwives so that they will exit with appropriate FP skills and reduce the need for in-service training.

- MCHIP will continue its collaboration with the Nigeria Society for Neonatal Medicine to implement activities for community based management of neonatal sepsis.
- MCHIP will finalize its endline evaluation report and prepare presentations for dissemination during the November 2010 SOGON Annual Conference in Abuja.

**MCHIP Q4 FY10 Report: Emergency Obstetric and Newborn Care in Kano, Katsina and Zamfara States**

	<b>This year target</b>	<b>This year actual</b>	<b>This year actual by Facilities with double reporting</b>	<b>This quarter target</b>	<b>This quarter actual</b>	<b>Explanation for variance or why not reported during this quarter</b>	<b>Next quarter target</b>	<b>09.30.11 target</b>
<b>Project Objective:</b> Increased utilization of quality Emergency Obstetric and Newborn Care (EmONC) services (including birth spacing) by pregnant women, mothers and their newborns at selected LGAs in two states, Kano and Zamfara.								
<i>Operational Plan Standardized indicator:</i> # of deliveries with a Skilled Birth attendant (SBA)	50,000	49,006 (98.01% of target)		15,029	13,739	As from August, 2010, MCHIP was directed by Zamfara State HMB to stop supporting one Bakura General Hospital which had been allocated to another project. The facility has since stopped reporting data to MCHIP and this partially affected the total attained	13,750	55,000
<i>Program Indicator:</i> % of births attended by Skilled Birth attendants (SBA)								
<i>Operational Plan Standardized indicator:</i> # of Antenatal Care (ANC) visits by skilled Providers from USG-assisted facilities	220,000	245,841 (111.7%)		45,000	68,863		64,000	250,000
<i>Program Indicator:</i> % of pregnant women who received at least four antenatal care visits								
<i>Operational Plan Standardized Indicator:</i>	35,000	51,221 (146% of		15,000	13,572	Although the target for the quarter was not met, the	125,000	40,000

	<b>This year target</b>	<b>This year actual</b>	<b>This year actual by Facilities with double reporting</b>	<b>This quarter target</b>	<b>This quarter actual</b>	<b>Explanation for variance or why not reported during this quarter</b>	<b>Next quarter target</b>	<b>09.30.11 target</b>
Number of postpartum/newborn visits within 3 days of birth in USG-assisted programs		target)				project surpassed the overall target set for the year. In reporting this indicator, the project revisited the WHO definition of this indicator which includes Postpartum/newborn visits within the first 4 hours of delivery and the deliveries within the first 3 days. The first definition qualifies all deliveries in GHs to be included while the second definition includes those who delivered at home but came for follow up visits within 3 days of home delivery.		
<i>Operational Plan indicator :</i> Couple-years of protection in USG-supported programs (CYP)	17,000	27,041 (159% of target). <b>23,415 can be attributed to MCHIP</b>	12,508 (This figure represented the total contributions of Danbamtta,	7,000	7,823	During the reporting period, MCHIP partnered with the Marie Stopes Nigeria Project (because of the latter's access to FP commodities donated by UK charities) to provide	6,500	18,500

	This year target	This year actual	This year actual by Facilities with double reporting	This quarter target	This quarter actual	Explanation for variance or why not reported during this quarter	Next quarter target	09.30.11 target
		<b>if 3,626 is deducted from the total attained</b>	Gwarzo, MMSH, Sir Moh Sanusi GHs in Kano State and Daura, Dustinma, Funtua and Katsina GHs in Katsina State to the total CYP attained in FY10 (3,626 from the facilities in Katsina and 8,882 from the facilities in Kano			Jadelle at affordable cost to clients in few facilities in Katsina State. Within this partnership, MCHIP did the counseling and outreach activities while MSN provided the Jadelle implants and partnered MCHIP to provide services. . CYP attained for LAM also contributed to the total attained for this indicator.		
<i>Program indicator: % of caretakers seeking care from sick care providers for sick newborns</i>								
<i>Program indicator: % of postpartum women using</i>								

	This year target	This year actual	This year actual by Facilities with double reporting	This quarter target	This quarter actual	Explanation for variance or why not reported during this quarter	Next quarter target	09.30.11 target
contraception (including LAM) at 6 weeks postpartum								
<b>Sub-I.R. 1:</b> Improved quality of family planning methods in selected LGAs								
<i>Operational Plan Standardized Indicator:</i> # of USG-assisted service delivery points providing FP counseling or services.	54	57		57	57	All MCHIP supported facilities including PHCs and the new hospitals are providing FP counseling services and method provision.	Nil	60
<i>Operational Plan Standardized Indicator:</i> Number of people trained in FP/RH with USG-funds (disaggregated by gender)	500	567 (113.4% of the year's target)		135	202 F=110; M=44	Although the SMOHs in the three project states requested for more slots in MCHIP trainings for their service providers, the difference between the total attained and the target was not much. Also CHEWs and male birth spacing motivators were trained	120	550
<i>Operational Plan Standardized Indicator:</i> Number of people that have seen or heard a specific USG-supported FP/RH message								
<i>Operational Plan</i>	55,000	67,475	18,101 was	12,000	11,724		15,000	60,000

	<b>This year target</b>	<b>This year actual</b>	<b>This year actual by Facilities with double reporting</b>	<b>This quarter target</b>	<b>This quarter actual</b>	<b>Explanation for variance or why not reported during this quarter</b>	<b>Next quarter target</b>	<b>09.30.11 target</b>
<i>Standardized Indicator:</i> <i>Number of counseling visits for family planning/Reproductive health as a result of USG assistance</i>		(122.6% of target)	the total attributed to Dambatta, Gwarzo and MMSH in Kano state and the four GHAIN project sites in Katsina. (10,953 for the sites in Kano and 7,148 from the sites in Katsina)		(380 Males, 11,344 Females)			
<b>Sub-I.R. 2: Improved quality of EmONC services in selected LGAs</b>								
<i>Operational Plan indicator:</i> <i># of health facilities rehabilitated</i>	12	6		6	Nil	The contracting process for renovations of 9 additional facilities (3 per state) is ongoing. The contracts for renovations will be awarded in the next quarter.	6	
<i>Program Indicator:</i> # of health facilities using SBM-R approach for performance improvement	30	30 (100%)		30	30	The 30 facilities are the ones using the SBM-R	Nil	

	<b>This year target</b>	<b>This year actual</b>	<b>This year actual by Facilities with double reporting</b>	<b>This quarter target</b>	<b>This quarter actual</b>	<b>Explanation for variance or why not reported during this quarter</b>	<b>Next quarter target</b>	<b>09.30.11 target</b>
						approach up till the end of FY09. No new ones are added		
<p><i>Operational Plan</i></p> <p><i>Standardized Indicator:</i> # of women receiving Active Management of the Third Stage of Labor (AMSTL) through USG-supported programs.</p> <p><i>Precise Definition:</i> Number and percent of women in facilities and homes where the woman received AMTSL by SBAs in targeted areas in a specified time period. This includes vaginal deliveries only.<sup>5</sup> Targeted areas are those where the United States Agency for International Development partner and Cooperating Agency (CA) maternal and child health projects are implementing AMTSL interventions – these include public and private health facilities, rural and urban health facilities, as well as home births with SBAs</p>	35,000	45,138 (128% of target)		12,500	12,654	Posting of midwives (SBAs) from the MSS program to 12 MCHIP supported PHCs has resulted in the reporting of this indicator from many PHCs. This is in line with the WHO and POPPHI definition of the indicator. This is largely responsible for the over-achievement of this quarter's target	10,000	40,000
<p><i>Program Indicator:</i> % of women receiving Active Management of the Third Stage of Labor (AMSTL) through USG-supported programs.</p>								

<sup>5</sup> Does not include Caesarean -Section or abortion

	<b>This year target</b>	<b>This year actual</b>	<b>This year actual by Facilities with double reporting</b>	<b>This quarter target</b>	<b>This quarter actual</b>	<b>Explanation for variance or why not reported during this quarter</b>	<b>Next quarter target</b>	<b>09.30.11 target</b>
<i>Program Indicator:</i> # of births at ACCESS-supported facilities for which the partograph was used	30,000	23,200 (77.3% of target)		5,000	6,989		7,500	33,000
<b>Sub I.R. 3: Improved enabling environment for scale-up of EmONC best practices at national and state levels</b>								
<i>Program Indicator :</i> Training curricula and strategy for pre-service midwifery education revised and implemented in Kano and Zamfara states	Nil	Nil		Nil	Nil	MCHIP completed this activity in FY09. Additional anatomic models for obstetric and neonatal skills development have been ordered and will be delivered in the next quarter.	Nil	Nil
<i>Program Indicator:</i> Operational performance standards for EmONC distributed in ACCESS-supported facilities.	Nil	47		Nil	47	MCHIP did not set target for distribution of this manual because it was widely distributed in FY09 and thus was not re-printed. However, few remaining manuals were issued out on request to other development partners during the reporting quarter	Nil	Nil
<i>Program Indicator :</i> National KMC training manuals distributed in	Nil	Nil		Nil	Nil	Distribution of this	Nil	Nil

	This year target	This year actual	This year actual by Facilities with double reporting	This quarter target	This quarter actual	Explanation for variance or why not reported during this quarter	Next quarter target	09.30.11 target
ACCESS-supported facilities						training manual was completed in FY09		
<b>Sub-I.R. 4: Improved management of maternal and newborn services in selected LGAs</b>								
<i>Operational Plan Standardized Indicator: # of USG-assisted service delivery points experiencing stock-outs of specific tracer drugs<sup>6</sup>.</i>	24	31		24	31	Stockouts of essential obstetric tracer drugs remain a challenge. Since MCHIP has no control over the availability of these tracer drugs, it continues to advocate to the SMOH on the importance of its oversight functions for the drug logistic management system.	24	28
<i>Operational Plan Standardized Indicator: # of newborns receiving essential newborn care through USG supported programs</i>	30,000	46,041 (153% of set target)		11,000	11,804		10,000	35,000
<b>Sub-I.R. 5: Increased demand for maternal and newborn services in selected LGAs</b>								
<i>Common indicator: # of</i>	42,000	28,132		8,500				

<sup>6</sup> Tracer drugs selected are: Oxytocin, MgSO4, Hydrallazine, Diazepam, Ampiclox, Gentamicin, Metronidazole, Sulphadoxine-Pyrimethamine (SP), Iron/Folate tabs.

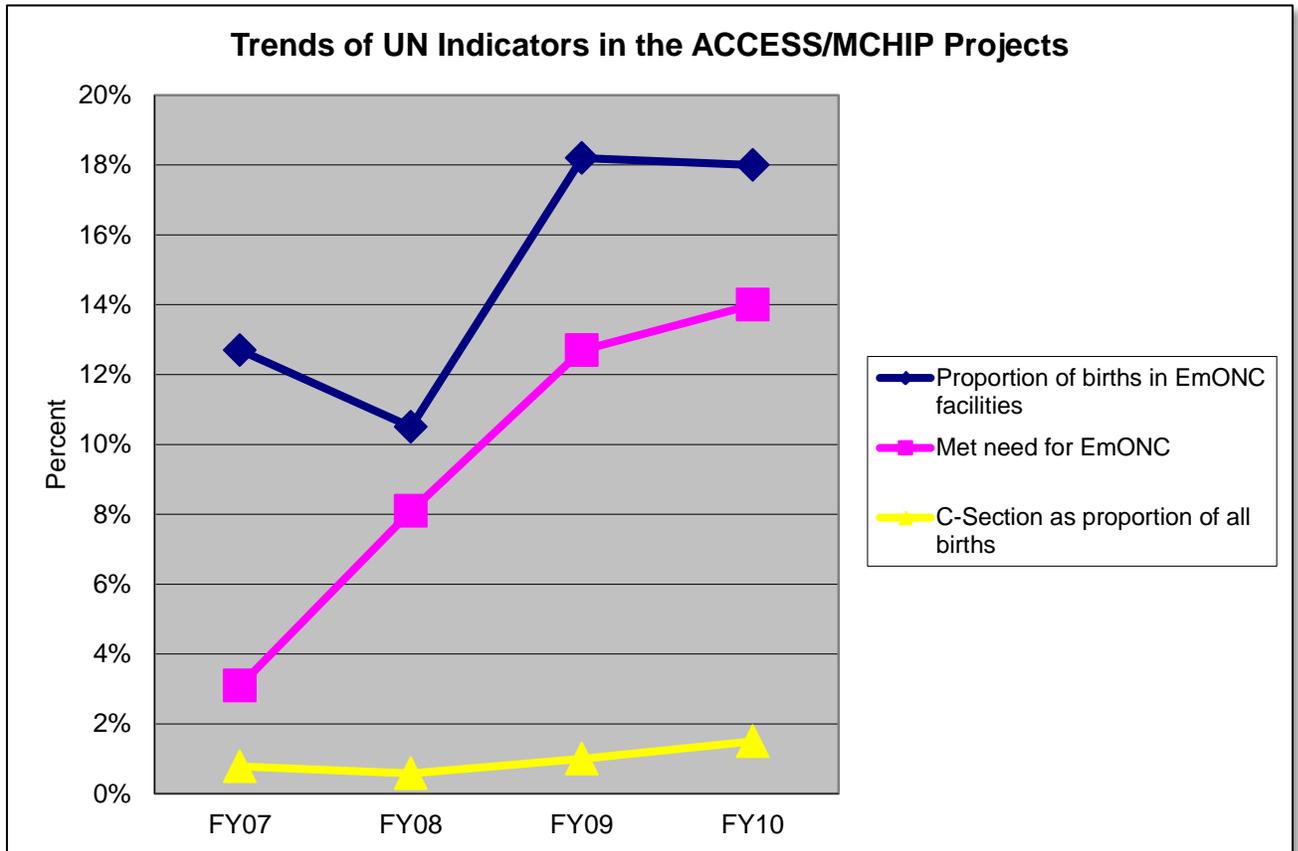
	<b>This year target</b>	<b>This year actual</b>	<b>This year actual by Facilities with double reporting</b>	<b>This quarter target</b>	<b>This quarter actual</b>	<b>Explanation for variance or why not reported during this quarter</b>	<b>Next quarter target</b>	<b>09.30.11 target</b>
beneficiaries of community activities [C 20.10]		(67% of target)						
<i>Program Indicator:</i> # of community committees that have work plans that include activities to reduce maternal and newborn deaths	51	51 (100%)		3	3			Nil
<i>Program Indicator:</i> # of communities with plans that include emergency funds and/or a transport system for maternal and newborn complications	51	51 (100%)		3	3			Nil
<b>Sub-I.R. 6:</b> Improved availability of EmONC health workers in target/Selected LGAs								
<i>Common/Operational Plan Standardized indicator:</i> # of people trained in maternal/newborn health through USG-supported programs	600	760 (126.6% of target)		220	282 F=200; M=82)	Series of step-down training for household counselors were conducted at community level which were counted	120	600
<i>Program Indicator:</i> Caesarean sections as a percentage of all births in USG-supported facilities	15%	1.5%		5%	1%	This was calculated as a proportion of all expected births in the coverage areas of the project	5%	15%

The information in this table is to be based on the IP's Mission-approved PMP and work plan, and should focus on whether targets were met, not met or have been exceeded during the reporting period. The table is designed to summarize in one convenient location the progress the IP has made. The table supports the narrative and in no way replaces it.

The IP should report on all of the targets in the PMP and work plan, as well as the Common Indicators it tracks for the Mission's Annual Report. Where reporting is not applicable or possible, the IP may enter "N/A" and explain why in the "Explanation for variance" column (e.g., this data is collected and reported on annually). Discrepancies between targets and actuals must be explained. Please report according to the USG financial year calendar: Q1 = Oct-Dec 2005, Q2 = Jan-Mar 2006, FY 2006, etc. The IP is expected to develop its own table, using a numbering system that is based on its PMP and work plan. Refer to the sample table below only as a guide.

## Annexes

### 1. Trends of UN Indicators in the ACCESS/MCHIP Project



## 2. Sample Family Planning Posters

Space your birth for a better future!

**MODERN FAMILY PLANNING METHODS ARE EFFECTIVE AND SAFE FOR EVERYONE**

**USE THEM TODAY**  
TO SPACE YOUR BIRTHS

USAID | CHIP | Jhpiego

Space your birth for a better future!

**SPACING YOUR PREGNANCIES SAVES LIVES**

Wait at least two years after a birth before getting pregnant again

Visit the nearest family planning centre for more information

USAID | CHIP | Jhpiego

Space your birth for a better future!

**ENCOURAGE YOUR PARTNER TO PRACTICE DUAL PROTECTION**  
to prevent unplanned pregnancy and Sexually Transmitted Infections (STI) and Human Immunodeficiency Virus (HIV)

The 3-Way Practice:

- 1 Consistent and correct use of family planning with uninfected faithful partner
- 2 Consistent and correct use of a male or female condom with every act of sexual intercourse
- 3 Consistent and correct use of a male or female condom plus another family planning method with every act of sexual intercourse

USAID | CHIP | Jhpiego

Bada tazarar haihuwa demin samun kyakkyawar rayuwa

**MA'AURATA SU TATTAUNA AKAN AMFANIN BADA TAZARAR HAIHUWA**

Bada tazarar haihuwa na taimakawa wajen inganta rayuwa

USAID | CHIP | Jhpiego

Space your birth for a better future!

# BIRTH SPACING METHODS

There is a suitable method for everyone

Pill



Suitable for **WOMEN** who:

- Are in good health
- Want effective short or long-term birth spacing
- Can take a pill everyday
- Use the method and are breastfeeding a baby more than 6 weeks old

Effectiveness: 92-99+%

Implant



Suitable for **WOMEN** who:

- Are in good health
- Want long-term birth spacing
- Prefer a method that lasts up to 5 years
- Want a long maintenance method
- Are breastfeeding a baby more than 6 weeks old

Effectiveness: 99+%

Injectables



Suitable for **WOMEN** who:

- Are in good health
- Want long-term birth spacing
- Prefer a method that lasts 2 to 3 months
- Want a long maintenance method
- Are breastfeeding a baby more than 6 weeks old

Effectiveness: 99+%

Natural Birth Spacing



Suitable for **WOMEN** who:

- Have close co-operation and full commitment from their partners
- Have regular menstrual periods
- Are able to keep careful daily records of menstrual cycles and body changes
- Can avoid sexual intercourse during fertile days
- Prefer not to use modern contraceptives
- Are breastfeeding

Effectiveness: 89%

IUCD



Suitable for **WOMEN** who:

- Want long-term birth spacing
- Want a method that lasts up to 10 years
- Want a low maintenance method
- Are breastfeeding

Effectiveness: 99+%

Condom



Suitable for **MEN** who:

- Can use it every time they have sex
- Do not want children at the moment
- Want protection against sexually transmitted infections, including HIV/AIDS

**WOMEN** who:

- Can use it every time they have sex
- Do not want to get pregnant at the moment
- Want protection against sexually transmitted infections, including HIV/AIDS
- Are breastfeeding

Effectiveness: 86-97%

Spermicides



Suitable for **WOMEN** who:

- Can use it every time they have sex
- Want short-term birth spacing
- Able to use it correctly and consistently
- Are breastfeeding

Effectiveness: 74%

Diaphragm



Suitable for **WOMEN** who:

- Can use it every time they have sex
- Able to use it correctly and consistently
- Are breastfeeding

Effectiveness: 80-94%

Vasectomy

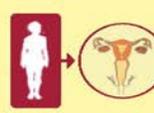


Suitable for **MEN** who:

- Have completed their family size
- Do not expect to reverse the operation

Effectiveness: 99+%

Tubal Ligation



Suitable for **WOMEN** who:

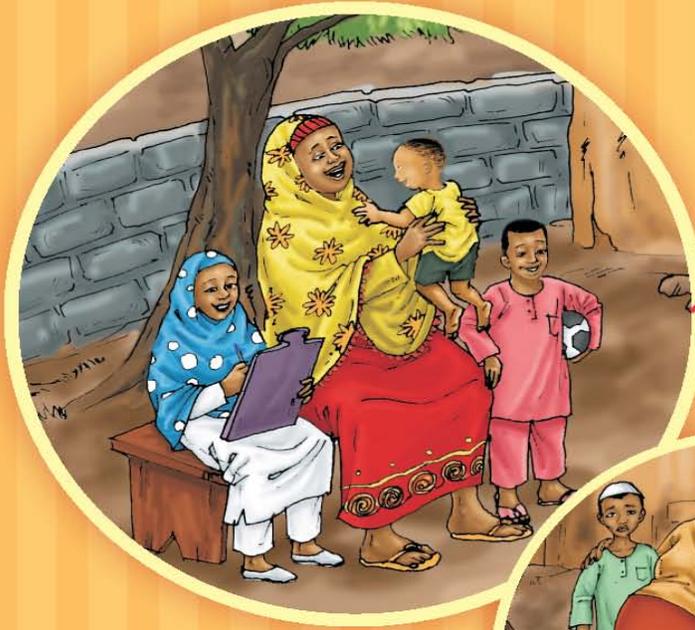
- Have completed their family size
- Do not expect to reverse the operation
- Should not have any more children for health reasons

Effectiveness: 99+%

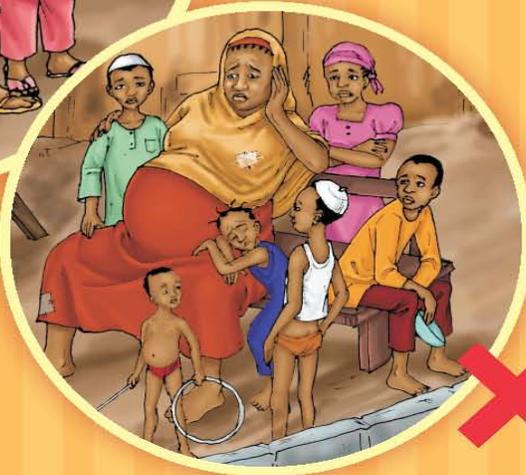


Bada tazarar haihuwa domin samun  
kyakkyawar rayuwa

## BADA TAZARAR HAIHUWA NA TAIMAKAWA YARA A WAJEN CIGABAN ILIMIN ADDINI DANA ZAMANI TARE DA SAMUN KOSHIN LAFIYARSU DA TA IYAYENSU



**Shirya Rayuwan  
Iyalinka a yau**



### 3. Appreciation Letter for Donated Equipment

## ZAMFARA STATE HOSPITAL SERVICES MANAGEMENT BOARD, GUSAU.

Your Ref No.: \_\_\_\_\_  
Our Ref No.: HSMB/SUB/ /VOL.1



OFFICE:  
Gada Blyu  
Along Gusau-Sokoto Road  
Gusau, Zamfara State  
☎ : 063-202410

Date: 27/09/2010

The Country Director/  
Chief of Party,  
CHIP.

**RE: DONATION OF EMOAC/FP/EQUIPMENTS GENERAL  
HOSPITALS, GUMMI, MARADUN, ANKA AND SHINKAFI**

I am directed to refer to the letter dated 23<sup>rd</sup> September, 2010 with above subject matter to inform you that the Hospital Services Management Board, Gusau has appreciated your efforts to the contribution for the development of the health sector in Zamfara State.

2. The Board wishes you the best of luck in your further endeavour, please.

**Alh. Sanusi Ismail K. (AHAN)**  
Director Administration  
For: Executive Chairman

#### 4. Newspaper write-up on the Kano State CMT/CCG Award Night

THE AREA

# Hospital deliveries increased in Rano, Fagge – Jhpiego

By Jaafar Jaafar

HOSPITAL delivery and access to health facility after the formation of Community Core Group (CCG) by a non-government-

tal organisation, Jhpiego, have increased to greater percentage in Rano and Fagge Local Government Areas of Kano State.

Jhpiego is leading the USAID-funded MCHIP team in imple-

menting an integrated community-and-facility-based essential maternal and newborn care intervention.

The CCG's activities entail putting pregnant women and

their family members in the frontlines of maternal and newborn health.

Before the formation of the CCG in 2008, hospital delivery was 1,385 in Rano Local Government but it increased to 3,094 after the formation of the group, said a statement by the organisation.

According to the state-ment, evidence suggests that institutional deliveries and care-seeking behaviour among pregnant women in Rano Tsohon Gari and environs have increased overtime. In Fagge Local Government, access to health facilities and hospital deliveries also increased overtime owing to the activities of the NGO. Before the formation of the CCG in Fagge, hospital delivery was 172 in 2008 but the number increased dramatically to 454 following the group's activities.

According to Jhpiego, the Fagge CCG ward A-D officially started its activities in June 2008 after receiving the Community Action Cycle Training (CAC) in May 2008 as one among ACCESS additional local governments in the state.

"In line with the strategy organised around the explore phase of Community Action Cycle (CAC), the Fagge CCG whose activities revolve around Rijiyar Lemo PHC catchments communities was able to invite

community participation," said the organisation.

According to them, social and behavioural factors appear to contribute to the risk of adverse birth outcomes. The statement therefore revealed that access to Ante-Natal Care (ANC) and family planning services including deliveries have significantly improved overtime.



**“BEFORE the formation of the CCG in 2008, hospital delivery was 1,385 in Rano Local Government but it increased to 3,094 after the formation of the group, said a statement by the organisation.”**