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STRENTHENING EMERGENCY OBSTETRIC AND NEWBORN CARE IN NORTHERN NIGERIA

FY09 Q4 REPORT

Presented to USAID/Nigeria
29th October, 2009

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

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USAID/Nigeria QUARTERLY REPORT

July – Sept 2009 (Q4 FY09) Report

ACTIVITY SUMMARY
Implementing Partner: MCHIP Nigeria
Activity Name: Emergency Obstetric and Newborn Care in Northern Nigeria
Activity Objective: 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.
USAID/Nigeria SO13: Increased use of child survival and reproductive health services
Life of Activity (start and end dates): April 1, 2009 – December 31, 2009
Total Estimated Contract/Agreement Amount: $2,250,000 committed
Obligations to date: $2,250,000 committed as of September 30, 2009
Current Pipeline Amount: $1,754,977 as of September 30, 2009
Actual Expenditures this Quarter: $376,796 for July 1 – September 30, 2009
Estimated Accruals as of September 30, 2009: $118,227
Estimated Expenses Next Quarter: $657,606 for October 1 – December 31, 2009
Report Submitted by: Emmanuel Otolorin, COP **Submission Date:** 29th October 2008 **Name and Title**

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
CYP	Couple years of protection
DQA	Data Quality Assessment
EmONC	Emergency obstetric and newborn care
FGDs	Focus Group Discussions
FMOH	Federal Ministry of Health
FP	Family planning
FY	Fiscal year
HIV	Human immunodeficiency virus
HMIS	Health management information system
IGA	Income generating activities
Jhpiego	Corporate name, no longer an acronym
LAM	Lactational amenorrhea method
LGA	Local Government Area
LOP	Life of Project
MCHIP	Maternal and Child Health Integrated Program
MEMS	Monitoring and Evaluation Management Services
MIP	Malaria in Pregnancy
MNH	Maternal and Newborn Health
NYSC	National Youth Service Corps
OB-GYN	Obstetrics and gynecology
PHC	Primary health care
PMP	Performance management plan
PMTCT	Prevention of Mother to Child Transmission of HIV
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

Narrative section

I. Background

ACCESS is a global program funded by USAID/Nigeria to focus on increasing the use of high quality Emergency Obstetric and Newborn Care (EmONC) services in Northern Nigeria, starting with Zamfara and Kano States. ACCESS Nigeria's LOP objective and results will contribute to USAID's strategic objective 13, *Increased Use of Child Survival and Reproductive Health Services.* ACCESS aims to contribute to the reduction of maternal and neonatal mortality by achieving its life-of-project (LOP) objective, *Increased utilization of quality emergency obstetric and newborn care (EmONC) services by pregnant women, mothers and their newborns in selected LGAs in two states, Kano and Zamfara***.**

In April FY09, **ACCESS migrated to the MCHIP** funding mechanism which 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[1] 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 family planning.

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

Progress in FY09

- FY09 was a period of project consolidation and expansion. During the year, MCHIP expanded its coverage from 37 to 48 health facilities in 22 LGAs (previously 18 LGAs) across the 3 supported project states-Katsina, Kano and Zamfara.
- MCHIP also expanded its Standards Based Management and Recognition (SBMR) approach to quality improvement to 30 health facilities (15 hospitals and 15 PHCs) and conducted a second follow-up assessment in the initial 11 health facilities. As shown in the table below, the mean scores at the 2nd follow-up assessment showed significant improvement in compliance with set EmONC standards. Factors responsible for quality improvement in these facilities include facility renovations of maternity units, donation of medical equipments by MCHIP, provision of IEC materials, and training of health care workers to provide emergency obstetric and newborn care (EmONC) services. MCHIP also trained more health workers to implement the SBM-R process.

Table 1: Mean Performance Scores at 11 Initial SBM-R Sites

Assessment	Mean Scores (%)	
	Hospitals (N=6)	PHCs (N=5)
Baseline	11.8	1.0
1st follow-up	49.3	21.1
2nd follow-up	83.9	61.9

- In order to increase the number of women receiving FP counselling and services, during FY09, MCHIP trained additional CHEWS to provide postpartum FP services and also trained midwives and doctors to provide long acting FP methods like IUD and Jadelle. On the demand side, MCHIP expanded its successful *Tallafi Mata Masu Dubara* ("Mothers Club for Savings and Credit") program by training additional women facilitators and forming new clubs in Kano and Zamfara States. Similarly, MCHIP trained more household counsellors, finalized and printed the Postpartum Family Planning counselling flipchart to be used by the household counsellors. This job aid is to help the HH counsellors to educate women and their families about the importance of birth spacing and to refer them to the FP clinic. MCHIP also introduced the Balanced Counselling Strategy approach and trained some health care workers to provide the Standards Days Method of family planning. While MCHIP continues to see an upward movement in the indicators that track this service, the set high targets for CYP were not met.
- MCHIP worked with the NPHCDA to adapt its EmONC training materials, job aids and IEC materials for use in the new Midwifery Services Scheme. MCHIP will continue to work with the agency as it rolls out the MSS program to the states, especially in Katsina, Kano and Zamfara States where health facility clusters overlap.

Specific program activities achieved in FY09[2]:

1. Training of 15 doctors on contraceptive technology update (CTU) so as to increase their knowledge of FP counselling and method provision as well as empower them to provide supervisory oversight to trained midwives and CHEWs
2. Thirty nurse/midwives and CHEWs were trained to provide post partum family planning including LAM.
3. MCHIP, in collaboration with CARE International of Niger Republic, organized a 10-day training of trainers on the Tallafi Mata Masu Dubara ("mothers club for savings and credit"). Five women were trained
4. Renovation of 5 selected health facilities in the 2 project States (3 in Kano State and 2 in Zamfara State) was done.
5. During the year, a USAID team led by the Development Outreach and Communications Specialist, Mr. Ebun Aleshinloye, and accompanied by a Consultant Specialist Photographer Mr. Jide Adeniyi Jones paid a visit to Zamfara State. The main purpose of their trip to the State was to take photos of activities in MCHIP supported facilities so as to build on the USAID Library for success stories and evaluate the inputs of the partners
6. Twenty seven service providers from 11 MCHIP supported facilities in Kano and Zamfara States were trained and equipped with skills and knowledge to use the SBM-R tool (Module 3) and follow standards to improve on their services to achieve quality of care in their Health Facilities. Participants reported on their second internal assessment of compliance with EmONC performance standards and institutional scores were compared with those of the baseline survey and first internal assessment. Generally, most facilities had improved upon both their baseline and first internal performances. Criteria for social recognition of high-performing sites were also set.
7. 2 sets of post partum family planning trainings were held for already trained EmONC MCHIP household counsellors. A total of 77 household counsellors were trained. The PPFP orientation training aimed at enabling the counsellors explain the importance of postpartum family planning, counsel clients using the postpartum family planning flipchart, address common PPFP myths and misconceptions, list family planning methods that are available in health facilities and describe the methods that can be used by breastfeeding postpartum women and some of their side effects.
8. Orientation of 3 batches of NYSC doctors and sociologists in all 3 project states to the problems and evidence-based interventions for life-threatening complications of pregnancy and childbirth was conducted. A total of 102 corpers were trained
9. 5-day training workshop on IUD and Jadelle insertion and removal was conducted in Murtala Mohammed Specialist Hospital, Kano. Nineteen health care providers from Kano, Katsina and Zamfara and one MCHIP staff were trained
10. In an effort to more systematically understand the mechanisms of effective family planning and maternal, newborn and child health (FP/MNCH) integration, an assessment was carried out on the integration of PPFP into existing services in Northern Nigeria during the year. This was done by the ACCESS FP global Director and the Senior FP Advisor, both of whom came from the US to conduct the study

[2] Q4 FY09 program activities are described in later part of this report.

11. As a way of ensuring uniformity in data collection and reporting for all MCHIP supported facilities in Kano, Katsina and Zamfara, a 2-day *record keeping and reporting* training was conducted for service providers working in all ACCEESS-supported new facilities in Kano and Zamfara. Participants were drawn from the ANC, maternity, family planning and records departments of participating General Hospitals and CHEWs working in PHCs. A total of 55 people were trained.
12. During the year, the MCHIP Senior M&E officer was invited by MEMS to make a presentation during its Brown Bag Forum on monitoring and evaluation in ACCEES Nigeria Project. M&E officers from other USAID supported projects were in attendance. Two USAID representatives (MCHIP project's CTO and program manager) were also in attendance. The presentation focused on strengthening monitoring & evaluation systems for Emergency Obstetrics and Newborn Care in MCHIP supported Facilities in Nigeria.
13. During the year, due to the employment of new staff for the CDC supported ZAIHAP project, the current Jhpiego Office space in Zamfara became too small. The Zamfara State Government was therefore approached for help and an Office block was allocated to MCHIP. This Office is situated on Anka Road in Gusau.
14. MCHIP hired three new staff to replace those that resigned. They include a Senior Technical Officer in Abuja, Dr Lydia Airede, a Clinical and Quality Improvement Officer in Kano, Dr Nasir Bashir and a FP Coordinator in Zamfara, Ms Amina Bala.
15. Following the expansion of MCHIP program into new LGAs in Kano and Zamfara States as well as into selected LGAs in Katsina State, two (2) CMT trainings on the Community Action Cycle (CAC) were held to strengthen the community mobilization aspect of the MCHIP program in these new LGAs
16. During the year the Paediatric Association of Nigeria held its annual conference. This 3-day meeting took place in Ibadan. A day before the meeting there was a pre-conference workshop on newborn survival which MCHIP' team and SAVE the Children participated in. Presentations on KMC were made and one of the MCHIP trained nurses from King Fahd Hospital Gusau, did a demonstration of KMC. The conference also afforded the opportunity for the book presentation of the *Situation Analysis and Action Plan for Newborn Health* document which had been finalized and printed with support from MCHIP and Save the Children
17. During the year, MCHIP also took the decision to introduce the Standard Days Method of birth spacing to widen the FP method mix in supported facilities. To this end, MCHIP organized a training-of-trainers (TOT) course for midwives, and participants were drawn from new MCHIP supported facilities. The State RH/FP Coordinators in Kano, Katsina and Zamfara States also took part in the TOT. Sixteen (16) health care providers from the MCHIP supported facilities were trained as trainers. The two-day TOT took place at Murtala Mohammed Specialist Hospital, Kano
18. During the year, 5 male birth spacing motivators' step down trainings were conducted in Kano State. These were done following the TOT that was done last 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

19. In FY09, a 3-day training was organized for health care providers working in MCHIP supported facilities in Katsina State. This followed the successful introduction of KMC in Kano and Zamfara States. The objectives of the training were to equip participants with knowledge and skills required to set up KMC centres and effectively manage Low Birth Weight (LBW) babies from birth up to the time of discharge from Kangaroo Mother Care. A total number of 19 health care providers were trained from 10 MCHIP supported facilities
20. During the quarter, a CAC evaluation and documentation exercise was carried out. A consultant working with Save the Children US (Telesphore Kabore) came to Nigeria to facilitate the exercise
21. During the year, a documentation of KMC and household counselling activities was carried out. A consultant from MCHIP partner, Save the Children, Dr Stella Abwao, was contracted to carry it out.
22. During the year, the annual meeting of country directors of Jhpiego world wide was held in Baltimore in June. However this year, field representatives were also invited to the meeting. The Country Director and the MCHIP Nigeria Senior Program Manager both attended. This year's meeting also coincided with Jhpiego's 35th year anniversary and it was celebrated as part of the week long affair. The theme of the meeting was *"Celebrating and Managing Growth"*.
23. During the year, a DQA team visited Zamfara State for 2 days. The objective of the visit was to carry out Data Quality Assurance in MCHIP supported facilities
24. During the year, a mother's night event was held in Abuja. This was sequel to a commitment made by Senator Iyabo Obasanjo, Chairman of the Senate Committee on Health to raise awareness nationally in the public and private sectors about the need to work towards reducing maternal and newborn mortality in Nigeria. MCHIP supported the participation of some of its CMT/CCG members from its 3 States as well as that a mother of twins and her husband to testify on how the Tallafi MMD (Mothers' Savings Clubs) helped her to access funds to seek care for her sick twins.
25. During the year, MCHIP, with funding from the Global Partnership on MNCH (PMNCH), organized a 2-day meeting on the role of NGOs in the implementation of the FMOH's IMNCH strategy. This meeting was well attended with the Honourable Minister of Health, Chairman of the Senate Committee on Health (Dr Iyabo Obasanjo-Bello), Mrs Toyin Saraki, First lady of Kwara State and various international and local stakeholders. At the end of the meeting, a communiqué was written by the participants
26. The MCHIP COP and the Senior Program Manager attended the 2009 International Conference on Global Health with the theme *"New Technologies + Proven Strategies = Healthy Communities"*. The MCHIP COP made 2 presentations at the meeting
27. A translation team in Kano translated and edited some Maternal and Newborn Health posters into Hausa. These have since been printed and distributed

II. Quarter 4 FY09 achievements

During this quarter, MCHIP completed the following activities:

1. Postpartum Family Planning (PPFP) training

Improving Emergency Obstetric and Newborn Care (EmONC) is one of the key strategies planned by MCHIP program for reducing maternal and neonatal morbidity and mortality and activities aimed at achieving this result include PPFP training for health care providers. During the quarter, a 5-day training event on PPFP was conducted in Kano State. This was the third MCHIP PPFP training for midwives and participants were drawn from new MCHIP supported facilities in Kano State.

PPFP training participants developing their action plan

The training was aimed at increasing knowledge on family planning (FP) counselling and method provision in the postpartum period. The training included illustrated lectures, discussions, brainstorming sessions, role plays and clinical practice in the postnatal ward and the FP clinic. The training also included a session on the USAID policy requirements for FP service provision at USAID-supported facilities. It was held at the Murtala Mohammed Specialist Hospital (MMSH) in Kano. Participants were 18 in number and were all practicing midwives working in the antenatal, labour and FP units of the various MCHIP-supported facilities in the State. There were three trainers – the MCHIP Kano State FP Coordinator and 2 consultants.

The baseline knowledge of PPFP among participants was limited but all participants showed significant improvement by the end of the training as evidenced by their scores in the pre- and post- tests. The average pre-test result was 45.5% while the average post-test result was 77.2%. At the end of the training, participants drew up action plans with regards to improvement of FP services at their various facilities. One major recommendation made was for the State FP Coordinator to assist facilities to establish a sustainable system of FP commodity supply to ensure high quality services.

A participant practicing repair of an episiotomy

2. Emergency Obstetric and Newborn Care (EmONC) Training for new health care workers

During the quarter, a 3-week training event on EmONC was conducted for health care providers from the new MCHIP supported facilities in Kano State. The main purpose of the training was to equip doctors and midwives with adequate knowledge and skills to provide quality emergency obstetric and newborn care. A total of 16 health care providers comprising 5 doctors and 11 midwives were trained. Trainees came from all the MCHIP supported new health facilities. The workshop was co-facilitated by the MCHIP Kano field Office FP Coordinator (as lead facilitator) and 3 training consultants.

A participant practicing AMTSL

It was held at the Murtala Mohammed Specialist Hospital (MMSH) in Kano. Workshop participants received a technical update on evidence-based current practices on emergency obstetric and newborn care services during the first six days. The last eleven days of the training was devoted to demonstration and return demonstration as well as clinical skills practice in the clinical areas. Participants were divided into three groups, each group spent four days in the labour and delivery unit and two days each in the Antenatal/Post natal clinics and Antenatal/Postnatal wards. However each participant had to achieve competency on the models in the classroom before they were signed out by the facilitator and then allowed to start their clinical practice. Some participants had to spend some extra days in the classroom to achieve competency on the models. The average pre-test score was 55% with a range of 40% to 77% while the average post-test was 69% with a range of 52 to 82.5%.

A participant practicing newborn resuscitation

3. NYSC Orientations

In pursuance of the MCHIP objective of having a ready pool of human resource that will provide quality EmONC services in MCHIP facilities, MCHIP conducted two one-day EmONC orientations for NYSC medical and para-medical graduates, as well as sociology graduates, in three State Camps i.e.

Group Photo of ACCESS Staff with Corpers

Kano, Katsina and Zamfara. A total of 6 orientations, 2 per State were conducted during this quarter. The six were done in the months of July and August. A total number of 157 Corpers were oriented in the 3 Camps, 32 in Kano, 39 in Katsina and 86 in Zamfara. There were a total of 58 doctors, 61 sociologists, 12 pharmacists, 4 nurses and 22 other related disciplines. Issues of emergency obstetric and newborn care, the MCHIP Project Office structure and Community Mobilization efforts were discussed with the corpers. In Zamfara camp, activities of the Zamfara and Akwa Ibom HIV/AIDS Project (ZAIHAP) were also shared with the corps members with counselling and testing offered. A total of 386 corpers were counselled and tested

An MCHIP Officer carrying out a test on a NYSC Corper

4. USAID EVALUATION

During the quarter, an evaluation of the ACCESS Project was conducted by a team put together by the USAID. The team was made up of 3 consultants – Dr Dan Blumhagen, Dr Carol Barker and Dr Bunmi Asa, as well as a research assistant, Mr Charles Toriola. The purpose of the USAID Evaluation Team's visit to MCHIP Offices was to conduct an evaluation of the public sector projects of MCHIP which are being implemented through field support mechanism. The evaluation was meant to provide USAID Nigeria with sufficient information to make programmatic and budgetary decisions regarding future directions. The team met with officers in the Abuja Office where initial discussions of the evaluation took place and presentation of MCHIP activities were made and discussed. This preceded their visiting the 3 Field Offices in the 3 States. In each of the States, 3 days each were spent during which the team conducted in-depth interviews with beneficiaries of MCHIP projects, government and other key stakeholders as

The Evaluation team in an ACCESS supported facility

Checking the ANC Register at the ANC Clinic in an ACCESS supported Facility

well as the project staffs. In Kano, the Honourable Commissioner for Health was interviewed, while in Zamfara, the Commissioner of Women and Children Affairs and Directors in the Hospital Service Management Board were met with. In Katsina, the team met with the Director Primary Health Care in the State Ministry of Health as well as the Executive Chairman of the State Primary Health Care Development Agency. Some ACCESS supported facilities were also visited in each of the States. In each of the facilities visited, questions about how ACCESS had contributed to their work were asked and their registers were examined. Also, the communities where ACCESS had the CMT/CCG structures were visited. There the activities of the household counsellors were also seen as they did demonstrations of their work. At the end of each State visit, the team debriefed with the ACCESS staff. Before the team eventually left Abuja, a meeting was held in the USAID Mission where they presented a report of their findings on the field.

5. Staff Transitions

During the quarter interviews were conducted to replace the disengaged Kano State Program Officer. A new Clinical and Quality Improvement officer was appointed for the Kano Office. His name is Dr Nasir Bashir. Ms Hannatu Abdullahi was promoted to the position of Kano State Program Officer and retains her position of FP coordinator. Interviews were also conducted to replace the Senior Technical Officer in Abuja. Dr Lydia Airede was appointed and she has assumed duties as the new Senior Technical Officer in the Abuja Office. Samaila Yusuf was also promoted to the post of Senior Community Mobilization Officer for Kano.

6. ACCESS End line Survey

During the quarter, activities to conduct the end line survey for the ACCESS project commenced with training of data collectors for both the facility audit and the focus group discussions with stakeholders. The Senior M & E Officer from Baltimore, Barbara Rawlins came and co-facilitated the training. The 3-day training was held at the MCHIP Field Office in Kano. Pre-testing of the instruments was done on the last day of the training in Murtala Muhammed Specialist Hospital and Faggae Jaba community. Data collection would commence in the next quarter.

Senior M & E Officer going through registers

7. State-based Activities

Kano

i. **Monthly M&E meetings** – at the end of every month, the health care providers in all MCHIP supported facilities are brought together

to review the data collected in the month and compile the summaries of all the data. This is done to ensure the quality of the data being reported by these facilities and to provide feedback on the data collected to the health care providers. In the month of July the Senior M & E Officer was present to give technical support and went round to the Sheik Mohd Jidda General Hospital, Dambatta General Hospital and the Murtala Mohd Specialist Hospital. There, with the Kano Officers, they went through the daily activity registers to ensure proper reporting of service delivery activities.

ii. **Supportive Supervision** - Improving supportive supervision of facility service delivery on management of maternal and newborn care in selected LGAs is one of the objectives of the MCHIP program and this it hopes to achieve through strengthening leadership, managerial and advocacy skills of the Ministry and LGA Health Management team in its project sites. The purpose of the supportive supervision was to present the team of health care managers with a clear view of what MCHIP is doing in its focal health facilities to reduce maternal and neonatal mortality in the communities where the project works as its contribution to the attainment of MDGs 4 and 5. It was also to give technical support on how to conduct supportive supervision visits as well as motivate them to sustain supportive supervision in their health facilities even after the MCHIP program would have ended. It also gave the service providers working in these facilities the feeling of being supported when they saw their supervisors in the field. Facilities visited included all the MCHIP supported facilities across the seven Local Government Areas. There the team went round the maternity wings and the FP units of the facilities, conducted some service delivery observations of the service providers, Conducted provider interviews and client exit interviews, reviewed daily activity registers with the service providers and conducted on the job training for service providers on filling of the daily activity registers. The team then donated EmNOC and FP posters, Job aids and alcohol hand rubs to all the facilities visited and discussed challenges that hinder quality service provision and proffered solutions. The team from the State Ministry of Health and the Hospitals Management board were happy with this collaborative supervision and believe that it will assist them in their own supervision to other facilities.

The team donating alcohol hand rubs at Tudun Wada General Hospital

iii. **TMMD Activities** – during the quarter, The Dawanau and Dawakin Tofa TMMDs completed all the 8 chapters of the training module and went a step further to initiate a generating activity of income as provided in the

management of Income Generating Activities (IGA) principle. The IGA model is an activity which allows the TMMDs to carry out an activity in order to obtain additional income that will enable them to satisfy their needs and wants. They were able to achieve this by employing technical support from consultants specialized in dyeing of clothes within the city of Kano who provided training for them and they also entered into agreement with the Kantin Kwari market association for the supply of raw materials and other related products which are needed for the large scale production of the clothing materials.

Consultants demonstrating how to dye clothes

iv. **Danbatta & Tudun Wada LGA CMT CAC Phase 1 Training** - The MCHIP Nigeria Community Intervention strategy is based on Community Action Cycle for Community Mobilization and other participatory approaches which are specifically developed to promote community ownership and sustained community collective action and shared responsibility. This set of CMT training was specifically designed for two LGAs in Kano State (Dambatta and Tudun Wada) and Seven (7) days of training was covered per LGA. Unlike the usual TOT, this particular training focused at developing the capacity of Community Mobilization Teams (CMT) at the Primary Health Care (PHC) catchments area level in rolling out the Community Action Cycle (CAC). The strategy this time around was to use the already trained members of the LGA CMT to conduct an adapted TOT for the CMT members at the PHC and General Hospital catchment communities of Danbatta and Tudun Wada LGAs. Prior to the training there was a one day pre-planning meeting with the LGA CMT at MCHIP field office Kano. The main purpose of this meeting was to adapt the training guide manual as well as the training agenda and facilitation roles. The training included illustrated lectures, discussion, brainstorming, role plays and simulations. The training was facilitated by the MCHIP/Nigeria Senior Community Mobilization Officer (CMO) and the Two (2) trained LGA CMT facilitators. A total of 21 male and female CMT participants representing

Danbatta CMT at a group work session

various community groups and associations in Danbatta and Tudun Wada LGA communities were trained.

v. **CCG CAC Phase 1-2 Training for New & Old LGAs** –During the quarter, two (2) day trainings were conducted for each CCG in five (5) LGAs. These are Dambatta, Fagge, Kiru, Rano and Tudun Wada LGAs. The overall goal of the CCG training is to provide the CCGs with a complete understanding of the state of MNH care in the community, enable the teams to choose one or more priority MNH needs, give the CCGs the information needed to design an effective intervention, and provide baseline data to monitor and evaluate results. The training methods used included illustrated lectures, discussion, brainstorming, role plays and simulations. The trainings were facilitated by the MCHIP/Nigeria Senior Community Mobilization Officer (CMO) and CMT facilitators from all the (5) LGAs. At the end of the trainings, participatory exploration skills of communities in Danbatta, Fagge, Kiru, Rano and Tudun Wada LGAs of Kano States were strengthened to ensure increased use of high quality Emergency Obstetric and Newborn Care (EmONC) services by establishing 10 Community Core Groups (CCGs) and training of 130 CCG members as key implementers of CAC in the these LGAs.

ACCESS CMO facilitating a CCG training session

vi. **Gezawa CMT & Dawanau 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. The result of the 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. The outcome of Gezawa CMT and Dawanau CCG community intervention activities further gained attention when Jhpiego's CEO

MCHIP COP making his presentation at the CMT/CCG award ceremony

Dr. Leslie Mancuso visited Nigeria last year and saw some of the activities executed by the two groups. She was quite impressed by what she saw and she went back to USA to inform all Jhpiego Staff in Baltimore of how the CMTs and CCGs were doing their work here in Kano. Many of the Jhpiego staff in Baltimore started donating little sums of money to be used to recognize their work. MCHIP therefore decided to use the entire money ($628) to organize a recognition event and give them a memorable present that they and their community members can be proud off. The Community Mobilization Award ceremony was aimed at honouring the Gezawa CMT and Dawanau CCG in recognition of their outstanding performance in mobilizing communities for better maternal and newborn health seeking behaviours in Northern Nigeria. A total of 55 participants attended – 36 CMTs and CCGs awardees, 3 CMT Team Leaders from Kiru, Fagge and Rano LGAs. 3 Volunteer Nurse Midwifes from Dawanau PHC and 4 MCHIP program staff. There were nine other invited guests who were all present at the award ceremony – Dr Hashiru Rajab, Director PHC services Kano State Ministry of Health, Alhaji Nasiru Hanga, Personal Assistant to Senator Muhammed Bello, Malam Bello Auwal Health Educator Kano State Ministry of Health and representatives of both District heads of Gezawa and Dawakin Tofa. The MCHIP Chief of party, Professor Emmanuel Otolorin presented his speech which was shared among participants at the ceremony including the print media. While giving the vote of thanks on behalf of the awardees, the Gezawa CMT Team Leader Yahaya Jogana and Dawanau CCG Chairman Malam Ibrahim Ahmed Kabi expressed satisfaction and gratitude to the ACCESS/MCHIP project for such a great honour done to them. They stated that ACCESS/MCHIP is the only project that has ever given them such an honour when compared with other International Projects that have worked in Kano State. They promised to put in their best in supporting and promoting the Community Mobilization efforts of ACCESS new program called MCHIP in Kano State.

USAID/MCHIP COP presenting a plaque to Gezawa CMT Chairman

vii. **Formation of CCGs** – In a bid to scale up the concept of CCGs in its supported LGAs and especially in the new LGAs, a total of 10 new CCGs were formed during the quarter.

Zamfara

i. **CMT Meetings** – During the quarter, the Gusau CMT Chairman Mallam Tukur informed the CMT members of the new development in the State on the issue of high rate of maternal mortality in Zamfara. All the Local Government Chairmen were summoned and directed by the State Government to make commitments as to what action they are going to take as part of their contribution to reduce maternal mortality. In response to that, the Gusau LGA Chairman selected 15 known CHEWs to be given 3 weeks extensive training on Emergency Obstetric and New born Care by Doctors from Federal Medical Center, Gusau and they are to be posted to 2 selected PHCs which included Tudun Wada PHC. The trained CHEWs are expected to run 24 hour services in those PHCs and official referral system will be established between those PHCs and the Federal Medical Center for effective referrals.

ii. **CCG Meetings** – in Mada, one of the meetings held during the quarter had the objective of coming up with activities and ways to revive the CCG to match Tallafi Mata Masu Dubara in Mada. The chairman called on the CCG members to remember theirs is a voluntary work to save numerous women that are dying from pregnancy related problems and childbirth in their community. The CMO reminded the CCG members of the importance of documenting all their activities, and gave the secretary of the CCG another orientation on how to fill the MCHIP Community activity form properly. An assistant secretary was appointed and a member also volunteered to clean the PHC as the cleaner of the PHC had been sick for Months.

iii. **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.

iv. **Formation of CCGs** – In a bid to scale up the concept of CCGs in its supported LGAs and especially in the new LGAs, a total of 10 new CCGs were formed during the quarter.

v. **Monthly M&E meetings** – At the end of every month, the health care providers in all MCHIP supported facilities are brought together to review the data collected in the month and compile the summaries of all the data. This is done to ensure the quality of the data being reported by these facilities and to provide feedback on the data collected to the health care providers. The Senior M&E Officer from Abuja Office and Zamfara State Strategic Information Officer co-coordinated the meetings successfully.

Katsina

i. **Monthly M&E meeting** – as was done in Kano and Zamfara States, monthly meetings of all the health care providers working in MCHIP supported facilities at the end of each month were held. However unlike in the other States, 3 meetings were held – one in each LGA due to the distance of the LGAs from one another.
ii. **Supportive Supervision** – during the quarter a team comprising the MCHIP MCH coordinator, representatives of the State Primary Health Care Development Agency, and a representative of the Hospital Service Management Board conducted supportive supervision visits to all the MCHIP supported facilities in the State. The purpose of the visit was to provide technical support, and on the job training to staff working in these facilities. It also provided the team a clear view of MCHIP supported activities in the health facilities. Activities included advocacy visit to policy makers and heads of health facilities, going round the ANC, FP and Maternity unit of health facilities, review of the daily activity registers and compilation of summary reports and usage of the supervision check list to conduct some service delivery observations. Members of the team were happy with the achievement recorded so far by MCHIP intervention at the health facilities. The team members also promised to forward a strong recommendation to their organizations to replicate MCHIP activities at their health facilities

The team checking on registers in Daura GH

8. Renovation of more Health Facilities

During this quarter, 6 facilities were assessed for renovation. The renovation contracts have been advertised and are awaiting processing to select successful bidders.

9. Participation in other project related activities

During the quarter, MCHIP participated in the following activities:

i. **Mentors Meeting on Young Professionals Internship Programme** – Following another request from the West African Health Organization, MCHIP accepted an intern, a medical doctor, Dr Marouf Balde, from Guinea

for experiential learning in Nigeria. In preparation for this, MCHIP Senior Program Manager attended a 2-day mentors training organized by the West Africa Health Organization. It took place in Bobo-dioulasso, Burkina Faso in August. He has since arrived in Nigeria and after a 3-week orientation in Abuja; he has gone to the Kano field Office to learn practical aspects of the MCHIP Program. His stay in Nigeria is fully funded by the WAHO office. MCHIP Senior Program Manager continues to be his mentor.

ii. **TSHIP Project Award** – During the quarter, the JSI led consortium of which Jhpiego is part, won the bid of the follow on project to the COMPASS called Targeted States High Impact Project (TSHIP). This is a USAID-funded project and would be implemented in Bauchi and Sokoto States. This is also the first State-wide project, funded by the USAID.

iii. **Malaria in Pregnancy (MIP) Guidelines Dissemination Meeting In Bauchi and Niger States** – During the quarter, 2 MIP dissemination meetings were held in Bauchi and Niger States. The purpose was to distribute the MIP Strategies and guidelines for the implementation of prevention of malaria in pregnancy, to orientate the Policy Makers within the States on issues relating to malaria in pregnancy and to distribute the Strategy and Guideline document to representatives of LGAs and facilities within the States. A total of 1100 copies of the MIP Strategies and Guidelines were presented to the 2 States.

iv. **Women Lead Repositioning Reproductive Health/Family Planning Training** – During the quarter, Ms Hannatu Abdullahi was accepted to attend the CEDPA organized women lead repositioning reproductive health/family planning training which was held in Washington DC from 7 – 25 September. The main purpose of the training was to develop a cadre of confident and highly skilled women who can assume leadership in advocating effective family planning and reproductive health policies, programming and increased funding streams and reinvigorate health sectors with effective FP/RH services. A total of 26 women attended with 4 from Nigeria. One of the main goals of the Nigerian team is to see that Family Planning Budget Line exists at National, State and Local Government Level to ensure Contraceptive Security in Nigeria.

v. **Visit of Zamfara State Governor and Wife to Jhpiego Office in Baltimore.** During the quarter, the Zamfara State Governor, H.E Governor Shinkafi and his wife H.E Aishatu Shinkafi paid a courtesy call to Jhpiego Management Staff in Baltimore to acknowledge the work of MCHIP in his state while exploring opportunities for additional future collaboration in the area of maternal health. The Zamfara 1st Lady was particularly interested in starting a program for cervical cancer screening using Jhpiego's VIA approach.

Zamfara State Governor and Wife Meeting Mr. Joe Judd, Jhpiego COO in Baltimore

10. 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. In Kano State, FP compliance monitoring was conducted at Rano General Hospital, Kiru CHC, Dambatta General Hospital, Murtala Mohammed Specialist Hospital, Rurum PHC, Yako PHC, Babawa PHC and Rigiyar Lemo PHC. This was achieved by observing FP service providers using the observation check list as well as client exit interviews and provider interviews.

III. CHALLENGES AND OPPORTUNITIES

1. Staff transfers in the MCHIP supported facilities continue to pose a challenge in ensuring quality EmONC services. This has been an on-going challenge despite advocacy and appeals to the authorities in the States. This just means that more training needs to be carried out in our supported facilities to replace those transferred out.
2. The much anticipated Midwifery Service Scheme still did not take off during the quarter. However, the FMOH has advertised and recruited midwives and are in the process of signing MOUs with State Governments. Hopefully by the next quarter the scheme would take off to boost the number of skilled birth attendants in our supported facilities.
3. Some of the activities planned for this quarter had to be shelved as the State stakeholders were reluctant to participate in activities during the Moslem fasting period.

IV. ACTIVITY CHANGES

No significant activity changes occurred during the quarter.

V. SUCCESS STORIES

This quarter, we are devoting this section to testimonials from our numerous community intervention activities in Kano and Katsina States (collated by the State Community Mobilization Officer).

1. Hosamatu Abdullahi: "Before we were in darkness, but now our community is enlightened about MNH and we have extended this awareness to farmers and other community groups in the far villages"

2. Mansur Bala: "When we initially started, people in the community thought it was a political movement, even the District head of Moludu in Mai'adua LGA agree to that fact, but today they have realised that it is a movement to save the lives of women and children".

3. Mammani Ali: “When ACCESS came to Mai’adua, I saw the objective of the program, I then decided to volunteer and participate in the ACCESS program. There are many changes that have occurred in the LGA and this has to do with the high increased number of women coming to get health care”

4. Amina Mansur: “Before the coming of ACCESS project to Zakka community, I hardly go to health facility to seek care, but now that the ACCESS CCGs are talking to us, myself and other women have started going to health facility to seek care”

5. Samaila Sada: “We appreciate the effort of CCG because women are now going for Postpartum Services”.

6. Maimuna Haruna: “The activities if the CCGs in Zakka has eased the problem of transportation experienced by pregnant women as a result of the emergency transportation scheme initiated by them’.

7. Umaru Isah: “In the past we refused to allow our wives to go to health facility for delivery, but this phenomenon has changed with the coming of ACCESS CCGs”.

8. Mika’ilu Isah: “In 2007 ACCESS identified some community members and gave them training and I happen to be one of them. After series of training given to us on community mobilization in Kano and Zamfara state, we later established CM structures such as the CMT and the CCGs. Today we are happy to say that after two years of implementation of ACCESS community mobilization programme in Kaura Namoda, we have witnessed a remarkable progress because people have accepted the programme and are now more interested in women health matters. We have seen reduction in maternal complications and death. Husbands now allow their wives to go to hospital. We have also seen increase involvement of mother in-laws in supporting and promoting health facility delivery”.

9. Tukur Aliyu: “When the ACCESS program started in our community in July 2007, we were first of all given training on community mobilization and after the training we swung into action where we began making contacts with various groups of people in the community through the CMTs and the CCGs. I want to say that ACCESS has done a lot in Tudun Wada community in the area of improving our skills on how to orient and mobilize our community members on MNH activities. We have also witnessed a lot of changes especially in relation to pregnancy practices in Tudun Wada. The renovations done by ACCESS and the Hospital equipment given to our health facility is also very good because it has attracted a lot of women and families who were initially not attending the health facility to start visiting the health facility to get health care. Unlike other organizations, ACCESS has fulfilled its promises and this has made people to also believe and accept its programme on maternal and

newborn health".

10. Abdulkareem Aliko: "In the last two years in Dawanau community, an organization called ACCESS came to us and selected some of us and gave us training. Initially we were skeptical of their intentions and some of us were not willing to join its activities. But reluctantly we got involved and behold, we receive training that changed the face of things in our village. Our capacities were developed and we were able to mobilize men to support their wives during pregnancy. We want to thank ACCESS for all they have done to us".

11. Salihu Muhammed: "With what we have seen within the last 2 years in Babawa, I want to conclude that ACCESS came to Babawa community to save lives of women. The first thing they did to us was by giving us skills and after giving us training, ACCESS went ahead to renovate our hospital. We are proud of the ACCESS program".

12. Muhammed Sani: " Before the coming of ACCESS, we had difficulties in mobilizing women to go for ANC and Delivery at the Health Facility, but now ACCESS has shown us the way to mobilize women and their families on maternal and new born health"

VI. NEXT QUARTER RESULTS

During FY10, MCHIP will continue to support the 48 health facilities in 22 local governments within the 3 supported States. MCHIP will also expand its FP activities to at least 6 additional high volume facilities. Particular attention will be paid to capacity building of the SMOH and LGA health officials in supportive supervision and implementation of the Standards Based Management and Recognition (SBM-R) approach to quality improvement. MCHIP will support the holding of joint quarterly supervisory visits to all facilities. MCHIP will also strengthen the management and leadership skills of this cadre of health care workers in order to ensure State ownership of the program while building for sustainability. MCHIP will pay special attention to capacity building of newly posted staff on record keeping and use of data for decision-making. In FY10, MCHIP will hire two strategic information officers to provide regular oversight for record keeping in supported facilities.

MCHIP will also intensify its community mobilization efforts, particularly for skilled birth attendance and postpartum family planning. Given the challenges to contraceptive use acceptance in the 3 project states, MCHIP will continue to expand the contraceptive method mix in all its supported FP sites by training more health workers to provide long acting methods like IUD and Jadelle. MCHIP will donate additional IUD insertion kits to supported facilities. MCHIP will also scale-up its advocacy for the adoption of the Population Council's Balanced Counseling Strategy (BCS) for FP counseling. This method was introduced in FY09 and was very well received by the health care workers. MCHIP will also train more household counselors and male FP motivators who will reach out to hard to reach groups.

MCHIP will also introduce the Systematic Screening approach in child welfare clinics to identify women in need of birth spacing services. MCHIP will train CHEWS and midwives in infant welfare clinics to use this method to identify those who can benefit from family planning counseling and services.

During FY10, MCHIP will identify and build the capacity of quality improvement champions in the 3 project States. These champions will mentor heads of health facilities and quality improvement teams. QIT teams will, on a monthly basis, identify gaps in performance, conduct root cause analysis and suggest evidence-based interventions that address the root causes of poor performance. MCHIP will identify change champions in these institutions and train them to be SBM-R advocate and create a forum for facilities to exchange lessons learnt in the use of the SBM-R approach to quality improvement.

In FY10, MCHIP will scale-up its successful mothers' savings club and household counselor programs to more communities in its project states. .MCHIP will also continue to form CMTs and CCGs around supported health facilities. MCHIP will collaborate with the TransAID program to strengthen transport services for emergency obstetric and newborn care.

MCHIP will renovate/rehabilitate at least 6 facilities and donate medical equipment for EmONC and FP services in these facilities. MCHIP will continue to train more service providers in basic emergency obstetric and newborn care and post-partum family planning. MCHIP will build on the work done with the GHAIN project in FY09 to integrate Malaria in Pregnancy training into its existing EmONC program.

MCHIP Nigeria will continue to work towards achieving its goal and intermediate results through the following specific activities:

Annexes

1. Newspaper write-up on the TMMD

14/Corporate functions

FINANCIAL STANDARD, Friday, September 4 - Sunday, September 6 2009

Usaid provides succor for grassroots mothers

From [illegible], Kano

The Usaid/Access Nigeria Community Intervention strategy has brought succor to women in the north by conducting a mothers 'savings club [(Tallafi Na Mata Masu Dubara) (TMMD)], aimed at training the vulnerable women at the grass roots to form groups and association in order to acquire entrepreneurial skills.

This arrangement is envisaged on the desire of the USAID to reducing the barriers that prevent women and mothers with newborns from accessing health care services being part of its plan to improve the quality of maternal and newborn care in the household and community level.

This was contained in a press statement signed by Mallam Samaila Yusuf senior community mobilization officer and was made available to the Financial Standard in Kano.

The statement indicated that the Usaid/Access Kano office has conducted its Tallafi Na Mata Masu Dubara (TMMD) step down training for another set of facilitators as a follow up to the Zamfara TraininD of Trainers (TOT) workshop in November 2008.

The TMMD project traditionally known as "mothers club for savings and credit" it explained is specifically developed for vulnerable women at the grass root level who will be trained to form groups and associations basically to acquire entrepreneurial skills that will enable them engage in small scale businesses with the aim of working with communities as they mobilize to improve maternal and newborn health.

The statement pointed out that the training had in attendance 10 women participants with 2 representing each of the Access 5 LGAs (Gezawa, Dawakin Tofa, Fagge, Kiru, and Rano) the Access Kano Community Mobilization Officer, and 2 trained facilitators from the initial TOT held in Zamfara. The training lasted for 5days.

According to the statement, "In a very specific way, the objectives were that at the end of the training participants should be able to understand the operational concept of TMMD, Know its historical foundation and simulate and facilitate the 12 TMMD modules.

"In addition to the above specific objectives, the training provided opportunity for identifying and selection of competent TMMD facilitators using the selection criteria used for the TOT participants."

It further explained that the training was facilitated in a very interactive and participatory way with the aid of interactive training techniques such as case studies and individual roles as members of thrift and saving societies of which they belong before attending the TMMD step-down.

It indicated that at the end of the session the participants were able to share experiences, learn from each other and make some decision on how they are going to apply the TMMD approach.

The participants after the presentations were able to discuss and identify individuals or groups to further simulate the entire modules.

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

MCHIP seeks end to maternal mortality

From Jaafar Jaafar, Kano

THE Maternal and Child Health Integrated Programme (MCHIP) has expressed its resolve to help reduce maternal mortality and morbidity in Kano State through mass enlightenment campaigns and provision of relief to mothers.

Addressing Community Core Groups (CCGs) and Community Mobilisation Teams (CMTs) in Kano , the Country Director of Jhpiego/Nigeria Professor 'Dipo Otolorin said MCHIP focused on community mobilisation for better health in the state.

He also said Kano was chosen as one of their project states because reports had shown that the maternal and infant mortality rate in the state were among the highest in the world.

"We know that this situation is unacceptable and need to be addressed in a coordinated and serious manner," he said.

Professor Otolorin, who doubles as the ACCESS/MCHIP Chief of Party said MCHIP recognised that most of the victims of complicated pregnancy or childbirth were ignorant of the warning signs and what to do if they experience any of the signs.

He stated that MCHIP trained volunteers in the communities to use the well known Community Action Cycle (CAC) to identify their health challenges and plan to implement solutions.

"To facilitate this process, we set up numerous Community Mobilisation Teams (CMTs) like Gezawa CMT who then passed on our training to others," he said.

According to him, the groups have been in the forefront of educating women and their families on the danger signs in pregnancy, during childbirth and after delivery. He said the CMTs and CCGs were also empowered to use resources from their communities to solve problems that they had identified in the health facilities.

Quarterly Report: Emergency Obstetric and Newborn Care in Kano, Katsina and Zamfara States

	This year target	**This year actual**	**This quarter target**	**This quarter actual**	**Explanation for variance or why not reported during this quarter**	**Next quarter target**	**09.30.10 target**
Project Objective: 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.							
Operational Plan Standardized indicator: # of deliveries with a Skilled Birth attendant (SBA)	22,000	46,799 (If 7,122 for Q1-Q2 for MMSH, Dambatta & Gezawa GHs is deducted, the total attained for the year will be **39,677**)	8,000	14,297	MCHIP attained above the set target for the year because of the posting of midwives to some PHCs in Kano and Katsina thereby making it possible to include more deliveries from the PHCs. NYSC Medical Doctors were also posted to serve in some of the hospitals and PHCs in the 3 states. MCHIP also intensified its community mobilization efforts in the year, increasing the number of CMTs	14,500	50,000

	This year target	**This year actual**	**This quarter target**	**This quarter actual**	**Explanation for variance or why not reported during this quarter**	**Next quarter target**	**09.30.10 target**
					and CCGs created, as well as training more household counselors. MCHIP also intensified the Mothers' Savings Clubs which act as a forum for educating more women to attend ANCs and deliver with SBAs		
Program Indicator: % of births attended by Skilled Birth attendants (SBA)							
Operational Plan Standardized indicator: # of Antenatal Care (ANC) visits by skilled Providers from USG-assisted facilities	120,000	218,267	50,000	53,543	Above comments for *skilled birth attendance* are also applicable to ANC visits provided by SBAs.	55,000	220,000
Program Indicator: % of pregnant women who received at least four antenatal care visits							
Operational Plan Standardized Indicator: Number of postpartum/newborn visits within 3 days of birth in USG-assisted programs	25,000	33,533	3,000	9,538	A referral system was established through which household counsellors refer	8,750	35,000

	This year target	This year actual	This quarter target	This quarter actual	Explanation for variance or why not reported during this quarter	Next quarter target	09.30.10 target
					women who delivered at home to health facilities for postpartum care. The definition of postpartum care within 3 days of delivery also included all deliveries in Hospitals taken by SBAs. The WHO definition is inclusive of all deliveries observed between 4-6 hours of birth before discharge in the hospitals. These factors contributed to the total attained for this indicator in the reporting period.		
Operational Plan indicator : Couple-years of protection in USG-supported programs (CYP)	20,000	15,976 (If 4,622 for Q1-Q2 for MMSH, Dambatta & Gezawa GHs	5,000	3,839	Stock out of commodities was a major challenge this fiscal year. The MCHIP and DELIVER COPs led	4,000	17,000

	This year target	This year actual	This quarter target	This quarter actual	Explanation for variance or why not reported during this quarter	Next quarter target	09.30.10 target
		is deducted, then the total attained for the year will be reduced to **11,354**)			other IPs to meet with the Honorable Minister of Health to find solutions to the perennial problem. In the interim, the HMH has requested USAID for donation of emergency FP supplies while committing to budgeting for commodities in the 2010 budget. Preference for high fertility in Northern Nigeria remains a challenge but the ground is softening. MCHIP has continued to scale-up community mobilization for birth spacing by creating RH Champions of Northern Nigeria		

	This year target	This year actual	This quarter target	This quarter actual	Explanation for variance or why not reported during this quarter	Next quarter target	09.30.10 target
					origin.		
Program indicator: % of caretakers seeking care from sick care providers for sick newborns							
Program indicator: % of postpartum women using contraception (including LAM) at 6 weeks postpartum							
Sub-I.R. 1: Improved quality of family planning methods in selected LGAs							
Operational Plan Standardized Indicator: # of USG-assisted service delivery points providing FP counseling or services.	40	48	0	0	All SDPs being supported by MCHIP are now providing FP counselling and/or services because MCHIP has trained service providers including CHEWs to be able to provide FP/RH counselling and services.	0	6 new facilities in addition to existing 48
Operational Plan Standardized Indicator: Number of people trained in FP/RH with USG-funds (disaggregated by gender)	500	583	200	235	At the request of community core groups, MCHIP trained more male FP	125	500

	This year target	This year actual	This quarter target	This quarter actual	Explanation for variance or why not reported during this quarter	Next quarter target	09.30.10 target
					motivators. MCHIP also trained new CCG members in Katsina, Zamfara and Kano states.		
Operational Plan Standardized Indicator: Number of people that have seen or heard a specific USG-supported FP/RH message							
Operational Plan Standardized Indicator: *Number of counseling visits for family planning/Reproductive health as a result of USG assistance*	60,000	53,747 (If 11,689 for Q1-Q2 for MMSH, Dambatta & Gezawa GHs is deducted, the total attained for the year will be reduced to **42,387**)	15,000	15,170	ACCESS was unable to meet the target set for this indicator partly because of lack of commitment by its volunteer counsellors at the community level who had demanded to be paid as full-time employees (a demand that is contrary to USG policy). This matter was discussed with the former HPN team leader and MCHIP Activity Manager and everyone agreed that payment was not going	13,200	55,000

	This year target	This year actual	This quarter target	This quarter actual	Explanation for variance or why not reported during this quarter	Next quarter target	09.30.10 target
					to be sustainable. MCHIP has used other incentives like giving branded identity cloth bags and hijabs to the counsellors to encourage them to continue the FP education at home and to report the numbers of those seen and educated. In FY10, many more HH counsellors will be trained. Q3 data from Zamfara that was submitted late was added to this quarter's report for this indicator		
Sub-I.R. 2: Improved quality of EmONC services in selected LGAs							
Operational Plan indicator: # of health facilities rehabilitated	6	6	6	6	No significant difference between target and actual.		6
Program Indicator: # of health facilities using SBM-R approach for performance improvement	30	30	7 New	7			38

	This year target	This year actual	This quarter target	This quarter actual	Explanation for variance or why not reported during this quarter	Next quarter target	09.30.10 target
Operational Plan Standardized Indicator: # of women receiving Active Management of the Third Stage of Labor (AMSTL) through USG-supported programs.	22,000	30,467	5,000	8,210	Comments made above for *deliveries by skilled birth attendants* also apply to this indicator	8,750	35,000
Program Indicator: % of women receiving Active Management of the Third Stage of Labor (AMSTL) through USG-supported programs.							
Program Indicator: # of births at ACCESS-supported facilities for which the partograph was used	22,000	17,943	5,500	4,575	Late presentation for delivery was a major problem to attaining the target for this indicator. The partograph is only relevant when women report early in labour.	5,125	20,500
Sub I.R. 3: Improved enabling environment for scale-up of EmONC best practices at national and state levels							
Program Indicator : Training curricula and strategy for pre-service midwifery education revised and implemented in Kano and Zamfara states	2	1	1	1	MCHIP was satisfied with informal changes made to the curriculum. The process for making any formal changes is	Nil	Nil

	This year target	This year actual	This quarter target	This quarter actual	Explanation for variance or why not reported during this quarter	Next quarter target	09.30.10 target
					a time consuming one which requires engagement of the Midwifery and Nursing Council of Nigeria. MCHIP did not have a budgetary provision for a long process.		
***Program Indicator* :** Operational performance standards for EmONC distributed in ACCESS-supported facilities.	600	548	300	112	Virtually all existing MCHIP supported facilities have copies of the EmONC standards. In FY10, health workers in new facilities will be given copies of the standards	150	150
Program Indicator : National KMC training manuals distributed in ACCESS-supported facilities	300	486	100	0	Most copies where distributed in Q1-Q3.	75	300
Sub-I.R. 4: Improved management of maternal and newborn services in selected LGAs							
Operational Plan Standardized Indicator: # of USG-assisted service delivery	12	18	15	15	Access to tracer drugs is a major constraint because ACCESS has	15	15

	This year target	This year actual	This quarter target	This quarter actual	Explanation for variance or why not reported during this quarter	Next quarter target	09.30.10 target
points experiencing stock-outs of specific tracer drugs[3].					no control over availability of the drugs.		
Operational Plan Standardized Indicator: # of newborns receiving essential newborn care through USG supported programs	20,000	29,033	7,000	7,637	During FY09 more service providers were trained on how to record the provision of the services. These factors contributed to increased number of those reporting the indicator.	7,500	30,000
Sub-I.R. 5: Increased demand for maternal and newborn services in selected LGAs							
Common indicator: # of beneficiaries of community activities [C 20.10]	30,000	13,036	8,000	9,025	Data reported for this quarter is inclusive of 1,861 that was not reported during the last quarter due to late submission of service statistics. Delay in the implementation of community	7,500	30,000

[3] Tracer drugs selected are: Oxytocin, Hydrallazine, Diazepam, Ampiclox, Gentamicin, Metronidazole, Sulphadoxine-Pyrimethamine (SP), Iron/Folate tabs.

	This year target	This year actual	This quarter target	This quarter actual	Explanation for variance or why not reported during this quarter	Next quarter target	09.30.10 target
					mobilization activities in Katsina State was partly responsible for failure to meet the target set for the year.		
Program Indicator: # of community committees that have work plans that include activities to reduce maternal and newborn deaths	50	50	7	24	Positive responses from community leaders provided the needed support for setting up of the community committees and preparation of the workplans	12	50
Program Indicator: # of communities with plans that include emergency funds and/or a transport system for maternal and newborn complications	50	50	7	24		12	50
Sub-I.R. 6: Improved availability of EmONC health workers in target/Selected LGAs							
Common/Operational Plan Standardized indicator: # of people trained in maternal/newborn health through USG-supported programs	600	356	150	217	Some scheduled training events were postponed because of late receipt of project funds.	150	600
Program Indicator: Caesarean sections as a percentage of all births in USG-supported	15%	5%	6%	6%	The UN recommendation is	6%	8%

	This year target	This year actual	This quarter target	This quarter actual	Explanation for variance or why not reported during this quarter	Next quarter target	09.30.10 target
facilities					that between 5-15% of deliveries should be by Caesarean section if maternal mortality ratios are to be significantly reduced. The current achievement of 6% falls within this target. However, infrastructural challenges, staff shortage and high prevalence of home deliveries remain a challenge for this indicator.		

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.