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Maternal and Child Health  
Integrated Program

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

**FY11 Q1 REPORT**

**Presented to USAID/Nigeria  
31st January 2011**



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

# USAID/Nigeria QUARTERLY REPORT

Oct – Dec 2010 (Q1 FY11) Report

<b>FINANCIAL SUMMARY</b>	
<b>Program Start and End Dates:</b>	April 1, 2009 – December 31, 2011
<b>Total Estimated Funding:</b>	\$6,150,000
<b>Funding Obligated To Date:</b>	\$6,150,000 committed as of January 21, 2011
<b>Current Pipeline Amount:</b>	\$2,116,272 as of December 31, 2010
<b>Expenditures This Quarter:</b>	\$732,849 September 1 – December 31, 2010
<b>Accruals:</b>	\$125,771 as of December 31, 2010
<b>Expenditures Next Quarter:</b>	\$696,322 January 1 – March 31, 2011 (est.)
<b>Report Submitted by:</b>	<u>Emmanuel Otolorin, COP</u> Name and Title
<b>Submission Date:</b>	January 21, 2011

## 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
BCC	Behaviour Change Communication
BCS	Balanced Counseling Strategy
CAC	Community Action Cycle
CCG	Community Core Group
CEDPA	the Centre for Development and Population Activities
CHC	Comprehensive Health Centre
CHEWs	Community health extension workers
CM	Community Mobilization
CMAAs	Community Mobilization Associates
CMO	Community Mobilization Officer
CMT	Community Mobilization Team
CNO	Chief Nursing Officer
COP	Chief of Party
CYP	Couple years of protection
DQA	Data Quality Assessment
EDD	Expected Date of Delivery
EmONC	Emergency obstetric and newborn care
FCT	Federal Capital Territory
FGDs	Focus Group Discussions
FOMWAN	Federation of Muslim Women Association of Nigeria
FP	Family planning
FY	Fiscal year
GH	General Hospital
HBB	Helping Babies Breathe
HCPs	Health Care Providers
HHCs	Household Counsellors
HMB	Hospital Management Board
HMH	Honourable Minister of Health
HOD	Head of department
HR	Human Resource
HTSP	Health timing and spacing of pregnancies
IGA	Income generating activities
ISS	Integrated Supportive Supervision
IUD	Intrauterine Device
Jhpiego	Corporate name, no longer an acronym
LAM	Lactational amenorrhea method
LGA	Local Government Area
LGA-SSMC	Local Government Social Mobilization Committee
LMP	Last Menstrual Period
LOP	Life of Project

MBSM	Male birth spacing motivators
MCHIP	Maternal and Child Health Integrated Program
MDG	Millennium Development Goals
MIP	Malaria in Pregnancy
mMCHIT	Maternal Child Health Information Technology
MMSH	Murtala Mohammed Specialist Hospital
MNC2	Mother & Newborn Care-2 (visit)
MNCH	Maternal, Newborn and Child Health
MOU	Memorandum of Understanding
MSS	Midwives Service Scheme
NHIS	National Health Insurance Scheme
NHMIS	National Health Management Information System
NISONM	Nigeria Society of Neonatal Medicine
NMCP	National Malaria Control Program
NPHCDA	National Primary Health Care Development Agency
PBI	Performance Based Incentives
PHC	Primary health care
PMTCT	Prevention of Mother to Child Transmission of HIV
PNC	Postnatal Care
PPFP	Postpartum family planning
PPH	Postpartum hemorrhage
PRRINN	Partnership for Reviving Routine Immunization in Northern Nigeria
QIT	Quality improvement team
SBA	Skilled Birth Attendant
SBM-R	Standards Based Management and Recognition
SFH	Society for Family Health
SMOH	State Ministry of Health
SSMC	State Social Mobilization Committee
TBA	Traditional Birth Attendant
TMMD	Tallafi Mata Masu Dubara
TOT	Training of Trainers
TSHIP	Targeted States High Impact Project
USAID	United States Agency for International Development
USG	United States Government
VDCs	Village Development Committees
WDC	Ward Development Committees
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. 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 transitioning to long-acting contraception. USAID/Nigeria is funding MCHIP to focus on increasing the use of high quality Emergency Obstetric and Newborn Care (EmONC) services in 3 States in Northern Nigeria, namely Zamfara, Kano and Katsina 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*. MCHIP contributes 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 three states, Kano Zamfara and Katsina*. To achieve this LOP objective, MCHIP has 6 intermediate results, namely:

1. Improved enabling environment and scale-up of best practices for EmONC at National and State levels
2. Increased availability and distribution of EmONC trained health care workers in selected LGAs
3. Improved quality of EmONC services in selected LGAs
4. Improved quality of FP services in selected LGAs
5. Increased demand for maternal and newborn services in selected LGAs
6. Improved management of maternal and newborn services in selected LGAs

### **II. Quarter 1 FY11 achievements**

During this quarter, MCHIP completed the following activities:

#### **1. Improved enabling environment and scale-up of best practices for EmONC at national and state levels**

- **Collaboration with NPHCDA**

During the quarter, MCHIP continued its collaboration with NPHCDA in a bid to strengthen this national body and thereby make available to replicate its positive lessons learnt in NPHCDA's MSS States. Specifically, the MCHIP Global Director, Dr Koki Agarwal in the company of the MCHIP COP, met with the Director PHC Systems, Dr M. J. Abudullahi and other staff to explore areas of collaboration. A number of areas of collaboration were identified which include:

- Introduction and scale-up of the Global Helping Babies Breathe (HBB) program across all MSS project sites,
- Development of job aids for CHEWs (in English and local languages),

- Strengthening of one midwifery school in each State to support the MSS program (e.g. through donation of anatomic models for a skills development laboratory, donation of delivery kits, episiotomy repair kits, IUD kits, mama kits; revision of midwifery curriculum to include community engagement training),
- Health systems strengthening including the use of performance based incentives (PBI) in partnership with NHIS,
- Partnership on the use of mobile health technology in the MSS program (this is already outlined in the MOU with NPHCDA for the mobile Maternal Child Health Information Technology {mMCHIT}) and
- Strengthening existing Ward Development Committees (WDC) to implement community engagement activities for Maternal, Newborn and Child Health (MNCH) in partnership with the White Ribbon Alliance.

Progress will be made on these items in the coming quarters and is a sure way of scaling up what MCHIP has done in its sites and ensuring that there is sustainability of these laudable MCHIP inputs.

- **Advocacy to facility and community leaders**

During the quarter, the MCHIP Global Director, Dr Koki Agarwal, travelled to Kano for the purpose of an advocacy visit to an MCHIP supported facility and community. There she received a warm welcome by a team of health care providers and community members led by the CNO in-charge. The Director interacted with three (3) clients (who brought their babies for immunization) in order to know the place of their recent delivery, outcome of delivery and their plan for postpartum family planning. One of the clients delivered at home with support of a TBA and had profuse bleeding (PPH) resulting in admission at Kiru CHC where she was resuscitated and transfused blood by the ACCESS/MCHIP trained Health Care Providers (HCPs) who eventually saved her life. On desire for future pregnancies, all 3 clients expressed their desire to wait for at least 2 years and were thus advised to see the FP services provider to adopt a modern method. The tour of the facility was



Dr Koki Agarwal making a speech during the visit to the health facility



Role play by the trained Household Counsellors

followed by a welcome ceremony by the CNO in-charge of Kiru CHC and District Head of Kiru, a role play of a household counselling session (MNC2) by the recently trained Household Counsellors (HHCs) using the postpartum counselling flip chart and testimonies from the community members on the increased awareness on importance of ANC, delivery at a health facility and FP largely through the effort of the CMT/CCG. It was stated that men in the community now understand the importance of ANC and delivery at the health facility and have given their wives the go ahead to go to the facility at any time the need arises without seeking for consent. The community members also recognized the fact that there has indeed been an improvement in quality and access to services since the implementation of the MCHIP program and pleaded for more support from the USG and MCHIP.

- **Collaboration with Society for Family health**

During the quarter, based on MCHIP's successful implementation of the Balanced Counseling Strategy (BCS), the Society for Family Health (SFH) approached MCHIP to collaborate with it to implement the BCS in its project areas. The BCS is a practical, interactive, and client-friendly strategy for improving counseling within family planning consultations. Following due consultation, a training-of-trainers course was organized in Minna, Niger State. The training aimed to impart to the participants the knowledge and skills not only to utilize the strategy, but in addition to train others to do so. The training methodology included the telephone exercise, illustrated lectures, discussions, role plays and clinical practice in the FP clinic during which each participant had the opportunity to counsel at least one client using the BCS. FP services in Nigeria were strengthened by training 19 SFH Consultants and Managerial staff from all zones of the country and the FCT on the Balanced Counseling Strategy. These individuals are to form a pool of trainers to cascade down training on the BCS to facilities that SFH is partnering with.



A participant using BCS to counsel a client in the clinic

- **Collaboration with TSHIP**

At the request of CEDPA-TSHIP/USAID, MCHIP's Senior Community Mobilization Officer, Mr. Samaila Yusuf, was invited to facilitate a Community Mobilization Training of Trainers (TOT) workshop held in Kaduna and had in attendance key TSHIP program staffs and Community Mobilization Associates (CMAs) from Bauchi and Sokoto States. The 5-day TOT focused on developing the capacity of TSHIP Community Mobilization



Demonstration on how CAC Phases fit into TSHIP CM



Associates (CMAs) on how to facilitate the roll out of the Community Action Cycle (CAC) intended for the Ward Development Committees (WDCs) and the Village Development Committees (VDCs) who will work with the communities as they mobilize to improve access and utilization of maternal and newborn health services such as immunization, nutrition, malaria and family planning. In addition, it presented the opportunity to discuss and shed more light on issues related to the composition and roles of stakeholders such as the State Social Mobilization Committee (SSMC), Local Government Social Mobilization Committee (LGA-SSMC), Ward Development Committees (WDCs) and the Village Development Committees (VDCs) etc. It was facilitated in a very interactive and participatory way. A total of eighteen (18) TSHIP Community Mobilization Associates from Bauchi and Sokoto States attended in addition to seven (7) TSHIP technical staff. On the last day, participants were divided into three groups (3) and assigned the task of developing work plans based on TSHIP thematic areas of Sub Objectives 2a & b and 3 for the roll out of the CAC. This collaboration between MCHIP and TSHIP shows the benefit of learning from one project and using the lessons learnt to scale up another project.

- **Expansion of the TMMD project into Katsina State**

During the quarter, a TMMD TOT was carried out in Funtua, Katsina State. The objectives were to introduce the formation and running of Tallafi initiative in Katsina State, to train and produce facilitators who will in turn train more women in their LGAs and to equip participants with necessary knowledge and practical skills in order to form the clubs in their locality. In all, a total of 15 women were trained from 8 LGAs of MCHIP catchment areas namely



A TMMD club in operation

Katsina, Maiadua, Safana, Rimi, Dutsin-ma, Malumfashi, Faskari and Funtua LGAs. Using interactive training techniques such as brainstorming, small working groups and games, the participants were able to share experiences, learn from each other and demonstrate adequate ability and interest to further the objectives of TMMD in their locality. The field trip undertaken to Mada exposed the participants to better understanding of the function and operation of the clubs. The trip also enhanced the problem solving ability of the participants by orienting them on how to avoid crisis situation and better ways of solving them when they arise.

- **TMMD Club Activities**

During the quarter, the MCHIP Global Director visited one of the TMMD Clubs in Kiru community in Kano State. There the Head of the TMMD club welcomed the Global Director and made a brief presentation on the club’s activities. It was stated that the club had over 50 members making weekly contribution of ₦50 each and has accumulated over ₦134, 000 (\$900) for small scale businesses and ₦8500 (\$56) for EmONC from inception to date. More so, quite a number of club members testified to having benefited from the funds, both for small scale business especially during the “Sallah ceremonies” and to seek emergency care for themselves and their babies. The Global Director was quite impressed with their activities and encouraged them to continue to support each other and reach out to more women in Kiru so that they can become members of the clubs and benefit from their activities.

- **Annual profit sharing ceremony of Kiru TMMD club**

Given the fact that USAID/MCHIP Nigeria Community Intervention strategy is aimed at reducing barriers that prevent women and mothers with newborns from accessing health care services, the Kano MCHIP office facilitated the establishment and training of “mothers club for savings and credit” popularly known as Tallafin Mata Masu Dabara (TMMD). As a follow up to the clubs mandatory 12 months operational Savings and Loans activities, the Kiru branch of the TMMD club traditionally known as Alkairi Zumunta officially celebrated its annual



The Honorable Commissioner of Health making a speech during the event in Kiru

profit sharing ceremony towards the end of the year. The Club has 20 married women as members who have contributed a total sum of ₦170, 000. Fifteen (15) women have so far benefited from loans for use in business. Similarly, a sum of ₦10, 000 was contributed for seeking health care during emergencies and according to the leader of the club, 5 pregnant women benefitted from loans to access emergency health care needs at Kiru Comprehensive Health Center. Two (2) months prior to the official profit sharing ceremony, all outstanding loans were paid including the accrued profits. Invited guests present at the ceremony witnessed beneficiary members narrating their success stories based on their investment and financial support derived from being members of the club. The ceremony had in attendance the Kano State Honourable Commissioner of Health in person of Hajiya Aisha Isiaku Kiru and the State Family Planning Coordinator, Hajiya Sa’a Nata’ala. In her remark, the Commissioner of Health expressed satisfaction with the operational design and guidelines of the TMMD structure which completely makes it different from other micro-savings clubs in the country in general and the State in particular. She thanked the MCHIP project for initiating the TMMD program in Kano State especially in rural communities purposely to assist women. The Kiru TMMD Club (Alkairi Zumunta) has initiated plans for investing part of the profits generated from the clubs’ savings in the year, in expanded business development and skill acquisition trainings for its members. The Federation of Muslim Women

Association of Nigeria (FOMWAN) has promised to organize a 1-week cost-free skill acquisition training course for the members of Alkairi Zumunta TMMD club.

## **2. INCREASED AVAILABILITY AND DISTRIBUTION OF EMONC TRAINED HEALTH CARE WORKERS IN SELECTED LGAS**

- **NYSC Orientation**

MCHIP has been working in collaboration with the NYSC secretariat to conduct Emergency Obstetric and Newborn Care (EmONC) orientation lectures for corps members during their orientation exercise at the NYSC camp for the past four years. In Kano, thirty eight (38) Corps members were in attendance comprising 10 doctors, 4 nurses, 4 pharmacists and 20 paramedical personnel. In Katsina forty three (43) Corps members



Group photo of Corps members in Zamfara

attended comprising 15 doctors, 2 nurses, 2 pharmacists and 24 paramedical personnel. In Zamfara, activities at the NYSC Camp included EmONC Orientation for doctors, nurses and para-medical graduates and voluntary HIV counseling and testing. Thirty eight (38) Corp members attended comprising 15 doctors, 3 nurses and 20 paramedical personnel. Voluntary HIV counselling and testing was offered at the Camp Clinic. One Hundred and Ten (110) Youth Corp Members and Camp Officials were tested and received their results.

- **Posting of MSS Midwives to MCHIP sites**

The NPHCDA posted MSS midwives to additional PHCs in Kano in order to further address the critical shortage of SBAs in the State. Four (4) MCHIP supported health facilities, namely Dawanau, Tattarawa, Babawa and Abasawa PHCs, benefited from the posting of at least 2 midwives each thereby increasing the availability of SBAs in the facilities. Meetings were scheduled to be held with the midwives to orient them on MCHIP's work and provide them with on the job training and job aids. This posting has thus reduced the number of MCHIP supported health facilities with no SBAs in Kano to only 3 (Yako, Rijiyar Lemo and Gwagwarwa PHCs).

## **3. IMPROVED QUALITY OF EMONC SERVICES IN SELECTED LGAS**

- **SBM-R follow up assessment at Dawakin Tofa General Hospital**

During the quarter, the Kano State Program Officer and WAHO interns together with the medical officer in-charge of Dawakin Tofa GH commenced a follow up assessment of compliance with EmONC performance standards at the General Hospital. The assessment would be completed in the next quarter and will be followed by feedback meeting to discuss and draft a work plan for closure of identified gaps.

- **Donation of medical equipment**

Following the recent posting of four (4) MSS midwives to Tattarawa PHC, in Kano, MCHIP donated one delivery kit to the facility to kick start admission of pregnant women in labour for the conduct of delivery. This was necessary as the midwives had no equipment for the conduct of safe delivery resulting in referral of clients to distant facilities. The donation of the delivery kit to Tattarawa PHC will help in initiating the conduct of deliveries at the health facility and reduce the risk associated with home deliveries,



Officer-in-charge of Tattarawa PHC receiving delivery kit donated by MCHIP

increase delivery by SBAs and could potentially prevent untimely deaths due to delay in transport to distant health facilities. (See annex for confirmation of receipt). In Zamfara, more MCHIP supported facilities were earmarked to be equipped with some EmONC/FP equipment to ensure qualitative service provision in the MCHIP LGAs. The recent donations went to General Hospital Anka, General Hospital Gummi, General Hospital Shinkafi and General Hospital Maradun. Items donated included IUD Insertion/Removal Kits and Delivery Kits. In his remarks, the Hospital Management Board's (HMB) Secretary who ably represented the HMB's Chairman expressed his appreciation on behalf of the Chairman and the State for the continuous support and assistance from MCHIP, adding that, they will on their own part remain committed in partnership with MCHIP and other developmental partners to achieve their health goals.

- **Renovation of Rano General Hospital and Abasawa PHC**

The Hospitals Management Board wrote a letter to MCHIP Kano Field office to officially express their gratitude for the anticipated renovation of the selected health facilities and assure MCHIP of its continuous support and cooperation in the role out of program activities in the State. The renovation of the health facilities will help to further improve quality of services and should result in increased utilization by women and their families. See annex for scanned copy of the letter. The renovations have however been put on hold because of funding constraints

- **Stakeholders meeting on the review of Community-based Management of Neonatal Sepsis**

During the quarter, a 2-day stakeholders meeting on the review of community-based management of neonatal sepsis was held in Abuja. This was a follow up to the national stakeholders meeting held earlier in the year. The meeting was attended by representatives of Federal Ministry of Health (FMOH), NISONM and MCHIP. The draft report of the desk review conducted by NISONM was discussed and feedback provided for the revision of the document. Participants discussed the feasibility of introducing and evaluating a home-based sepsis management within the limited program period remaining. The general consensus was that it will not be feasible to introduce home-based sepsis management within the remaining time period of MCHIP. However, it would be feasible to introduce and evaluate treatment of newborns with possible bacterial infection whose caregivers refuse referral at the

PHC level. With this consensus in mind, participants reviewed and revised the draft assessment tool for the sepsis management at the PHC level. The tool for the household survey was not reviewed because of the group's decision not to conduct baseline and endline population-based surveys given the limited time to the end of the MCHIP project. The implementation protocol was discussed and the timing of the first training of the health providers including community health extension workers (CHEWs) was scheduled for the next quarter. The baseline assessment of the PHC will take place early in the next quarter.

#### 4. IMPROVED QUALITY OF FP SERVICES IN SELECTED LGAS

- **Training on PFP for CHEWs**

During the quarter, training was conducted on post-partum family planning for CHEWs in Zamfara State. A total of 20 participants were trained on PFP including Balanced Counseling Strategy (BCS). Some of the participants had the opportunity to counsel clients using the BCS cards, algorithm and brochure, and they were also able to demonstrate steps of infection prevention including preparation of 0.5% chlorine solution for instrument processing. By training 20 Community health extension workers on Post partum Family Planning (PFP), it is expected that women in the community will now have access to quality FP services and will indeed help in addressing the unmet need of women in the communities.



Participant counseling client using BCS cards at Family Planning Clinic of King Fahad General Hospital.

#### 5. INCREASED DEMAND FOR MATERNAL AND NEWBORN SERVICES IN SELECTED LGAS

- **Household Counsellors Step-down Trainings**

During the quarter, 2 trainings for Household Counsellors were conducted in Tudun Wada and Danbatta LGAs, Kano. The specific objectives were to provide basic information on antenatal care, childbirth and postpartum care for both the mother and baby to Household counselors, to improve counseling and communication skills of Household Counselors and to provide Household Counselors with skills to support pregnant women and their families to



Participants at group work calculating LMP and EDD using pregnancy calculator

identify and remove barriers that prevent them from practicing appropriate maternal and newborn behavior. There were 40 Participants from various parts of Tudun Wada and Danbatta LGAs who attended. The blended learning approach was used

to train the HHC to acquire competency on counseling and delivery of the message to women on MNH/FP.

- **Commissioning of Household Counsellors**

In Kano, The Senior CMO, State Program Officer and other field staff along with the community training consultants, commissioned the recently trained HHCs at Dawakin Tofa, Kiru, Gezawa and Rano LGAs. This was to enable them reach out to more women and mobilize them to receive ANC, deliver at the health facilities with SBA, receive PNC and adopt PFP. A recap of some of the key issues during counseling visits such as calculation of LMP and EDD was done along with role play on HH counseling visits. The HHCs have already completed the mapping of their catchment areas and have identified all households with pregnant women in preparation of the initiation of counseling visits. They were equipped with the bag, hijabs, PFP flip chart and registers. In Katsina, the Senior Program Manager attended the commissioning of HHCs in Mai'Adua LGA. Another commissioning was done in Zakka, Safana LGA. The commissioning of the recently trained HHCs will aid in the delivery key BCC messages to the pregnant women and other household members on the importance of ANC attendance, delivery at the health facility, PNC and PFP. This will indeed help towards improving pregnancy outcomes (reducing morbidity and mortality) and increase utilization of services at the health facilities.

- **Male Birth Spacing Motivators TOT**

In an attempt to reduce the high rate of maternal and child mortality in the community and to encourage couples communication, MCHIP introduced a number of community-based interventions that aimed at encouraging the community to take appropriate and right decisions. The Male Birth Spacing Motivators was added to the already established CMT/CCG structures and HHCs all in a bid to reduce to the barest minimum the risk of women and babies dying as a result of pregnancy and pregnancy related complications. The Male Birth Spacing Motivators strategy therefore focuses attention on household gate keepers that oftentimes are not properly reached by the activities of the HHC due to social barriers or by the CCGs as a result of the myths and misconceptions attached to discussions on family planning services in public in the Hausa society. To this end a TOT was organized in Katsina for Male Birth Spacing Motivators. A total of 20 Senior CHEWs and LGA Health Educators were identified, selected and trained as trainers from the 9 MCHIP supported LGAs. The main objective of the training included but was not limited to updating the knowledge and skills of the health care providers at the facility level to counsel caregivers on the importance of birth spacing, adequately equipping the trainees with necessary skills and knowledge to train others on birth spacing counseling, correcting myths and



Participants during the future Island game

misconceptions of the trainees on gender values and such other issues as related to birth spacing, and inculcating into the trainees the attitudes and culture of collective decision making with their partners in all family issues and affairs. The trained MBSM are expected to cascade down the training at the LGA level where MBSM volunteers would be selected in collaboration with the CCG of the various communities.

- **Advocacy/Sensitization**

In recognition of the need to increase community participation towards strengthening quality of services at the health facilities and increase a sense of local ownership, MCHIP Kano Field staff and Rano CMT/CCG jointly paid an advocacy visit to Alhaji Auwalu Abdullahi Rano (a philanthropist) to solicit his support towards procurement and repair of some items at Rano General Hospital that were identified as gaps during the SBM-R assessment. These include repair of borehole, procurement of new pumping machine and overhead tank that will ensure water supply to all units, repair of the generator and procurement of refrigerator for the blood bank to ensure regular availability of blood for transfusion to clients in need. It was clearly stated that while ACCESS/MCHIP has renovated 8 facilities in Kano and is in the process of conducting renovation work at Rano and Abasawa, it is important for the community leaders to also contribute to the betterment of the lives of the people as well. The visit succeeded in promoting MCHIP's work at the community on MNH and the effort being made to save more lives in the community by strengthening the facilities to provide improved quality services. While promising to immediately meet the requests put forward to him by the CMT/CCG as has been done in the past through donation of benches and other medical equipment (including an Ultrasound scan machine), Alhaji A. A. Rano commended the effort of MCHIP in the State. He promised to give his full support whenever the need arose.

## **6. IMPROVED MANAGEMENT OF MATERNAL AND NEWBORN SERVICES IN SELECTED LGAS**

- **Integrated Supportive Supervision (ISS) Checklist Review Meeting**

During the quarter, a meeting was held to review the integrated supportive supervision (ISS) checklist in Zamfara State. Thirteen (13) people from various Organizations within the State attended. PRRINN-MNCH hosted the meeting and the Director for Health Information System of State Ministry of Health facilitated the meeting. MCHIP representative in her remarks, pointed out that MCHIP is working to improve the performance and quality of health services of Emergency Obstetric and Newborn Care with Family Planning Services of Zamfara people by using a National Performance Standard tool, which is equally a checklist with the hope that, it will be integrated into the ISS. The available checklists which were presented in hard copies and in PowerPoint presentations were Routine Immunization Checklist by WHO, Supportive Supervision Checklist at Health Facility by SMOH and Integrated Supportive Supervision (ISS) tool for PHC facilities by National Primary Health Care Development Agency (NPHCDA). SBM-R was introduced and few copies of the Hospitals and PHC Performance Standards were shared. Participants were divided into two groups to review the

tools and MCHIP representative participated in the second group, whose mandate was to review and harmonize the checklist with emphasis on MNCH. At the end, the group agreed to incorporate the SBM-R during ISS, by making sure all the health facilities are applying it and finding out from every health facility through the following questions:

1. *Is there a QIT in the health facility?*
2. *Did the facility apply the SBM-R in the last three months?*
3. *Is there an improvement from the last three months?*

MCHIP was advised to carry out more training on SBM-R in the health facilities and to supply more copies of the Performance Standards so that the Service Providers can be assessing themselves before the periodic assessments.

- **Harmonization of HMIS registers and forms in Zamfara for sustainability**  
The national HMIS unit of the FMOH in conjunction with partner agencies developed the new harmonized HMIS tools for use across the country. The tools were presented at a previous meeting after which members commended the efforts of the FMOH towards promotion of a harmonized HMIS system in the country. However some concerns were raised on the absence of some key indicators, especially on MNCH, which hitherto were being collected by partners in the State. It was thus resolved that areas of concern should be documented and the case presented to the national NHMIS office for consideration. This was done and the response of the national NHMIS was that “Zamfara State can add data elements/indicators it deemed necessary provided none of the national data elements/indicators are removed, this should however be properly documented and shared with the National HMIS unit, FMOH”.

Thereafter, a one-day meeting was held in Gusau at the PRRINN-MNCH office, to fashion out ways to address the areas of concern with respect to the new harmonized National HMIS tool. The purpose of the meeting was to review all the areas of concern with the tools and come up with uniform tools for use by all stakeholders in the State which incorporate data elements and indicators which are already being collected and considered to be very pertinent to monitoring and evaluation of MNCH services in Zamfara State. A presentation on the HMIS in Zamfara State was made and some of the progress achieved so far by the unit. One of the key challenges however was the multiplicity of the data collection tools coupled with shortage of some of the tools. The tools that were reviewed by the team were: ANC, Labour and Delivery and Family planning registers as well as the NHMIS summary sheet. The team however recognized the limitations of a routine HMIS in accommodating all data elements/indicators required by various partners; it was thus agreed that the use of the patient record card will be promoted in all facilities from which additional data can be retrieved through periodic facility surveys as deemed fit by the various programs. After careful considerations of the several data elements/indicators, the following were agreed to be added:



**ANC register**

1. Postnatal care (PNC) column was sub-divided into four: less than a day, 1-3 days, 4-7 days and > 7 days.
2. A column on “type of visit” i.e. “Type of visit” was added to distinguish clients coming for a booking or follow-up visit.

**Labour and Delivery register:** Data elements added include:

1. Delivery conducted by SBAs or CHEWS/others
2. Active management of third stage of labour
3. Use of partograph
4. No of babies (singleton or multiple)
5. Immediate newborn care provided or not provided
6. Lactational Amenorrhea (LAM) introduced
7. Maternal complications managed
8. For the still births distinguish between a fresh stillbirth (FSB) or macerated (MSB).

**Family planning register:** Data elements added included:

1. Counselling on FP? Y/N
2. Name of pill
3. Name of injectable
4. Type of condom provided (Male or Female)

**NHMIS 001:** Indicators added include:

1. Total no. of deliveries by skilled birth attendants (Doctors, Nurses and Midwives)
2. No. of deliveries monitored using a partograph
3. No. of pregnant women who received Active Management of Third Stage of Labour
4. No. of pregnant women who received malaria IPT1
5. Total No. of postnatal visits
6. No. of Postnatal visits less than 3 days
7. No. of newborns with birth asphyxia
8. No. of new cases placed on KMC
9. No. of New cases placed on KMC successfully managed
10. No. of women counselled on FP
11. No of persons given oral pills

Concerning printing of the tools, it was agreed that MCHIP and PRRINN-MNCH should co-finance the initial stock of the tools. MCHIP team was also to work out the modality for the training with the HMIS SMOH unit after finalization of the tool.

- **Meeting with the Kano State Honourable Commissioner of Health**

During the quarter, the Kano State MCHIP State Program Officer, Senior CMO and FP Coordinator held a meeting with the Honourable Commissioner of Health to keep her abreast of program activities in the State. Key issues discussed during the meeting, besides general overview of recent MNH/FP activities, included the plan for the renovation of Rano General Hospital and Abasawa PHC by MCHIP and donation of medical equipment and models to the Schools of Basic Midwifery and health facilities. The Commissioner expressed her gratitude to MCHIP for supporting the health sector and pleaded for expansion of program activities to additional LGAs. The Commissioner also urged MCHIP to donate more equipment especially to the renovated sites to complement the renovation so that EmONC/FP services can be further strengthened at the 2 facilities.



MCHIP Staff meeting with the Honourable Commissioner of Health

## 7. Staff Transitions

During the quarter, a Human Resource (HR) Officer was hired to strengthen HR issues across all projects in the organization. Her name is Beatrice Nwanokwu and she's to assume duties in the next quarter. This was in response to one of the recommendations of an Internal Control Review (ICR) conducted by the head office.

## 8. Renovation of more Health Facilities

Following the renovation needs assessment of the chosen facilities to be renovated, the bidding process took place this quarter and renovations would commence in the next quarter subject to availability of funds.

## 9. Participation in other project related activities

During the quarter, MCHIP participated in the following activities:

- i. **Women Hard Talk with Political Parties on Maternal and Child Health** – During the quarter the MCHIP Senior Program Manager attended the half-day meeting on engaging political parties on MCH. A few parties attended and presented their agendas for MCH if elected.
- ii. **National Family Planning Conference 2010** – During the quarter, Nigeria held its 1<sup>st</sup> National Family Planning Conference which was indeed a milestone in the history of family planning in the country, both for the government and its partners. Jhpiego Nigeria's Country Director played a key role in the planning and organization of the conference as a member of the planning committee/local

organizing committee, with Jhpiego being identified as a corporate partner in the process. The theme of the conference was “*Strengthening Family Planning for National Development*”. Multiple concurrent sessions were also held, two of which was chaired by Jhpiego Nigeria’s Country Director/MCHIP COP and Deputy Country Director, where research papers and lessons learnt from programs were presented. The COP presented a paper titled “*Safe motherhood in northern Nigeria: results of a program to improve access to and quality of maternal, newborn and family planning services*” and the MCHIP Senior Technical Officer also presented a paper on “*FP/MNCH integration: implementing postpartum systematic screening in Kano and Zamfara States in Nigeria*”.



MCHIP COP at the high table during the thought provoking discourse on contradictions in population policy at the national FP Conference

iii. **8<sup>th</sup> International Scientific Conference and 44<sup>th</sup> Annual General meeting of SOGON** – During the quarter, MCHIP staff, led by the COP, attended the 8<sup>th</sup>

international scientific conference of SOGON which was held in Abuja. The theme of the conference was “*Priorities in reproductive health*”. On the 3<sup>rd</sup> day of the conference, a panel discussion was held by MCHIP titled “*The State of Emergency Obstetric and Newborn Care (EmONC) in northern Nigeria – lessons from the ACCESS/MCHIP project*”. The session which was chaired by Prof. A. O. Ladipo and co-chaired by Dr Koki Agarwal had the theme “*Implementing the Household-*



Group picture with USAID/MCHIP Activity Manager at the MCHIP stand

*to-Hospital Continuum of Care (HHCC) for EmONC and Family Planning in Northwest Nigeria*”. Following welcome and introduction of audience and paper presenters as well as the chairman’s opening remarks, the MCHIP Senior Program Manager Dr Tunde Segun made a presentation on overview of the HHCC. This was followed by presentations on ACCESS-MCHIP project interventions at the community level (by the Senior CMO, Samaila Yusuf), interventions at the facility level (by the Senior Technical Officer, Dr Lydia Airede), strengthening health management information systems (HMIS) for EmONC (by the Senior M&E Officer, Dr Gbenga Ishola) and lessons learnt and recommendations for scale-up (by the COP Prof. E.O. Otolorin). At the end of the presentations, program activities implemented under the ACCESS/MCHIP,

achievements made, success documented, challenges encountered and lessons learnt were disseminated with audience from both within and outside Nigeria and Africa. This stirred quite a lot of interest/questions from the audience who were impressed with the success of the program and impact made on MNH. The representatives of the SMOH and Hospital Management Board from the 3 States where the ACCESS program was implemented gave testimonies of the program's impact on the health sector of the States and thanked ACCESS on behalf of the SMOH. At the end of the panel discussion, the video documentary of the program was disseminated to the audience, Implementing Partners and stakeholders. Later in the evening at the Eighth scientific parallel session, MCHIP Senior CMO and Kano State Program Officer made paper presentations on *“Improving access to maternal and newborn health care services through the establishment of mothers’ saving and loan club in Northern Nigeria”* and *“FP/MNCH integration: implementing postpartum systematic screening in Kano and Zamfara States in Nigeria”* respectively.

- iv. **Online training course on the use of Global SBM-R data management tool** – During the quarter, the MCHIP Senior. M&E Officer, Kano and Zamfara State Program Officers and ZAIHAP PMTCT Advisor (Kano) participated in the online training session on the use of the SBM-R data management tool facilitated by Bruno Benavides (Jhpiego, Baltimore). The 2-day sessions were centered on discussions on the purposes of the Global SBM-R Data Management Tool and enabled participants to become familiar with the application environment, model the application to suit country needs and define the health systems as well as program structure.
- v. **Effective Supportive Supervision Training** – During the quarter, the MCHIP Senior Program Manager back stopped the Jhpiego ExxonMobil funded MIP Project training on effective supportive supervision. The 3-day training took place in Uyo, Akwa Ibom State.
- vi. **Meeting on Promoting Youth Access to Sexual and RH Services** – During the quarter, the MCHIP COP and the Senior Program Manager attended a one-day meeting on Promoting Youth Access to Sexual and Reproductive Health Services. It was organized by the Ford Foundation.
- vii. **Emergency Stakeholder's meeting on Partners' Profiling** –MCHIP Senior Program Manager attended a meeting on Partners' Profiling. This was organized by the National Malaria Control Program (NMCP) of FMOH. A consultant was hired to assist the NMCP in developing a draft profiling. At the meeting, stakeholders gave their input into the draft.
- viii. **Planning meeting for the TOT on gap analysis on knowledge skills and practice of CHEWs** – The Katsina State MCH Coordinator attended an NPHCDA organized meeting on the TOT on gap analysis on knowledge, skills and practice of CHEWs. This became necessary because NPHCDA recognized the need to scale up access to Essential Maternal/New born and child health care by the use of CHEWs in rural areas where retention of Midwives has been identified as a challenge. The objectives of the planning meeting were to acquaint participants with the rationale for the CHEWs scoping study, to provide information on the objectives and methodology of the study and to

acquaint participants with the tools and get their input on the study. Available evidence indicates that CHEWs constitute over 90% of workforce at the frontline facilities nationwide. It is in the light of the above that the NPHCDA is conducting a rapid appraisal and scoping mission to identify gaps in the knowledge, skills and practice of CHEWs on maternal and child health care to inform the design of a basic course to complement the training on the modified life saving skills which could be designated as advance course for CHEWs.

- ix. **Nigeria Philanthropy Forum** – During the quarter, MCHIP was represented at the first Nigeria Philanthropy Forum organized by the TY Danjuma Foundation, a private independent grant making philanthropic organization based in Abuja, Nigeria. The theme was “*Building synergies for Advancing Philanthropy and Social Investment*”.

## 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, The State Program Officer and FP Coordinator monitored compliance (of FP service providers) with USAID legislative and policy requirements for provision of FP services. The exercise was carried out at MMSH and Gwagwarwa PHC using service provider interview, client exit interview and by observation of family planning consultations. No violation of the components of Tiaht amendment or any other policy requirement was observed.



MCHIP FP Coordinator conducting FP compliance monitoring exercise with a client

## III. CHALLENGES AND OPPORTUNITIES

1. Frequent stock outs of family planning commodities and tracer obstetric drugs continue to be a major challenge, especially when the program cannot purchase them. There is hope that the FMOH will procure commodities in the coming year which should ameliorate the problem. Also MCHIP has sourced for donation of long acting FP commodities from its headquarters in Baltimore and this should also help reduce the waiting list of some women and thereby reduce unmet need.
2. The MSS program and continuous deployment of some midwives to MCHIP supported facilities as experienced in Kano this quarter continues to provide an outlet for increasing deliveries by skilled birth attendants. However transfer of employed health care providers in the facilities is still a challenge.
3. The lack of maternity record booklets as a result of the States not taking over the printing of new ones continues to pose a challenge in terms of adequate data

collection and record keeping. Advocacy is on-going to SMOH to ensure that these maternity record booklets are printed by the State.

#### IV. ACTIVITY CHANGES

There were no major activity changes during the quarter.

#### V. SUCCESS STORIES

##### **Hajia Aisha Ishaku Kiru's Story**

Aisha Ishaku Kiru is the Kano State Honorable Commissioner of Health and she was invited to attend the annual event of the *mother's saving and loans club* popularly known as Tallafin Mata Masu Dabara (TMMD) organized by the Kiru branch of the club known as 'Alkairi Zumunta'. The honorable commissioner had this to say:

*"I have been hearing about the TMMD club and I was just wondering what it was. Despite the fact that I got a complete brief from the MCHIP staff about what exactly it was, I said to myself this could be another type of poverty reduction program similar to what we know in the past. But contrary to my thoughts, what I have seen today clearly tells me that the TMMD club is quite different from other women's savings and loans clubs we knew in the past. I am extremely happy because I have witnessed and listened to testimonies from women who are beneficiaries of the TMMD club and how it has improved their health and financial status. I cannot just imagine how poor rural women could contribute as low as ₦50 and it grows gradually and becomes pool of wealth that is beneficial to each and every member of the club. The most interesting part is that the TMMD club also stands as a strong institution in helping towards improving the health and socio-economic status of not only its members but also of the community at large. I am proud to be associated with this club and in my capacity as the commissioner of health I will promote and support the expansion of the TMMD club in all the 44 LGAs of Kano State".*



The Honourable Commissioner of Health speaking at the annual profit sharing event in Kiru LGA, Kano

##### **Story of Hussaina Abubakar**

Hussaina Abubakar is an 18 year old Hausa-Fulani woman residing in Rimin Kebe quarters of Kano City. She was married at the age of 17 years to a petty trader. Few months after her marriage, she became pregnant and started receiving antenatal care at Gwagwarwa CHC, an MCHIP supported health facility.

Despite health education sessions on the importance of delivery at a health facility with a skilled birth attendant, Hussaina still held on to the practice of home delivery, as her culture and tradition values a woman who delivers at home amidst her relatives. After a home delivery, people are often heard saying “Barka, a gida ta haihu, ba bukatar zuwa asibiti” meaning “thank God, she delivered at home, there was no need to go to the health facility”.

On the eve of the New Year, labour pains gripped Hussaina. She was kept at home on traditional concoctions with emotional support from her mother-in-law and relatives. She endured 13 hours of labour pain at home without any “progress”. At about 8:30pm, Hussaina started convulsing resulting in total pandemonium in the house. She was rushed to Gwagwarwa CHC where she was managed by an MCHIP trained health worker for eclampsia and delivered a live baby boy (Muhammad Auwal).



Hussaina Abubakar at the postnatal clinic of Gwagwarwa CHC

Hussaina: *“I knew it was important to go to health facilities for antenatal care but I thought I could deliver at home with support of my family. Now I know that it is better to come to the health facility at the onset of labour pains. If anything goes wrong someone is there to help”.*

### Quotable quotes

1. Matron working in GH Gezawa, Kano  
*“ACCESS/MCHIP played a tremendous part in strengthening our capacity as service providers in saving the lives of mothers and their newborn babies. Many lives are saved compared to before the MCHIP/ACCESS interventions in our facilities”* Hadiza Umar (Nurse), Matron Gezawa General Hospital.
2. Records Officer working in MMSH  
*“The coming of ACCESS/MCHIP aid us to know the importance of data and effective ways in generating quality data. In fact, today the data generated due to the intervention helps greatly in planning and decisions carried out by the management. The capacity of record unit is improved”* Halima Abubakar-Record Officer, Murtala Muhammed Specialist Hospital, Kano
3. Nurse working in GH Danbatta, Kano  
*“ACCESS does not end in reducing maternal and child deaths in our State (Kano), but helping us to sustainable provision of quality services that will in the long run change the health system to a greater level!”* Joy Osumune, Nurse, Danbatta General Hospital
4. Male Birth Spacing Motivator, Fagge, Kano

*‘As MBSM, anytime I counselled husband and the husband accepted or understands the relevance of child spacing to his wife, the baby and the whole family I felt the most successful and get courage to do more as volunteer in the MCHIP community work in saving mothers and babies lives ’* Abubakar G. Abubakar, Male Birth Spacing Motivator, Fagge Local Government

5. FP Provider, Gwagwarwa CHC, Kano

*‘I am now very confident in providing family planning service in my facility. And I noted more women are coming because of the improvement I gained after MCHIP’s FP training in balance counselling and providing service’* Zainab Sulaiman, FP provider. Gwagwarwa Comprehensive

6. Household Counsellor, Rano, Kano

*‘The number of our mothers and sisters that suffered and died due to pregnancy and pregnancy complications is practically becoming history. As most of the deliveries are rushed to the facilities as community and pregnant mothers know the danger signs and importance of delivering in the hospitals. All these are due to the intervention from MCHIP in our society’* Hajia Ado Household Counsellor, Rurum-Rano LGA, Kano,

7. FP/RH Coordinator, SMOH, Kano

*‘MCHIP is doing a lot of great works in the aspect of family planning in the State. In fact, the integrated approach of Household to Hospital Continuum of care helps to strengthen both the community and the facility to achieve the purpose of saving pregnant mothers from deaths due to pregnancy and related complications. It is the first intervention that carried FP to almost every door of the intervention sites. We all observed the tremendous increasing number of couples accepting to practice family planning/child spacing’*. Hajia Sa’a Nataala (Kano State FP/Reproductive Health Coordinator)

## **VI. NEXT QUARTER RESULTS**

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 supported States. MCHIP will continue its support for the joint quarterly supervisory visits to all facilities and the implementation of the SBM-R process. MCHIP will strengthen data demand and use for decision making in its supported health facilities.

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 especially in Katsina State. 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 continue outreaches for clients on waiting lists for



long-acting FP methods taking advantage of FP commodities obtained from Jhpiego headquarters in Baltimore.


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 where needed. MCHIP will also scale-up its advocacy for the adoption of the Population Council's Balanced Counseling Strategy (BCS) for FP counseling. MCHIP will continue its long-acting methods outreaches in selected sites with client waiting lists.


MCHIP will train Doctors, nurse/midwives and CHEWs on Essential Newborn Care and Helping Babies Breath (HBB), so that efforts towards reducing neonatal and infant mortality will be enhanced. MCHIP will support the NPHCDA and FMOH participation in the Africa Regional Meeting on PPH/Preeclampsia/HBB meeting scheduled to take place in Ethiopia during the next quarter. MCHIP will also participate in the NPHCDA supported National Stakeholders meeting on PHC health financing.

MCHIP will also continue to build the capacity of service providers to provide basic emergency obstetric and newborn care and post-partum family planning. MCHIP in collaboration with the Nigeria Society of Neonatal Medicine (NISONM) and other development partners will conduct a rapid assessment on improving management of neonatal sepsis at selected PHCs and General Hospitals.

**Annex**

**1. Confirmation of receipt of medical equipment**

 **USAID**  
FROM THE AMERICAN PEOPLE

 **MCHIP**  
Maternal and Child Health  
Integrated Program

**December 16, 2010**

**CONFIRMATION OF RECEIPT**

This is to confirm that I Shuaibn Muzay of  
Tattaraw PTC received the  
following medical kits, on behalf of Tattaraw PTC.

1. One (1) Delivery kit

**Recipient:**  
Name: Shuaibn Muzay  
Designation: Incharge  
Signature: [Signature]  
Date: 16/12/2010

**Delivered by:**  
Name: Dr. Nasir Muhammad Bashir  
Designation: State Programme Officer  
Signature: [Signature]  
Date: 16/12/10

## 2. Appreciation Letter



# KANO STATE HOSPITALS MANAGEMENT BOARD

BOARD HEADQUARTERS:  
P.M.B. 3540, POST OFFICE ROAD, KANO

Ref: HMB/GEN/532/H/36

Date: 28/10/2010 (11/11/143:58)

The Kano State Programme Officer,  
ACCESS - MCHIP  
Kano Office.

**RE: RENOVATION OF KANO GENERAL  
HOSPITAL AND ABASAWA PHC**

This is to politely refer to your communication of 18/10/2010 and acknowledge its receipt with gratitude.

2. The Board is assuring you of the already existed collaboration and cooperation as well as directed the Zones to maintain the tempo and monitor the progress of the renovation works outlined in the affected facilities.
3. While assuring you of the Board's continuous support and cooperation accept my best regards, please.

A handwritten signature in black ink, appearing to read 'Dauda Sale Kanawa'.

DAUDA SALE KANAWA  
Director Hospital Services

FOR: DIRECTOR GENERAL

### 3. Invitation to co-facilitate PFP Training for CHEWs



KANO STATE OF NIGERIA  
**MINISTRY OF HEALTH**  
HUMAN REPRODUCTIVE HEALTH, KRODA KANO

Tel: 064 - 645653, 634983  
634300, 645615  
630204, 634426

In Case of Reply Please  
Quote reference  
No:MOH/SEC/412/V.I/61

P. M. B. 3066  
KANO/NIGERIA

DATE: 8/11/2010

Dr. Nasiru Muhd.  
State Programme Officer MCHIP  
Kano

**INVITATION TO PARTICIPATE AS A FACILITATOR IN THE PFP TRAINING IN  
KANO STATE**

In order to further strengthen the collaboration between the Kano State Ministry of Health and MCHIP, you are cordially invited to co facilitate the training of Post Partum Family Planning training for Midwives in Kano State. Schedule to place as follows:

Date: Tuesday 9<sup>th</sup> to Thursday 11<sup>th</sup> November, 2010  
Venue: MMSH  
Time: 8:30am to 5:00pm

Thank you in anticipation of your usual cooperation.

Sa'a Nata'ala  
Coordinator Reproductive Health  
For: Hon. Commissioner