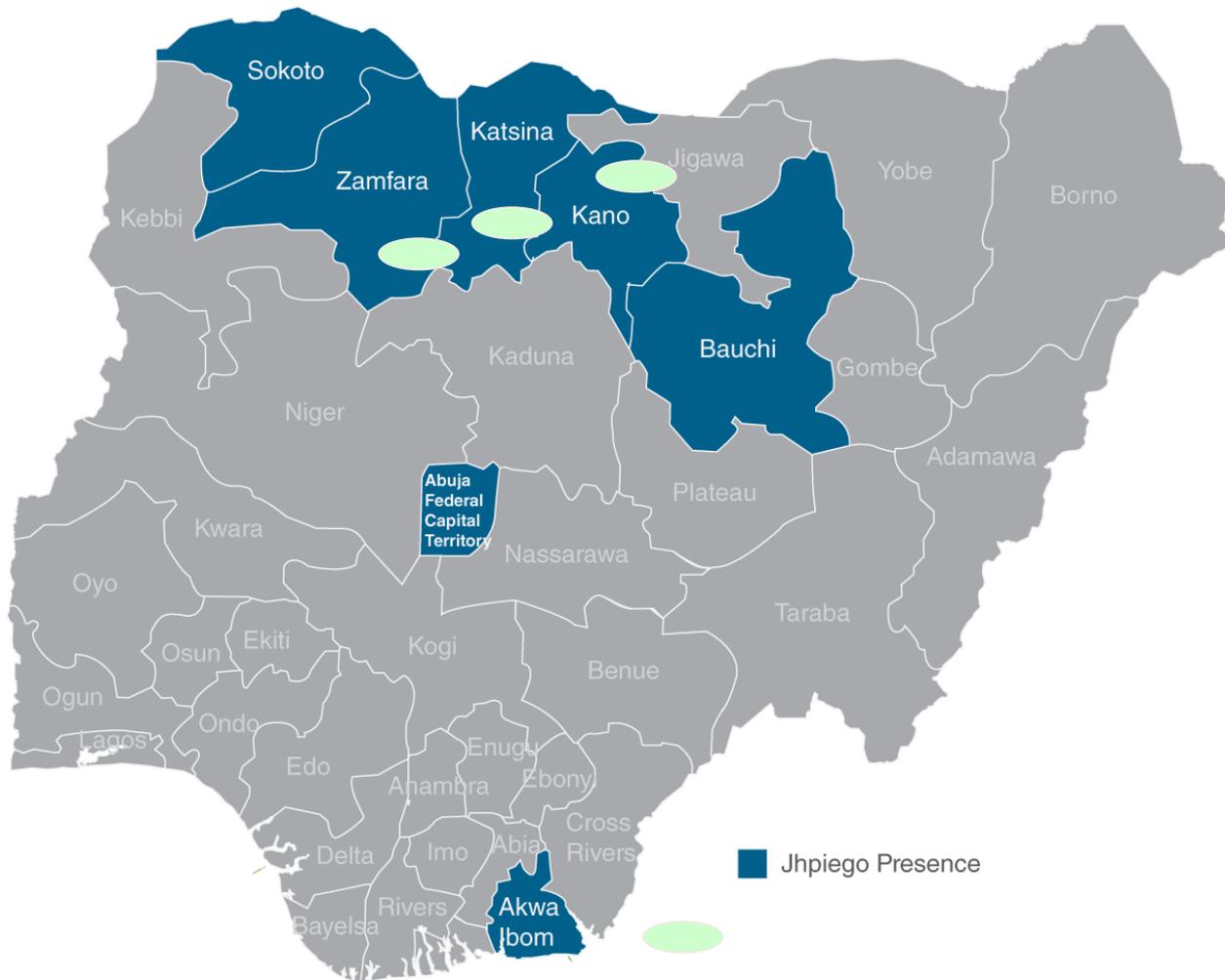


MCHIP Nigeria FY11 Quarter 2 Report

Introduction

In Nigeria, MCHIP transitioned from the ACCESS program in Oct 2009 and has continued the goals and objectives of the program which is to strengthen emergency obstetric and newborn care in Northern Nigeria as an entry



point to postpartum family planning later transitioning to long-acting contraception. MCHIP works 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. To achieve this LOP objective, MCHIP has 6 intermediate results.

Program objectives and key activities

1. *Improved enabling environment and scale-up of best practices for EmONC at National and State levels*

- Although supportive and explicit policies related to maternal and newborn health already exist in Nigeria and are by and large consistent with international efforts, there are still several barriers (human resources, health financing etc.,) that have a direct bearing on Nigeria's ability to successfully implement and roll out high quality emergency obstetric and newborn care. The MCHIP/Nigeria Project continues to address these barriers by implementing strategies at national and state levels to ensure that the appropriate policies, clinical standards and guidelines are in place to support the provision of quality EmONC services at state and LGA levels. Plans for handing over all the MCHIP supported facilities and interventions for State-wide scale up are being implemented so that the gains of the MCHIP Program during the intervention years will not be lost.

2. *Increased availability and distribution of EmONC trained health care workers in selected LGAs*

- As in previous years, MCHIP continued to work with the NYSC Secretariat to identify and train corps members that are doctors and nurses/midwives so that they are equipped with the necessary knowledge and skills to provide high quality maternal and newborn services wherever they are posted. MCHIP is also collaborating with the NPHCDA to build the capacity of midwives serving under the new MSS program. All such midwives posted to PHCs supported by the MCHIP program are given refresher training as needed and supported to provide quality services. MCHIP also continues to train CHEWs to provide selected BEmONC services at other PHCs where there are no nurse/midwives. MCHIP is also strengthening a core group of senior health care workers in the 3 States to become core trainers and champions for emergency obstetric and newborn care and family planning. These individuals will be available to continue MCHIP human capacity development efforts even after the program has ended. Activities under this IR include:
 1. Training in Basic EmONC for NYSC doctors, MSS nurse-midwives and CHEWs
 2. Strengthen EmONC & FP components of pre-service midwifery education

3. *Improved quality of EmONC services in selected LGAs*

- In order to improve the quality of EmONC services, there was a need to continue to strengthen the weak health systems in MCHIP states through upgrading of health care facilities, donation of basic obstetric equipment, training and retraining of frontline healthcare workers, and establishment of appropriate linkages and coordination between communities, primary health and referral facilities. MCHIP has also continued to nurture a quality of care culture through the provision of technical assistance for the implementation of the Standards Based Management and Recognition (SBM_R) approach. Specific activities include:
 1. Upgrading facilities of selected LGAs to provide EmONC services
 2. Strengthen the performance of health care workers (physicians, nurses, anesthetists, midwives) to provide EmONC services
 3. Implementing standard based management (SBM-R) approaches and tools at MCHIP-supported facilities
 4. Supporting the Nigeria Society of Neonatal Medicine (NISONM) to introduce neonatal sepsis management at the Primary health Care Centers and within the community using government paid Community Health Extension Workers in at least one LGA in our impact area.
 5. Using mobile phone technology to send regular SMS messages to health facility staff trained by the program

4. Improved quality of FP services in selected LGAs

- Use of modern contraception in Northwest Nigeria remains extremely low. The 2008 NDHS showed that only 2.5% of currently married women were using a modern method of contraception while only 2.8% used any method. These figures were much lower than the national average of 14.6% and 9.7% for any and modern methods of contraception respectively. The frequent stockouts of contraceptive commodities have hindered progress. MCHIP planned to work with the DELIVER Project, the FMOH and SMOH to ensure availability of contraceptive commodities in the selected LGAs in order to meet the demand for temporary and long-term contraception. MCHIP also planned to conduct FP outreach visits in selected communities with emphasis on the scale up of the use of long-acting family planning methods. Specific activities include:
 1. Upgrade facilities of selected LGAs to provide FP services
 2. Strengthen the performance of health care workers (physicians, nurses, anesthetists, midwives) in FP services
 3. Determine the effectiveness of systematic screening as a means to increase the use of FP and PFP services in selected ACCESS-supported sites in northern Nigeria.

5. Increased demand for maternal and newborn services in selected LGAs

- To ensure that women and their families are well educated on danger signs and seek care appropriately, MCHIP is utilizing a number of evidence-based behavior change communication (BCC) and community mobilization (CM) approaches to increase demand for ANC and PNC services, and delivery by skilled birth attendants. Thus far Community Mobilization Teams (CMTs) and Community Core Groups (CCGs) have been formed around most of the 57 Facilities in the 29 LGAs. A total of 214 communities are being served by 58 CMT/CCGs. The goal is by FY 11 to have reached all communities around the 57 facilities in the 29 LGAs and to have institutionalized the process within each LGA. MCHIP will also encourage the use of trained CHEWs by women who choose to deliver at home without skilled birth attendants.
- MCHIP continues to educate women and communities about the importance of family planning for healthy timing and spacing of pregnancies. Since the Northern part of the country is mainly patriarchal, MCHIP is also engaging men to reach out to fellow men to both practice family planning and allow their wives to use appropriate family planning methods.
 1. Strengthen community capacity in planning and implementing EmONC and FP activities
 2. Strengthen the necessary logistics, transport and communication systems for EmONC and FP

6. Improved management of maternal and newborn services in selected LGAs

- MCHIP continues to work collaboratively with stakeholders to ensure their active participation in activities to address EmONC in the project's intervention areas. Efforts are directed at strengthening the LGAs and SMOH to take up ownership of the projects by their continued involvement in project activities. Specifically, MCHIP continues to strengthen the leadership, managerial and advocacy skills of LGA health management teams, strengthen the operations of the logistics, transport, communication and health management systems to promote uptake of services at health facility and community level, improve supervision and support for SBM-R and to recognize high performing EmONC champions, communities and facilities. While MCHIP has initiated joint supportive supervision, this is being carried out more vigorously with a follow-up mechanism, which will ensure adherence to suggestions and recommendations is being introduced. Specific activities include:
 1. Strengthen leadership, managerial and advocacy skills of LGA Health Management Team in new Project's LGAs
 2. Improve supervision & Quality Assurance Skills of EmONC and FP services

3. Strengthen health management information system relevant to EmONC and FP
4. Conduct end-term evaluation of project

Results for the quarter (January 1st to March 31st, 2011)

1. Improved enabling environment and scale-up of best practices for EmONC at National and State levels

- As part of the on-going efforts to ensure sustainability of MCHIP initiatives in Kano State, the Hospital Management Board (HMB) adopted MCHIP's MNH Client Booklet, printed and distributed copies to all health facilities in the State. Similarly in Katsina State, the Office of the First Lady, wife of the Executive Governor, supported the printing of the MCHIP MNH booklet for use in all health facilities in the State.
- During the quarter, MCHIP continued its support to FP service providers working in MCHIP supported health facilities to attend the bi-monthly contraceptive review and supply meeting with SMOH/DELIVER. Review of FP services and commodity consumption in the two preceding months was made to forecast demand for the coming four months. At the end of the meeting, 4 months maximum stock level was maintained at all the supported facilities in attendance through procurement of required commodities
- MCHIP collaborated with Kano State Ministry of Health under the Health Education, Communication, Training and Information Centre (HECTIC) to facilitate a community training for 125 women and 125 men in Kiru, Fagge, Danbatta, Dawakin Tofa and Gezawa LGAs on the topic titled '*Dialogue for Empowerment and Ownership*'.
- At the request of the Chief Medical Director of Murtala Mohammed Specialist Hospital, MCHIP donated copies of resource materials on management of pre-eclampsia and eclampsia, management of postpartum haemorrhage, managing newborn problems, managing complications of pregnancy and childbirth, Infection Prevention, Basic Maternal and Newborn Care and Prevention and control of malaria in pregnancy.



WAHO interns at the bi-monthly FP commodity review meeting with DELIVER

2. Increased availability and distribution of EmONC trained health care workers in selected LGAs

- During the quarter, 2 orientation sessions on Emergency Obstetric and Newborn Care (EmONC) were conducted for medical doctors and paramedical staff in the National Youth Service Corps (NYSC) program in Katsina and Zamfara NYSC camps. In Katsina a total of 29 NYSC members attended while 30 attended in Zamfara State. These healthcare workers were later deployed to health facilities within the states.
- As part of efforts to scale-up MCHIP's high impact interventions for maternal and newborn health beyond its supported sites, MCHIP continued its collaboration with the National Primary Health care Development Agency (NPHCDA) in the Midwifery Service Scheme (MSS) program which deploys midwives to clusters of health facilities. The MSS program is

currently being implemented in 250 clusters (each consisting of 1 general hospital and 4 PHCs. MCHIP provides technical assistance for EmONC training and for web-based continuing midwifery education.

3. Improved quality of EmONC services in selected LGAs

- During the quarter, 62 health care workers were trained as Helping Babies Breathe (HBB) trainers. These later conducted step-down trainings for 202 participants from all MCHIP supported sites. MCHIP subsequently donated Z NeoNatalie models to the facilities for on-the-job trainings. Similarly, at the invitation of the Kano School of Midwifery and in collaboration with NPHCDA Kano Office, MCHIP conducted HBB training for 23 MSS midwives during their LSS training.
- Similarly, 49 health care workers were trained as Essential Newborn Care (ENC) trainers. These later conducted step-down trainings for 72 participants from all MCHIP supported sites.
- During the quarter, MCHIP donated a variety of anatomic models and some basic obstetric equipment to Schools of Midwifery in Kano, Katsina and Zamfara States.
- MCHIP, in collaboration with PRRINN/MNCH program held a 2-day planning meeting for facility audit in preparation for the role out of community management of neonatal sepsis. Subsequently, facility assessments were conducted in the 3 MCHIP supported States.



Training participants being trained on anatomic models during the ENBC workshop

4. Improved quality of FP services in selected LGAs

- During the quarter and taking advantage of Jadelle implants donated by Jhpiego to the MCHIP program, family planning outreaches were conducted in Kano and Zamfara States. The activities were planned in response to the long waiting lists for Jadelle implants in many of the MCHIP supported facilities. Table 1 below shows the number of beneficiaries from the initial FP outreaches.



Health care worker inserting Jadelle at Tsafe Hospital, Zamfara State.



Clients waiting for FP service at MMSH in Kano State

Table 2: Beneficiaries of Family Planning Outreaches in Kano and Zamfara States of Nigeria

Services provided	Number receiving service in Zamfara	Number receiving service in Kano	Total
Number received Jadelle	93	94	187
Number received IUD	5	13	18
Number received Injectables	3	98	101
Number received Pills	2	12	14
Number choosing male condoms	0	1	1
Total number receiving FP services	103	218	321

5. Increased demand for maternal and newborn services in selected LGAs

- Four new Mothers Savings and Loans Clubs (TMMD) were formed in Dutsin-ma and 3 in Faskari LGAs in Katsina State. In Zamfara, a new TMMD Club was formed in Kurya Community.
- In an effort to improve Emergency Transport Systems for maternal health care and in collaboration with the TransAID program, 18 CCG/CMT members drawn from Dawakin Tofa and Gezawa LGAs of Kano State as well as Gusau and Kaura Namoda LGAs of Zamfara State, were trained to train other community volunteer drivers on timely transfer of women and children who need emergency medical attention to the nearest health facility or transfer from PHC level to a higher level of health care, thereby strengthening the community to facility continuum of care for pregnant women and sick children.
- During the quarter, a total of 40 male CHEWs, school teachers and other volunteers in 2 LGAs, Dutsin-Ma and Maiadua LGAs were trained as male birth spacing motivators (MBSM). All trainees demonstrated a willingness to serve as change agents and assist in mobilizing their communities for better FP seeking behaviour.

6. Improved management of maternal and newborn services in selected LGAs

- During the quarter, MCHIP continued to provide additional on-the-job training in respect of MNH and FP record keeping and to support the month data collation meetings in all the three project states.
- During the quarter, MCHIP also continued to support the joint quarterly supervision visits with the SMOH. Examples of site strengthening provided include:

1. Support for Jadelle insertion in 4 Clients at King Fahad Women and Children Hospital
2. SBM-R feedback was provided on Areas 1 and 6 of the National Performance Standards for EmONC also at King Fahad
3. For continued monitoring of compliance with FP Legislative Policies, Service Provider Questionnaires were administered, FP Consultations were observed and Client Exit Interviews were carried out at some of the health facilities visited.

Challenges and opportunities

1. In view of the frequent stock outs of family planning commodities and tracer obstetric drugs MCHIP during the quarter intensified its advocacy to the FMOH to budget for FP commodities and provide them free of charge to clients. There are indications that Nigeria's Health Minister has approved this proposal and may implement it in the next quarter. Meanwhile MCHIP will continue its outreach program using long acting FP commodities donated by Jhpiego Baltimore.
2. Transfer of trained health care providers out of MCHIP supported facilities is still a challenge. However, the program has been a beneficiary of the NPHCDA MSS program which has deployed some midwives to MCHIP supported facilities resulting in an increase utilization of maternity services.
3. The lack of maternity record booklets which was a challenge has now been overcome in Katsina and Kano States with printing and distribution of the program forms to all facilities in the State.

Annexes

Success Story #1: Abubakar Bello

Barely four days after birth, Abubakar Bello found himself struggling for his life. His immune system was overwhelmed with infectious agents resulting in fever, jaundice and multiple episodes of convulsion. He had neonatal sepsis.

He was delivered at a maternity hospital in Kano after several hours of prolonged labour. He cried immediately after birth and received routine care at birth. He was discharged home along with his mother because there were no obvious problems at birth. However, as the day of his naming ceremony approached, his mother observed that he was having fever, yellowish discoloration of the skin, jerky body movements and excessive crying. Without any delay, she went back to the hospital where she delivered and was referred to Murtala Muhammad Specialist Hospital, Kano, an MCHIP supported health facility. He was admitted and treated for neonatal sepsis from which he recovered fully and was discharged home by the fourteenth day of admission.

Abubakar was borne to Umma Usman, a full time house wife living in Kano. She was married at the age of 14 years but by the time she turned 27, she has already delivered 7 children. Unfortunately four of her off springs passed away before their first birthday, three of which died within the neonatal period following similar illnesses that were treated at home. The survival and full recovery of Abubakar changed her perception about receiving care at a health facility.

Umma: *“My advice to women is that once they notice their babies are sick, they should rush to the hospital on time before they become critically ill because I lost four babies who were being treated with traditional medications at home. More so, with the information I received on child spacing, I want to rest for at least 2 years to take good care of my baby”.*



Dr Nnamdi and Matron Salamatu with Umma and her baby

Abubakar was managed under the care of Dr Nnamdi who was trained by MCHIP on managing newborn problems and helping babies breathe. At the post-training follow-up visit, he had this to say: *“I find the training extremely helpful as it has changed the way we manage sick newborns in this unit. I am now confident about the management of neonates with problems, the appropriate doses of medications and routes of administration as well as oxygen therapy. The update has also helped me to stop some of our old practices. I strongly believe we will have better neonatal outcomes now”.*

While Abubakar is one of many newborns saved on a daily basis at MMSH, up to 241,000 babies die annually within the first month of life in Nigeria, making it the African country with the highest newborn death toll. To curb this burgeoning burden, MCHIP will continue to work with its partners to increase the pool of health care providers competent in managing newborn problems, especially in the low-resource, hard to reach rural settlements of northern Nigeria and ensure a more equitable distribution of skilled personnel. Awareness will continue to be created at the communities on newborn danger signs and importance of prompt seeking for health care at the health facilities.

Success Story #2: Community Core Group Activities in Tsafe Local Government Area Yields Development for Tsafe General Hospital

The Community Core Group (CCG) in Tsafe was inaugurated by ACCESS/MCHIP in September 2009. At the 'Explore' phase of the Community Action Cycle (CAC), the CCG found out there were many problems plaguing the provision of adequate health services at Tsafe General Hospital including lack of transportation for referrals, dilapidated wards and inadequate equipments. All these needed to be addressed in order to increase demand for Maternal and Newborn Health (MNH) services, a key objective of the ACCESS/MCHIP Program. After developing an action plan, members of the CCG paid advocacy visits to philanthropic members of Tsafe community. Alhaji Garba Yahya, a private man who spurns public or media attention to his contributions to community development activities, answered their call.

The Chairman of Tsafe CCG, Mallam Lawali Musa says: *"After developing a workplan to address the problems, we visited Alhaji Yahya Garba and narrated the challenges being faced by General Hospital Tsafe. He paid a visit to the Management of the hospital and informed of them of his intention to renovate the Maternity Ward and Labor Room but he was told that the MCHIP program was already planning to do that. The Management of the Hospital then requested him to renovate the theater complex which he not only accepted but decided to build a new one instead with all the*



needed facilities. He went further to renovate the Pediatric Ward and build a hall for patients' relatives to stay while caring for their patients on admission in the wards. After completing the work and while handing over the theater to the Hospital Management he donated a brand new ambulance with it. So Alhamdulillah (Praise be to Allah), we thank God for this kind gesture".

The CCG Members who facilitated the process say they were pleasantly surprised by all this and almost could not find the words to express their gratitude. The Secretary of Tsafe CCG, Muhammad Nuradeen Ibrahim says: *"Honestly we are short of words by what he did and for me to be a facilitator is not a small achievement in this community. Some weeks ago we were even recognized during Friday prayers at the Jumma't Mosque where the Imam prayed for us and the donor. Since that day people stop us on the*

road and ask us how they can be part of the CCG and others ask us what they can do for the hospital. You see...it is not a small achievement!"

The Community Core Group members were



mentored through implementation of the Community Action Cycle (CAC) by Tsafe Local Government Area Community Mobilization Team (CMT) who received training on Community Mobilization facilitated by ACCESS/MCHIP trainers as part of the program's Community Mobilization Strategy. *"All this will not be possible if not for ACCESS/MCHIP that trained us and made us take responsibility for our health. As a result of that community members are now aware and want to contribute to the needy in the hospital. Just of recent a community member opened a small stall in the hospital and stocks it with drugs monthly for patients to access free of charge. It is like a competition now."* says Tsafe LGA CMT Chairman, Aminu Musa Anka.