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



## FY 11 ANNUAL REPORT

Presented to USAID/Nigeria  
31<sup>st</sup> October 2011

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

# USAID/Nigeria QUARTERLY REPORT

Jul – Sept 2011 (Q4 FY11) Report

<b>ACTIVITY SUMMARY</b>
<b>Implementing Partner:</b> MCHIP Nigeria
<b>Activity Name:</b> Emergency Obstetric and Newborn Care in Northern Nigeria
<b>Activity Objective:</b>  Increased utilization of quality Emergency Obstetric and Newborn Care (EmONC) services (including birth spacing) by pregnant women, mothers and their newborns at selected LGAs in Kano, Katsina and Zamfara States.
<b>USAID/Nigeria SO13:</b> Increased use of child survival and reproductive health services
<b>Life of Activity (start and end dates):</b> April 1, 2009 – December 31st, 2011
<b>Total Estimated Contract/Agreement Amount:</b> \$6,150,000 as of 12/31/2011
<b>Obligations to date:</b> \$6,150,000 committed as of 30 <sup>th</sup> September 2011
<b>Current Pipeline Amount:</b> \$598,411 as of 30th September 2011
<b>Actual Expenditures this Quarter:</b> \$417,020.93 (July 1 – September 30, 2011)
<b>Accruals:</b> \$219,563 as of September 30, 2011
<b>Estimated Expenses Next Quarter:</b> \$598,411 (October 1 – December 31, 2011 est.)
<b>Monthly Burn Rate (last 3 months):</b> \$139,007
<b>Report Submitted by:</b> Emmanuel Otolorin, COP <b>Submission Date:</b> 31st October 2011 <b>Name and Title</b>

## Acronyms

ACCESS	Access to clinical and community maternal, neonatal and women's health services
AMTSL	Active Management of the Third Stage of Labor
ANC	Antenatal care
BCC	Behavior Change Communication
BCS	Balanced Counseling Strategy
CAC	Community Action Cycle
CCG	Community Core Group
CHC	Comprehensive Health Centre
CHEWs	Community health extension workers
CM	Community Mobilization
CMD	Chief Medical Director
CMO	Community Mobilization Officer
CMT	Community Mobilization Team
CNO	Chief Nursing Officer
COP	Chief of Party
CYP	Couple years of protection
DOTS	Directly Observed Treatment, Short-Course
DQA	Data Quality Assessment
EDD	Expected Date of Delivery
EmONC	Emergency Obstetric and Newborn Care
ENBC	Essential Newborn Care
ETS	Emergency Transportation System
FP	Family planning
FY	Fiscal year
GH	General Hospital
HBB	Helping Babies Breathe
HCPs	Health Care Providers
HECTIC	Health Education, Communication, Training and Information Centre
HHCs	Household Counselors
HMB	Hospital Management Board
HMH	Honorable Minister of Health
HOD	Head of department
HR	Human Resource
HTSP	Healthy timing and spacing of pregnancies
IGA	Income generating activities
IMCI	Integrated management of childhood illness
IMNCH	Integrated maternal, newborn and child health
ISS	Integrated Supportive Supervision
IUD	Intrauterine Device
Jhpiego	Corporate name, no longer an acronym
KMC	Kangaroo Mother Care
LAM	Lactational Amenorrhea Method
LGA	Local Government Area

LMP	Last Menstrual Period
LOP	Life of Project
LSS	Life Saving Skills
MBSM	Male birth spacing motivators
MCHIP	Maternal and Child Health Integrated Program
MDG	Millennium Development Goals
MIP	Malaria in Pregnancy
MMSH	Murtala Mohammed Specialist Hospital
MNH	Maternal and Newborn Health
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
NMCP	National Malaria Control Program
NNS	Neonatal Sepsis
NPHCDA	National Primary Health Care Development Agency
O&G	Obstetrics and Gynecology
PE/E	Pre-Eclampsia/Eclampsia
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
SDPs	Service Delivery Points
SFH	Society for Family Health
SIO	Strategic Information Officer
SMOH	State Ministry of Health
SMSSH	Sir Muhammad Sanusi Specialist Hospital
SOM	School of Midwifery
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
WAHO	West African Health Organization
WDC	Ward Development Committees
YPIP	Young Professional Internship Programme
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 was 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.

#### **MCHIP Intermediate Results:**

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

### III. Specific program activities achieved in Q1-Q3 of FY11<sup>1</sup>:

#### **IR1. IMPROVED ENABLING ENVIRONMENT AND SCALE-UP OF BEST PRACTICES FOR EMONC AT NATIONAL AND STATE LEVELS**

1. MCHIP trained 19 trainers for the Society for Family Health in Balanced Counselling Strategy (BCS) for FP.
2. MCHIP collaborated with the TSHIP project to:
  - a. Facilitate a Training of Trainers (TOT) course on community mobilization
  - b. Facilitate a pre-service education (PSE) situation analysis in Bauchi and Sokoto States using the performance standards developed for health related training schools
  - c. Conduct an SBM-R training course for 65 participants in Bauchi State.

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<sup>1</sup> Q4 FY11 program activities are described in later part of this report.

3. MCHIP collaborated with the Kano SMOH and USAID/DELIVER to build the capacity of FP service providers working in MCHIP supported health facilities on FP commodity logistic management.
4. In response to a request by the Head of OB-GYN Department of the Murtala Mohammed Specialist Hospital, MCHIP donated copies of its EmONC manuals to the hospital.
5. Following the posting of four (4) MSS midwives to Tattarawa PHC, in Kano, MCHIP donated one delivery kit to the facility to jumpstart admission of pregnant women in labour for delivery services.
6. 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*'.
7. MCHIP hosted the USAID Senior Health Advisor, HPN Team, Dr John Quinley, during a visit to the MCHIP Kano Field Office and its supported health facilities and communities.
8. In response to a request from the Permanent Secretary (PS) of the SMOH for the support of Implementing Partners (IPs) in the establishment of a quality improvement/assurance (QI/A) unit in the Ministry, MCHIP, GHAIN and PATHS2 held a joint meeting with the PS on the establishment of the SMOH QI/A unit.

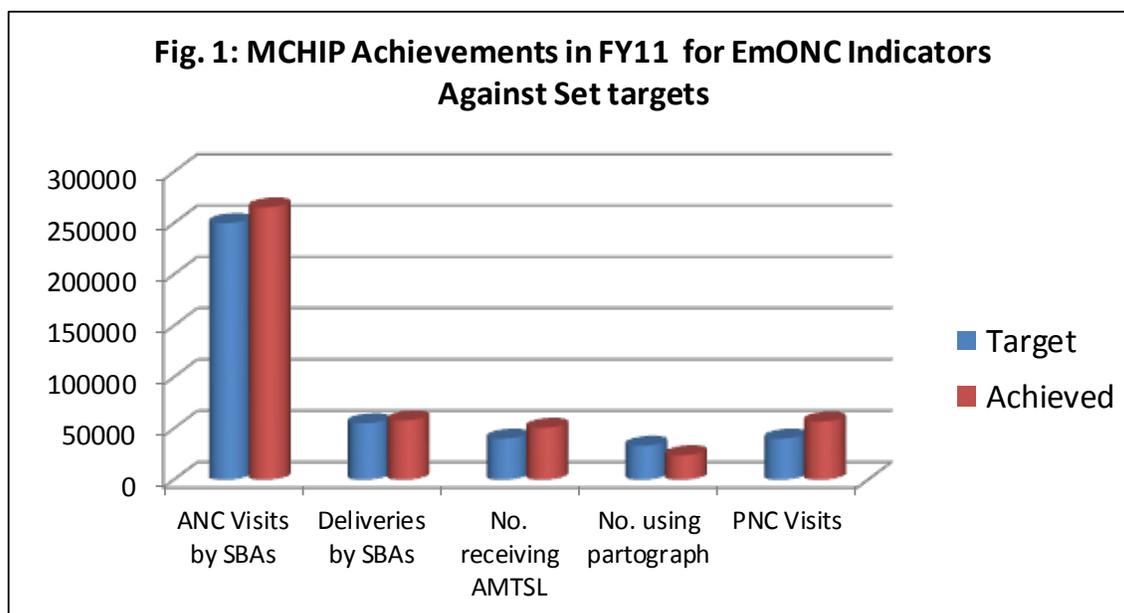
## **IR2. INCREASED AVAILABILITY AND DISTRIBUTION OF EMONC TRAINED HEALTH CARE WORKERS IN SELECTED LGAS**

9. MCHIP organized a series of one-day EmONC orientations for 178 NYSC medical and para-medical graduates, as well as sociology graduates, in three State Camps. In the Zamfara NYSC camp, activities of the Zamfara and Akwa Ibom HIV/AIDS Project (ZAIHAP) were also shared with the corps members with counselling and testing offered. One Hundred and Ten (110) Youth Corp Members and Camp Officials were tested for HIV and received their test results.
10. At the request of the Principal of the Kano School of Midwifery, MCHIP trained 5 faculty staff (including the principal and vice-principal) in neonatal resuscitation using an anatomic model.

## **IR3. IMPROVED QUALITY OF EMONC SERVICES IN SELECTED LGAS**

11. MCHIP oriented a total of 296 health care professionals consisting of doctors, Nurse-Midwives, CHEWS, Clinical Assistants and a staff of the National Primary Health Care Development Agency (NPHCDA) to neonatal resuscitation under the Helping Babies Breath (HBB) program. MCHIP also procured and distributed 60 NeoNatalie anatomic models to health facilities and Schools of Midwifery in the 3 project supported States.
12. 19 health care workers in Kano State were trained on essential newborn care (ENC)
13. As part of MCHIP's ongoing effort to strengthen EmONC and FP components of pre-service midwifery education, anatomic models and medical equipment were donated to Schools of Midwifery and selected health facilities in all project supported states.

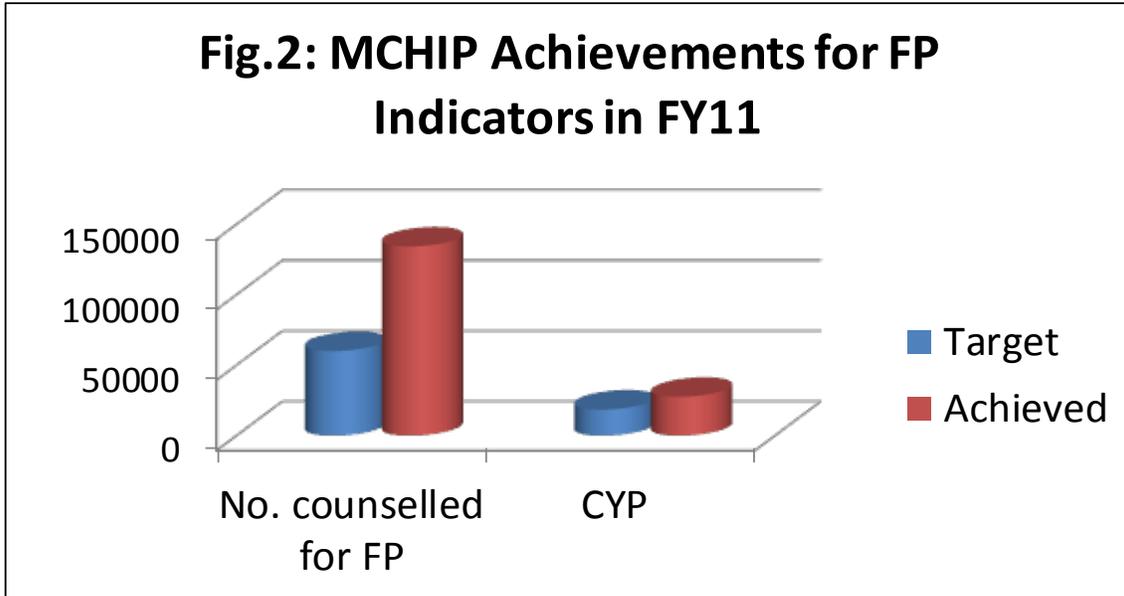
14. During the year, MCHIP commenced community-based management of neonatal sepsis. In collaboration with PRRINN/MNCH, MCHIP trained a total of 208 health care providers on community-based management of Newborn Sepsis in the three States.
15. Figure 1 below shows MCHIP achievements from service statistics during FY11. It can be seen that MCHIP exceeded set targets for nearly all indicators: focused antenatal care by skilled birth attendants (105% of target), deliveries by SBAs (106%), use of Active Management of Third Stage of Labor (126.4%), use of the partograph (72%) and number of postpartum/neonatal visits within 3 days (141.6%)



#### **IR4. IMPROVED QUALITY OF FAMILY PLANNING SERVICES IN SELECTED LGAS**

16. Twenty (20) CHEWs in Zamfara State were trained on postpartum family planning (PPFP) including Balanced Counselling Strategy (BCS).
17. Follow-up SBM-R assessment of FP performance was conducted at MMSH. Results showed that compliance with set performance standards had improved from 63.2% at baseline to 82.5% at the follow-up assessment.
18. During the year, MCHIP organized FP outreach activities aimed at increasing access to long-acting family planning. The services were provided free of charge. A total of 321 clients received FP services during the outreaches. Of these, 187 received Jadelle insertions, 101 received injectables and 18 had IUDs inserted.
19. Fig 2 below shows MCHIP achievements in respect of family planning counselling and services. It can be seen that targets for both indicators (number of counselling visits for FP/RH with USG support and Couple Years of Protection) were exceeded in FY11. This can be attributed to a number of factors including additional training of health care providers to provide Jadelle and IUD, conduct of FP outreaches during which two long-

acting methods (Jadelle and IUD) were provided free of charge and the removal of user fees for FP commodities by the FMOH..



**IR5. INCREASED DEMAND FOR MATERNAL AND NEWBORN SERVICES IN SELECTED LGAS**

20. During the year, additional Household Counsellors and Male Birth Spacing Motivators were trained. A total of 20 Senior CHEWs and LGA Health Educators were identified, selected and trained as trainers from 9 MCHIP supported LGAs. Similarly, eighteen (18) members of CCG/CMT drawn from Dawakin Tofa and Gezawa LGAs of Kano State as well as Gusau and Kaura Namoda LGAs of Zamfara State, CMOs and WAHO Interns were trained on Emergency Transportation Systems (ETS). Volunteer community drivers residing in the community were selected and approved by other community members to be trained to provide the services of transferring women with obstetric emergencies/children with emergencies to the nearest health facility.ETS data collection also commenced using the forms developed for the purpose. Records of emergencies transported so far were collected and analysed. Most of the clients transported were women in labor but a few children were also transported. In the 2 LGAs, 93 women were transported in 5 communities (Barkeji, kasuwar Daji, Kaura Namoda, Shagari and Tudun Wada).
21. The Rano Mothers Savings and Loans Club (TMMD) was formally recognized and registered by the Kano State Ministry of Women Affairs as one of the officially recognized women development associations in the State.

**IR6. IMPROVED MANAGEMENT OF MATERNAL AND NEWBORN SERVICES IN SELECTED LGAS**

22. During the year, NMEMSII team, led by the Deputy Chief of Party, conducted a DQA in Kano and Katsina States. The indicator tracked was the number of FP/RH counseling visits. The result of the assessment validated the improvement in quality of data for the indicator assessed.
23. MCHIP collaborated with PRRINN-MNCH in Zamfara State to work with the SMOH HMIS unit to revise the NHMIS registers and forms. The revision was based on the agreement reached with the State HMIS unit to allow all implementing partners working in the State to incorporate few of their program indicators into the record keeping format to allow for uniformity of record keeping and reporting formats as a way of preventing multiplicity of record keeping forms in the health facilities across the State. The revision of the registers and reporting forms was done with the participation of the State M&E unit.
24. MCHIP continued to build the capacity of SMOH and health facility staff on data management by supporting the monthly M&E Data Collection Meetings of providers from all the MCHIP supported health facilities, Male Birth Spacing Motivators (MBSMs) and Household Counsellors (HHCs). The usual data checks were carried out before collection of the data and important issues on how to improve data quality were discussed.

## **II. Quarter 4 FY11 achievements**

In addition to the achievements during quarters 1-3, MCHIP achieved the following during Quarter 4:

### **IR1. IMPROVED ENABLING ENVIRONMENT AND SCALE-UP OF BEST PRACTICES FOR EMONC AT NATIONAL AND STATE LEVELS**

- **Bi-monthly review meeting with DELIVER/SMOH**  
As continuation of MCHIP's effort to ensure increased access to and utilization of quality family planning services in the State, family planning service providers working in MCHIP supported health facilities were supported to attend the SMOH and USAID/DELIVER bi-monthly contraceptive commodity review meeting at the FP/RH Unit of the SMOH. During the meeting, 4 months stock of family planning commodities were provided free of charge to the health facilities based on average monthly consumption and projected demand. The provision of free FP commodities is in compliance with the FMOH and SMOH directive of providing free FP services and it is expected that this giant stride will assist in bridging the access gap and addressing the challenge of unmet need for family planning services.
- **Collaboration with TSHIP**  
MCHIP collaborated with TSHIP to conduct an Effective Teaching Skills (ETS) course in Sokoto State for Pre-service faculty. This was one of the interventions identified to strengthen the teaching skills of the schools' faculty in the State..
- **Stakeholders meeting for establishment of QA unit/department in Kano SMOH**

During the quarter, Kano State Ministry of Health, in collaboration with MCHIP, GHAIN and PATHS2, held a 2-day stakeholders meeting to discuss the strategies and the steps that need to be taken for the institutionalization of Quality Assurance (QA) in the State health sector through the establishment of a functional quality assurance unit/department in the SMOH. At the end of the meeting, it was agreed that the emergence of a quality assurance unit/dept. fully funded by the SMOH will improve the implementation of integrated supportive supervision (ISS) in the State.



The Executive Secretary, Hospitals Management Board, Dr S. S. Wali, making a speech on the need for QA unit/dept. during the meeting

**IR2. INCREASED AVAILABILITY AND DISTRIBUTION OF EMONC TRAINED HEALTH CARE WORKERS IN SELECTED LGAS**

- **Donation of 4,000 Maternity Record Booklets to Kano State Hospitals Management Board**

During the quarter, the Kano State Hospital Management Board invited the management and staff of MCHIP to make its presentation of the 4,000 copies of the MNH booklets as seed-stock for use in all General Hospitals in the State. The donation of the booklets as explained by the Senior Community Mobilization Officer is part of the ongoing collaboration and partnership with the Board particularly in improving the quality and availability of EmONC services with the ultimate goal of reducing



MCHIP SCMO presenting copies of the MNH booklets to the Executive Secretary Kano State HMB

maternal and child morbidity and mortality in Kano State. While receiving the 4,000 copies, the newly appointed Executive Secretary of the Board, Dr Suleiman Wali Sani, said it pleased him to receive such a monumental support from MCHIP and that its presence at the Board to donate the 4,000 copies of the MNH booklet signified the willingness to support Kano State in sustaining the program of saving the lives of pregnant mothers and their newborn. According to the Executive Secretary *“Your visit has strengthened us to do more and to sustain what you have*

started. We have the capacity to continue the initiative and sustain the process because the State Government is concerned with and focused on serving the needs of women and children. As you might be aware, the Kano State Government is a pioneer in the start of the free maternity program which included the free ANC and delivery in all government health facilities. This however resulted in the integrated maternal care (Bill) coming into law any moment from now. Please feel free to relate with us and our doors are open to future collaboration with MCHIP. We are promising you that the booklet will be used judiciously in all the facilities in Kano". The meeting was attended by the Director Hospital Management Board, the committee established by the board to ensure the future production of the MNH booklets, key members of staff of the Board, representative of Radio Freedom, Daily Trust and Abubakar Rimi TV (the State TV Station).

### **IR3. IMPROVED QUALITY OF EMONC SERVICES IN SELECTED LGAS**

- **Helping Babies Breathe (HBB) Step-Down Trainings**

In furtherance of MCHIP's commitment to support Kano State Government to reduce the incidence of neonatal death, a 1-day step down training on Helping Babies Breath (HBB) was conducted for health care providers working at Burumburum PHC and Fagwalawa CHC. During the trainings, a total of 9 HCPs comprising of 6 midwives, 1 Clinical Assistant and 2 CHEWS were trained using NeoNatalie model to acquire competency on resuscitation of newborns with varying degrees of breathing difficulty at birth. A NeoNatalie model was donated to the facility based trainings on newborn resuscitation for newly posted healthcare providers.



Midwife working at Fagwalawa Cottage Hospital acquiring competency on newborn resuscitation using NeoNatalie Model

- **Review of progress made on the implementation of Management of Newborn Sepsis activities**

During the quarter, Dr Joseph de Graft-Johnson, MCHIP Team Leader for Newborn Health in Washington DC, came to Nigeria to review progress to date and provide further technical guidance on the MCHIP/Nigeria neonatal sepsis management activity. As part of the process, Joseph and selected



MCHIP FP Coordinator assessing a health care provider managing a sick newborn

2 health facilities to ensure sustainability of

MCHIP/Nigeria staff visited all the three Midwives Service Scheme (MSS) clusters where MCHIP is supporting the improvement of management of sick newborns with possible severe bacterial infection and local bacterial infections. Each of the three States is supporting one MSS cluster consisting of a General Hospital and four Primary Health Centers (PHCs). Key findings revealed that all the facilities visited were providing services for sick newborns and have neonatal sepsis registers available for recording the classification of the baby and care provided. All the facilities had copies of the sick newborn assessment forms provided for conducting and recording finding of sick newborn assessment. All facilities had registers and booklets for monthly summary reports. Referral forms were available in all facilities visited and completed correctly when sick newborns are referred. It is hoped that with this activity gaining momentum in the coming months, neonatal mortality from neonatal sepsis would be reduced to its barest minimum in these clusters, and can serve as a model for other facilities in the 3 States, when MCHIP would have rounded up.

#### **IR4. IMPROVED QUALITY OF FP SERVICES IN SELECTED LGAS**

- **IUD/JADELLE Training**

In line with MCHIP's aim of improving quality of family planning services by strengthening the performance of healthcare workers in FP services and expanding contraceptive method mix available to clients, MCHIP conducted a training workshop on IUD and Jadelle. This was done to further build the capacity of frontline FP service providers to address the long acting FP method needs of clients, especially those living in rural settlements where physical access to services still remains a challenge. A total of 13 participants from Kano, Katsina and Zamfara comprising 1 medical doctor and 12 midwives were trained. Tutors from the Schools of Midwifery based in the 3 MCHIP supported States were also invited to participate in the training in order to build their capacity on IUD and Jadelle insertion and removal, as a follow up to the recent donation of anatomic models and instruments. This will thus help to strengthen pre-service training on FP and increase the pool of midwives with skills competency in IUD and Jadelle insertion and removal. Clients were counseled on various methods of FP services, after which a total of 40 clients elected to have the insertion of IUD and Jadelle (26 clients opted for the JADELLE while 14 chose IUD). All participants had the opportunity to insert IUD and Jadelle.



Participant practicing IUD insertion using Zoe model

- **Outreach Sessions for Long Acting and Permanent Methods(LAPM) of Family Planning**

During the quarter, as part of MCHIP’s effort to continue to address unmet need for family planning, the MCHIP Zamfara field Office organized yet another outreach session aimed at scaling up the utilization of modern methods of contraception especially the long-acting family planning methods and continue the expansion of method mix for contraception. This was necessary due to the role of FP as one of the key components of maternal health services and its contribution to reduction of maternal and newborn morbidity and mortality. Women with no previous access to FP services



Screening Clients during Outreach

benefited from quality and free FP services brought to the grassroots level. High quality clinical services were provided in addition to appropriate pre-and-post procedure counseling on how to deal with possible side-effects, when to come back for follow-up and where and how to seek for medical advice when needed. During the campaign, many clients were educated on the benefits of family planning and were assisted to select FP methods of their choice by the use of the balanced counseling strategy cards, wall charts and method mix brochures. The medium was also used to disseminate information in the communities



Providing information on Family Planning to women at GH Kaura before the Outreach

through the distribution of posters and FP methods brochures on all methods of family planning. Infection Prevention processes was strictly adhered to because used items were processed and re-used on the spot. The representatives of the

CMT/CCGs, TMMD, MBSM, HHCs were also part of the campaign seeing to the issues of crowd control and generally keeping the women in order and assisting with sitting arrangements. A total of 125 clients were individually counseled on various FP methods. Of these, 86 opted for Jadelle implant which were inserted on the spot, 5 clients that were found not eligible for their first choice (implant) opted for IUDs and had Copper-T device inserted. 3 clients opted for IUD *ab initio* and also had Copper-T inserted. Eighteen (18) women opted for Depo-provera Injection, 5 opted for injection Noristerat and only 1 client received Oral pills (Microgynon). However, 7 out of the clients counseled did not receive any method; 5 of them had a positive pregnancy test and were thus not eligible for family planning, while 2 opted out.

- **Donation of medical equipment/instruments**

In an effort to increase FP method mix in MCHIP supported health facilities, especially in distant hard to reach rural settlements, MCHIP conducted a training workshop on long acting methods of FP (IUD and Jadelle) with participants from Rano, Tudun Wada, Fagwalawa and Sir Muhammad Sanusi Hospitals. As availability of resources (instruments, medical equipments, etc) remains a key performance factor for provision of health services, MCHIP Kano Field Office donated IUD (3) and Jadelle (4) kits to the health facilities through the Hospitals Management Board to enable the trained personnel to provide IUD and Jadelle services to clients in the communities. The donation became necessary as it was found to be major gap in provision of services during and shortly after the training. Similarly, four (4) delivery and two (2) episiotomy kits were donated to Fagwalawa and Rano General Hospitals.

## IR5. INCREASED DEMAND FOR MATERNAL AND NEWBORN SERVICES IN SELECTED LGAS

- **Emergency Transport System (ETS) Sticker for Drivers**

During the quarter, MCHIP printed stickers for the ETS drivers so that they could be easily identified and also to protect them from law enforcement agencies on the road who might challenge them for carrying women, with complications. A scanned copy of the sticker is in the annex of this report.

- **TMMD annual profit sharing ceremonies**

During the quarter, four (4) Dawanau TMMD clubs in Dawakin Tofa LGA known as Rahama, Gamji, Albishir and



Rahama TMMD Club about to share its annual profit

Alhairi conducted their annual profit sharing ceremony. The ceremony was attended by all sons and daughters of Dawakin Tofa Local Government including the District Head and village heads. According to Malama Uwa Mustapha, one of the TMMMD facilitators, the process of expansion for TMMMD clubs in Dawakin Tofa has been greatly simplified and decentralized. Thus far, over 90% of the ₦438, 000 these groups have saved over the last one year was generated from the business loan offered to members. She also stated that loan repayment is almost perfect, dropout is minimal and virtually all the clubs established a year ago in Dawanau are still functioning. In his remark, the Sole Administrator of Dawakin Tofa LGA, stated that *“No other microfinance program in Kano State can claim the kind of results demonstrated by these group of women called Mata Masu Dabara. The Local Government Administration is prepared to partner with these clubs and provide all the necessary support to ensure its expansion to all nooks and corners of Dawakin Tofa LGA”*

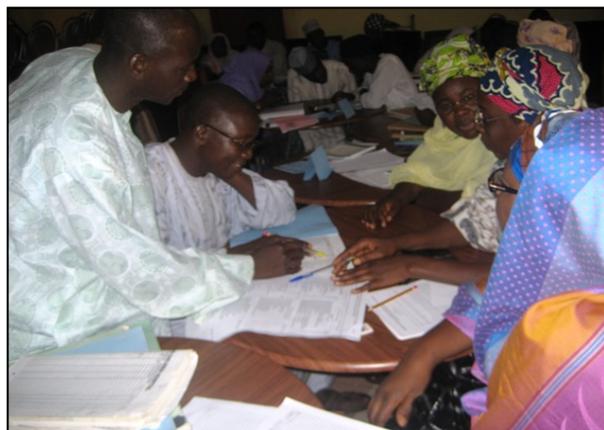
- **Dawanau TMMMD club: Support for immunization of children in Dawakin Tofa LGA**

Despite progress made with regard to increased community awareness, acceptance and coverage of routine immunization services, pockets of resistance still exist in selected hard to reach communities in Kano State, where the rural dwellers reject efforts by the SMOH and international donor agencies to immunize children against childhood killer diseases. With the support of Dawanau TMMMD club members, who led advocacy visits and awareness campaigns on the importance of immunization to village heads and households in resistant communities in Dawakin Tofa LGA, the SMOH and International Donor Agencies were able to immunize the children against poliomyelitis and other childhood killer diseases. This has demonstrated the role of the local TMMMD clubs in serving purposes not only related to MNH and women empowerment, but as change agents that will continue to promote MNCH/FP/RH and community development.

## **IR6. IMPROVED MANAGEMENT OF MATERNAL AND NEWBORN SERVICES IN SELECTED LGAS**

- **HMIS Training for Health facility service providers**

MCHIP SIO from Zamfara State facilitated the TOT for Katsina State HMIS unit on the harmonized HMIS in Katsina and was assisted by the Katsina SIO. The training was undertaken based on similar exercise conducted in Zamfara in conjunction with PRRINN last quarter. The Zamfara SIO was supported by the Katsina SIO adopting the record keeping and reporting training manual developed by Jhpiego for



Participants during Group work

MCHIP in Nigeria. The two Jhpiego staff also co-facilitated the HMIS training for service providers working in all MCHIP/USAID supported facilities in Katsina. The trainings were organized to orient participants on how to complete the harmonized registers and reporting forms and as a way of improving the quality of service data emanating from the health facilities. The followings were the outcomes of the HMIS harmonization and training in Katsina State:

- The State MOH (DPRS) represented by his Deputy (Alh. Haruna Kaita)) appreciated the continuing support from MCHIP towards improvement of Health in the state in general and on MCH in particular.
- Successful orientation of 59 Health care providers from all the MCHIP Health facilities and M&E officers in the entire Nine (9) program LGAs.
- All the targeted participants were present during the orientations.
- MCHIP has taken the lead in the State. This orientation was the first of its kind in the state right from the initiation of the harmonization process.
- This orientation has opened an opportunity for the State to take ownership for data generation and storage.
- It was an opportunity to initiate a proper networking between MCHIP and LGA M&E officers.

- **Managing For Result (MFR) Workshop**

During the quarter, the Katsina State SIO attended the Managing for Result (MFR) Workshop organized by Nigeria MEMS II. The 2-day workshop was held in Sokoto State. The workshop was attended by Thirty (30) participants mostly from USAID IPs and some from the Government of Nigeria. It was facilitated by John D. Wooten Jnr (An international Development Consultant) as the lead facilitator. The rest of the facilitators were from Nigeria MEMS II. These included Carlos Torres (COP), Zakariya Zakari (DCOP), Mr Henry, Mr Nura and Mrs Omotayo. The workshop introduced the participants to broad USAID’s MFR system using power point supported presentations, individual and group exercises to provide hands-on experiences, posing questions to stimulate critical thinking to help in linking topics being discussed to personal work experiences and work responsibilities. Exercises were done on the new USAID Result Framework and also reviewed the Performance indicators, Data source and related issues based on the new Results Framework. This was to help to key into the pending Mission’s PMP development.

- **NHIMS Orientation for Health care Providers on the Harmonized Data Tools in MCHIP supported Health Facilities in Katsina**

During the quarter, an orientation on NHIMS was conducted for health care providers on the harmonized data tools in MCHIP supported health facilities in



Participants during group work in Daura

Katsina State. This was in continuation of the on-going harmonization process of the NHIMS that started in Zamfara State. The main objective was to have uniform tools and be on the same page knowledge wise in all the MCHIP program States so that validity and reliability of MCHIP generated data can be ensured. The lead facilitator for the sessions was Zamfara State SIO and supported by the Katsina SIO and the State Director Planning Research and Statistics. The trainings were conducted using participatory methods which included group work, presentations and power point presentations. A total of 51 Health care providers from 15 MCHIP supported health facilities and M&E officers in the entire Nine (9) program LGAs were oriented.

- Supportive Supervision TOT** – during the quarter and in order for MCHIP to develop a team of trainers who can lead efforts to strengthen the capacity of staff of State Ministry of Health (SMOH), State Primary Health Care Development Agency (SPHCDA) and Hospital Services Management Board (HSMB) to provide oversight of health services in the three States, a TOT on supportive supervision was supported by MCHIP. A total of 21 participants were trained. This training was designed to increase the knowledge and skills of these State officials of SMOH, HSMB and SPHCDA of the three States. At the end of the TOT, each State drew up their action plans, which included step down trainings to Officers-in-Charge of facilities, who would qualify as internal supervisors.



Participants giving feedback to clinic staff after observing some procedures at the FP clinic

- Step-Down Trainings on Supportive Supervision** – In furtherance of MCHIP's effort to support the State Ministry of Health (SMOH) and the Hospitals Management Board (HMB) to improve quality of health services through supportive supervision, MCHIP conducted step-down training workshops on supportive supervision with the objective of increasing the pool of competent personnel who can effectively conduct supportive supervision, both as external



Dr Bashir Abdullahi facilitating at the workshop in

and internal assessment of health facilities, in order to improve performance of quality of health services. This was done as a follow on to the TOT workshop on supportive supervision where SMOH and HMB Officials were trained to lead efforts to strengthen the capacity of staff of SMOH, SPHCDA, and HMB to ensure adequate oversight of health services in the three states supported by MCHIP. A total of 134 participants were trained across the 3 States. It is expected that these Government Officials and health care providers will be more effective in their statutory role of supportive supervision so that performance of health care providers in the States can improve and thereby ensuring that they provide high quality services.

### **Staff Transitions**

No staff changes occurred during the quarter.

### **Renovation of more Health Facilities**

Due to the limited time remaining for the project, additional renovations which had been planned for the quarter were shelved. MCHIP intensified its advocacy to the newly elected and deployed staff in the SMOH to use States' resources to effect the renovations.

### **Participation in other project related activities**

During the quarter, MCHIP participated in the following activities:

- i.* **Press briefing for the President to sign the National Health Bill** – during the quarter, the MCHIP COP and Senior Program Manager were invited by the action group that organized a press briefing on the need for the President to assent to the National Health Bill. This took place in Sheraton Hotel, Abuja. As a follow up to the briefing, the MCHIP COP was invited by the DBN TV Station for a live program the following day, to discuss the National Health Bill and other pressing health issues in the country.
- ii.* **World Breastfeeding Week in the FCT** – during the quarter, the MCHIP Senior Program Manager attended the celebration of the world breastfeeding week in the FCT where he gave a goodwill message on the baby show day. The theme this year was *“Talk to me! Breastfeeding – A 3D experience”*
- iii.* **Maternal, Newborn and Child Health Week and Immunization Plus Days in the FCT** – during the quarter the MCHIP Senior Technical Officer attended the Maternal, Newborn and Child Health Week and Immunization Plus Days in the FCT at the Family Health Clinic, Area 2, Garki Abuja. The FCT Primary Health Care Development Board in collaboration with Area councils, the community and partners organized the event. The week, with the theme *‘A Package for a Lifetime of Better Health for the Family’* and the slogan in *‘A Package of Care for a Healthy Family’* was dedicated to providing integrated, comprehensive services which are especially targeted towards improving the health, survival and wellbeing of mothers and children.

- iv. **Public hearing session on Maternal, Newborn and Child Health** – during the quarter, the MCHIP FP Coordinator in Zamfara, attended a public hearing session on Maternal, Newborn and Child Health organized by the White Ribbon Alliance for Safe Motherhood in collaboration with the Federal Medical Centre Gusau. The event took place at the Antenatal Clinic of Federal Medical Centre Gusau with over fifty (50) pregnant women and stakeholders from SMOH, Public Hospitals, Private Hospitals, NGOs and House of Assembly in attendance.
- v. **Chiefs of Party of USAID Programs Meeting** – during the quarter, the MCHIP COP attended a 1-day meeting of Chiefs of Party of all USAID programs in Nigeria. It was held at the Transcorp Hilton Hotel in Abuja. There the new Mission Director Ms. Dana Mansuri and Supervisory Program Officer, Ms. Barbara Dickerson were introduced. The US Ambassador, Terence Macauley, made a brief appearance.
- vi. **Quarterly meeting of HPN team** – during the quarter, the quarterly meeting of the HPN team was held. The different IPs presented their last quarter's achievement. MCHIP COP presented MCHIP's achievements in the last quarter. NMEMSII presented results of DQAs performed in 2011. MCHIP data were judged to be credible by all parameters used for the exercise.
- vii. **International Society for Quality in Health care 28<sup>th</sup> International Conference** – during the quarter the Kano State Senior Community Mobilization Officer attended the International Society for Quality in Health Care 28<sup>th</sup> International Conference where he made a poster presentation on community FP activities titled "*Increasing Access to Birth Spacing Information for Married Couples in Northern Nigeria*"
- viii. **Town hall meeting on MNCH in Kano State** – during the quarter The Voice of America (VOA) in partnership with the Kano State ministry of Health organised a community town hall meeting in Danbatta LGA of Kano State. MCHIP being one of the USAID implementing partners in the State was invited to attend and show case its contribution in the implementation of Maternal and Newborn Health services in the Local Government.

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

- As continuation of MCHIP's effort to ensure compliance with USAID legislative and policy requirements for FP, the FP Coordinator conducted compliance monitoring assessments at Fagwalawa Cottage Hospital, Abasawa PHC, Rano General Hospital and WSGH. During the visits, no violation was observed.

### **III. CHALLENGES AND OPPORTUNITIES**

1. Health care providers in the 3 States at some point in time during the quarter embarked on industrial action for the non-payment of the new minimum wage approved by the Government and this affected implementation of some activities especially in the area of data collection at facility level.

#### IV. ACTIVITY CHANGES

There were no major activity changes during the quarter.

#### V. SUCCESS STORIES

##### **A Motivated Male Motivator Speaks!**

##### **QUOTATION FROM MALLAM SHUAIBU MUSA BATTA- A MALE BIRTH SPACING MOTIVATOR IN DANBATTA LGA, KANO STATE**



*“We have learned so much from USAID/MCHIP as Male Birth Spacing Motivators and from what we have learned, we set out to improve life of others in our community without anticipating any financial reward for the job we do as volunteers. I want to, on behalf of all the Male Birth Spacing Motivators in Danbatta LGA, confidently say that even if MCHIP ends, we will continue to reach out to men who are our primary audience to support their wives in the up-take of Family Planning Services”.*

(Mallam Shuaibu Musa Batta made this statement during the annual Maternal and Child health Community Outreach program that was organized by the Kano State Ministry of Health and in partnership with the Voice of America –VOA held on the 11<sup>th</sup> of September

2011. He also repeated the same statement during data collection meeting for the end of September, 2011)

## **MCHIP: Working to Expand Access to Family Planning Services through Outreaches in Zamfara State**

Although there has been a general increase in awareness on the use of contraceptives for birth spacing in Northern Nigeria, factors including preference for large families, fear based

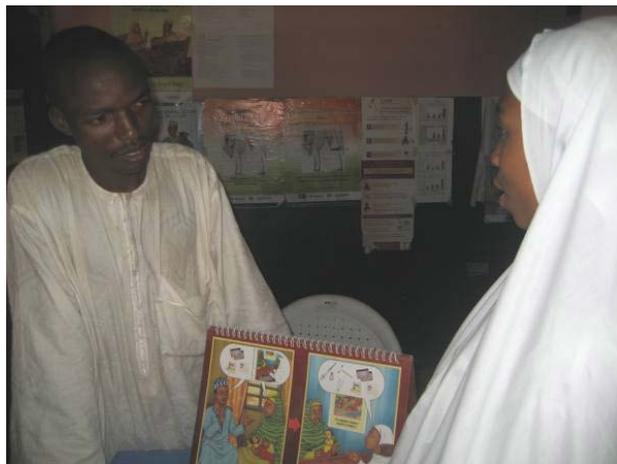


Inserting a contraceptive implant during an outreach

on inadequate information and misconceptions, physical and financial barriers, and cultural influences on childbearing still prevent women from accessing family planning services. As part of efforts to address unmet need for family planning in this region, MCHIP Nigeria mobilizes women and men in communities for family planning outreach services aimed at providing information on birth control methods, expanding the method mix for choice of contraceptive methods while stimulating demand for long acting

family planning methods, and ultimately increasing the utilization of family planning services. Following four (4) days of providing counseling and birth control methods during outreaches in Tsafe and Kaura Namoda Local Government Areas (LGAs) of Zamfara State, for which men were actively involved in mobilization and demand for services, MCHIP was able to provide 232 women with different methods of birth control.

Recognizing the influence of men as heads of households and decision makers in patriarchal societies, MCHIP trained male volunteers from communities around health facilities supported by the program as Volunteer Male Birth Spacing Motivators. They were charged with the unique responsibility of providing peer education to male members of the community to raise awareness on the imperative of family planning and the availability of services. This approach has yielded dividends with more interest being demonstrated by male members of the community on issues related to reproductive health including family



Narizu Usman discussing birth control options with a health service provider at Kasuwar Daji PHC

planning and HIV/AIDS.

Naziru Usman brought his niece Mariya Ibrahim, aged 20 years old, to Kaura Namoda General Hospital in Zamfara State where the latest round of outreach services was provided to receive a birth control method. Mariya was married off to her cousin at the age of 16 and got pregnant about a year into her marriage. She returned to her parents' home to deliver as is customary among the Hausa-Fulani tribe of Northern Nigeria but was unable to deliver at home with a traditional birth attendant. She was rushed to a hospital where she had an emergency cesarean section but lost the baby. She became pregnant again 9 months later and was still unable to deliver the baby at home. She was once again rushed to the hospital for another cesarean section but still lost the baby. On account of the suffering she had gone through with the two pregnancies her elderly father decided that she needed to rest for some years before getting pregnant again.



Mariya Ibrahim during the Group Counseling Session at Kasuwar

*“My elder brother saw the pain that Mariya went through trying to deliver her babies and he just wasn't ready to see her go through it again soon after the second operation”, says Naziru Usman. “He heard through a staff of the Primary Health Centre in Kasuwar Daji that there was going to be a program at Kaura Namoda General Hospital where women will be*

*given free drugs of their choice to prevent pregnancy. Mariya agreed to go because she was also afraid of getting pregnant again and wanted to rest for some time. Her husband is like a son to my elder brother so he would not go against what her father proposes for her”.*

MCHIP uses existing community mobilization structures to provide information and raise awareness on issues related to Emergency Obstetric Care and Family Planning. These community mobilization structures which include the Volunteer Male Birth Spacing Motivators, Volunteer Female Household Counselors and Community Core Groups (CCGs) are also instrumental for mobilizing women and men for scheduled family planning outreaches in the community. Mariya's father heard about the Family Planning Outreach from Aminu Abubakar, a laboratory technician at Kasuwar Daji PHC, a Volunteer Male Birth Spacing Motivator



Aminu Abubakar: Laboratory Technician, MCHIP trained Volunteer Male Birth Spacing Motivator and CCG member

and a member of the CCG in Kasuwar Daji community who was responsible for mobilization.

*“Attending to patients at the PHC and discussing their problems with them, I knew that there were many women who needed assistance with birth control. A few of them come to the maternity unit here for counseling and receive a method but many others do not. When I heard that MCHIP was organizing an outreach to provide free family planning services in Kaura Namoda, I got the town crier to announce this in Kasuwar Daji community and I ensured that all the patients that came to the PHC for any problem were informed about it...as you know most of our patients are women”.*

A group counseling session anchored by MCHIP’s Family Planning Coordinator and Community Mobilization Officer, with support from the CCG members and Volunteer Female Household Counselors, was held for the women of Kasuwar Daji three (3) days before the scheduled outreach at Kaura Namoda General Hospital. During the interactive



MCHIP FP Coordinator and women from Kasuwar Daji Community during Group Counseling

counseling session women were given information on all the available contraceptive methods and encouraged to ask questions to clarify any misconceptions or misinformation they may have about family planning. The women had brief one-on-one sessions with counselors to select the method of their choice on the day of the outreach.

On the two days during which outreach services were carried out at Kaura Namoda General Hospital, Aminu transported some clients to the hospital with his car to ensure that they did not miss out on the opportunity to get a birth control method for free. Naziru took

Mariya to Kaura Namoda on his motorcycle and after being counseled on the different methods available, she chose to have long term protection with a Jadelle implant. Naziru says:

*“I was surprised that the program actually took place because many times we hear that a free health service will be provided to people and you get there to meet nothing. The family will be relieved to know that Mariya can rest for up to 5 years if she chooses. Even if the service was not free we were willing to pay for it because of what she has gone through”.*

MCHIP continues to support 19 health facilities and communities in Zamfara state to improve utilization of emergency obstetric care and family planning services through engagement with the state and local government health authorities, health service providers and community members. Through targeted outreaches, family planning services will continue to be extended to underserved communities and women in the state. Zamfara State Government now provides free birth spacing commodities sourced through the Federal

Ministry of Health In Nigeria and this is also helping to ensure that women have improved access to family planning services.

## **VI. NEXT QUARTER RESULTS**

MCHIP will dedicate the next quarter to close up activities, which will include among others, Abuja and State disseminations of the project, data utilization workshops for health facility managers so as to ensure that data collection culture that has been established over the years will not be lost when MCHIP ends, inventory and property disposition, disengagement of 22 staff solely on the project, termination of all contractual agreements and leases as well as writing articles on lessons learnt from the program. The COP will also attend an MCHIP Global Learning Meeting in Washington DC while 3 staff will participate in the International FP Conference Scheduled for Dakar in 2011.

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

	<b>This year target</b>	<b>This year actual</b>	<b>This year actual by Facilities with potential double reporting</b>	<b>This quarter target</b>	<b>This quarter actual</b>	<b>Explanation for variance or why not reported during this quarter</b>	<b>Next quarter target</b>	<b>09.30.11 target</b>
<b>Project Objective:</b> Increased utilization of quality Emergency Obstetric and Newborn Care (EmONC) services (including birth spacing) by pregnant women, mothers and their new-borns at selected LGAs in two states, Kano and Zamfara.								
<i>Operational Plan</i> <i>Standardized indicator:</i> # of deliveries with a Skilled Birth attendant (SBA)	55,000	57,755		14,200	14,842	Improved record keeping and deliveries by midwives posted to the project health facilities through the MSS contributed to the total achieved in the reporting quarter		
<i>Program Indicator:</i> % of births attended by Skilled Birth attendants (SBA)								
<i>Operational Plan</i> <i>Standardized indicator:</i> # of Antenatal Care (ANC) visits by skilled Providers from USG-assisted facilities	250,000	265,266		65,000	65,926	Same as above		
<i>Program Indicator:</i> % of pregnant women who received at least four antenatal care visits								
<i>Operational Plan</i> <i>Standardized Indicator:</i> Number of postpartum/newborn visits within 3 days of birth in USG-assisted	40,000	56,659		12,000	13,972	All deliveries in General hospitals are qualified to be counted since they are always put under-		

	<b>This year target</b>	<b>This year actual</b>	<b>This year actual by Facilities with potential double reporting</b>	<b>This quarter target</b>	<b>This quarter actual</b>	<b>Explanation for variance or why not reported during this quarter</b>	<b>Next quarter target</b>	<b>09.30.11 target</b>
programs						observation before discharge. Also all deliveries at home presented for inspections at the facilities for follow up visits within 3 days of home delivery are counted		
<i>Operational Plan indicator :</i> Couple-years of protection in USG-supported programs (CYP)	18,500	27,509		6,200	6,431	All MCHIP supported General Hospitals are providing expanded method-mix of modern contraceptives. Increased referral by household counselors from the communities to the health facilities contributed to increase in number of acceptors		
<i>Program indicator:</i> % of caretakers seeking care from sick care providers for sick newborns								

	<b>This year target</b>	<b>This year actual</b>	<b>This year actual by Facilities with potential double reporting</b>	<b>This quarter target</b>	<b>This quarter actual</b>	<b>Explanation for variance or why not reported during this quarter</b>	<b>Next quarter target</b>	<b>09.30.11 target</b>
<i>Program indicator: % of postpartum women using contraception (including LAM) at 6 weeks postpartum</i>								
<b>Sub-I.R. 1: Improved quality of family planning methods in selected LGAs</b>								
<i>Operational Plan Standardized Indicator: # of USG-assisted service delivery points providing FP counseling or services.</i>	60	58		Nil	Nil			
<i>Operational Plan Standardized Indicator: Number of people trained in FP/RH with USG-funds (disaggregated by gender)</i>	550	683 (F=381; M=302)		100	110 (F=75; M=35)			
<i>Operational Plan Standardized Indicator: Number of people that have seen or heard a specific USG-supported FP/RH message</i>								
<i>Operational Plan Standardized Indicator: Number of counseling visits for family planning/Reproductive health as a result of USG assistance</i>	60,000	134,278		30,000	37,738 (A total of 11,785 visits by Females and 233 by	The high achievement recorded for this indicator was partly due to the increased activities of male birth spacing motivators and		

	<b>This year target</b>	<b>This year actual</b>	<b>This year actual by Facilities with potential double reporting</b>	<b>This quarter target</b>	<b>This quarter actual</b>	<b>Explanation for variance or why not reported during this quarter</b>	<b>Next quarter target</b>	<b>09.30.11 target</b>
					Males to FP units; 13,163 postpartum women during deliveries; 4,907 women through household counseling visits and 7,650 through male child spacing motivators visits	the household counselors at community level		
<b>Sub-I.R. 2: Improved quality of EmONC services in selected LGAs</b>								
<i>Operational Plan indicator:</i> # of health facilities rehabilitated								

	<b>This year target</b>	<b>This year actual</b>	<b>This year actual by Facilities with potential double reporting</b>	<b>This quarter target</b>	<b>This quarter actual</b>	<b>Explanation for variance or why not reported during this quarter</b>	<b>Next quarter target</b>	<b>09.30.11 target</b>
<i>Program Indicator:</i> # of health facilities using SBM-R approach for performance improvement	Nil	Nil		Nil	Nil			
<p><i>Operational Plan</i></p> <p><i>Standardized Indicator:</i> # of women receiving Active Management of the Third Stage of Labor (AMSTL) through USG-supported programs.</p> <p><i>Precise Definition:</i> Number and percent of women in facilities and homes where the woman received AMTSL by SBAs in targeted areas in a specified time period. This includes vaginal deliveries only.<sup>2</sup> Targeted areas are those where the United States Agency for International Development partner and Cooperating Agency (CA) maternal and child health projects are implementing AMTSL interventions – these include public and private health facilities, rural and urban health facilities, as well as home births with SBAs</p>	40,000	50,574		13,538	13,985	Improved record keeping system for the indicator and increase in number of SBAs reporting vaginal deliveries contributed to the total attained for the indicator in the reporting period		
<i>Program Indicator:</i> % of								

<sup>2</sup> Does not include Caesarean -Section or abortion

	<b>This year target</b>	<b>This year actual</b>	<b>This year actual by Facilities with potential double reporting</b>	<b>This quarter target</b>	<b>This quarter actual</b>	<b>Explanation for variance or why not reported during this quarter</b>	<b>Next quarter target</b>	<b>09.30.11 target</b>
women receiving Active Management of the Third Stage of Labor (AMSTL) through USG-supported programs.								
<i>Program Indicator:</i> # of births at ACCESS-supported facilities for which the partograph was used	33,000	23,744		6,500	6,884			
<b>Sub I.R. 3:</b> Improved enabling environment for scale-up of EmONC best practices at national and state levels								
<i>Program Indicator :</i> Training curricula and strategy for pre-service midwifery education revised and implemented in Kano and Zamfara states	Nil	Nil		Nil	Nil	MCHIP completed this activity in FY09. Additional anatomic models for obstetric and neonatal skills development have been ordered and delivered		
<i>Program Indicator:</i> Operational performance standards for EmONC distributed in ACCESS-supported facilities.	Nil	Nil		Nil	Nil	MCHIP did not set target for distribution of this manual because it was widely distributed in FY09 and thus was not re-printed. However, few remaining manuals were issued out on request to other development partners during the reporting		

	<b>This year target</b>	<b>This year actual</b>	<b>This year actual by Facilities with potential double reporting</b>	<b>This quarter target</b>	<b>This quarter actual</b>	<b>Explanation for variance or why not reported during this quarter</b>	<b>Next quarter target</b>	<b>09.30.11 target</b>
						quarter		
<i>Program Indicator</i> : National KMC training manuals distributed in ACCESS-supported facilities	Nil	Nil		Nil	Nil	Distribution of this training manual was completed in FY09		
<b>Sub-I.R. 4: Improved management of maternal and newborn services in selected LGAs</b>								
<i>Operational Plan Standardized Indicator</i> : # of USG-assisted service delivery points experiencing stock-outs of specific tracer drugs <sup>3</sup>								
<i>Operational Plan Standardized Indicator</i> : # of newborns receiving essential newborn care through USG supported programs	35,000	55,012		13,000	14,373	Improved record keeping of service provision by service providers contributed to the total attained for this indicator during the reporting period		
<b>Sub-I.R. 5: Increased demand for maternal and newborn services in selected LGAs</b>								
<i>Common indicator</i> : # of beneficiaries of community activities [C 20.10]	30,000	46,770		8,000	15,126	Increased commitment on the part of household		

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

	<b>This year target</b>	<b>This year actual</b>	<b>This year actual by Facilities with potential double reporting</b>	<b>This quarter target</b>	<b>This quarter actual</b>	<b>Explanation for variance or why not reported during this quarter</b>	<b>Next quarter target</b>	<b>09.30.11 target</b>
						counselors and male birth spacing motivators and the core groups contributed to the total attained for the quarter		
<i>Program Indicator:</i> # of community committees that have work plans that include activities to reduce maternal and newborn deaths	51				Nil			
<i>Program Indicator:</i> # of communities with plans that include emergency funds and/or a transport system for maternal and newborn complications					Nil			
<b>Sub-I.R. 6:</b> Improved availability of EmONC health workers in target/Selected LGAs								
<i>Common/Operational Plan Standardized indicator:</i> # of people trained in maternal/newborn health through USG-supported programs	600	784 (F=550; M=234)		150	146 (F=99 M=47)			
<i>Program Indicator:</i> Caesarean sections as a percentage of all births in USG-supported facilities	15%	4.1%		5%	1.1%	This was calculated as a proportion of all expected births in the coverage areas of the project		

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

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

## Annexes

### 1. Emergency Transportation System (ETS) Sticker for Drivers



## 2. Letter of Acknowledgement

  
**KANO STATE**  
**HOSPITALS MANAGEMENT BOARD**  
BOARD HEADQUARTERS:  
P.M.B 3540, POST OFFICE ROAD, KANO

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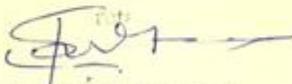
Ref:..... HMB/GEN/532/V/65 ..... (11/Shah'aban, 1432AH)  
Date: .....13/07/2011.....

The State Programme Officer,  
USAID/MCHIP,  
Kano.

**LETTER OF ACKNOWLEDGEMENT/INVITATION**

Sequel to your letter dated 4<sup>th</sup> July, 2011 seeking for audience with the appointed Executive Secretary and official presentation of (4000) copies of maternal and new born Health (MNH) booklets, I am to convey Board's appreciation for the kind gesture and to equally grant you audience on Wednesday 13<sup>th</sup> July, at the Board Headquarters by 10:00am.

Accept my best regard.



DAUDA SULE KANAWA  
DIRECTOR HOSPITAL SERVICES  
FOR: EXECUTIVE SECRETARY