



Evidence to Action for Strengthened Reproductive Health for Women and Girls (E2A) Nigeria

Quarterly Report

Second Quarter – April 01 to June 30, 2018

Submission Date: July 31, 2018

Contract / Agreement Number: AID-OAA-A-11-00024

Activity Start Date and End Date: September 15, 2014 to September 30, 2019

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List of Acronyms

AGCOD	Association of Grassroots Counsellors of Health and Development, Nigeria	NPopC	National Population Commission
AGPMPN	Association of General and Private Medical Practitioners of Nigeria	NRHTWG	National Reproductive Health Technical Working Group
ANC	Ante Natal Care	ODK	Open Data Kit
B/C/EmONC	Basic/Comprehensive/Emergency Obstetric and Newborn Care	PAC	Post Abortion Care
CBO(s)	Community Based Organizations	PCU	Program Coordination Unit
CHEDRES	Center for Health Works Development and Research Initiative	PforR	Performance for Results
CHEW(s)	Community Health Extension Worker(s)	PFPS(s)	Private-for-Profit(s)
CIP	Costed Implementation Plan	PHC	Primary Health Care
CME	Continuing Medical Education	PMCQT	Private Maternity Care Quality Toolkit
CRS	Cross River State	PMR	Perinatal Mortality Ratio
PHCDA	Primary Health Care Development Agency	PPMV(s)	Private Patent Medicine Vendor(s)
CTC	Core Technical Committee	PRS	Planning, Research and Statistics
CV(s)	Community Volunteers	PS	Permanent Secretary
DHIS	District Health Information Software	QI	Quality Improvement
E2A	Evidence to Action	QoC	Quality of Care
F/S/MOH	Federal/State/Ministry of Health	R/MNCH	Reproductive / Maternal, Newborn and Child Health
FBO(s)	Faith Based Organization(s)	RDQA	Routine Data Quality Assessment
FTP(s)	First Time Parent(s)	RH/FP	Reproductive Health / Family Planning
GHF	Greater Hands Foundation	SHOPS	Strengthening Health Outcomes through the Private Sector
LARCs	Long-Acting Reversible Contraceptives	SMGL	Saving Mothers, Giving Lives
LGA(s)	Local Government Area(s)	SOGON	Society of Gynecology and Obstetrics of Nigeria
MEL	Monitoring, Evaluation & Learning	SOML	Saving One Million Lives
MCSP	Maternal and Child Survival Program	SOP	Standards of Practice
MD(s)	Medical Director(s)	TA	Technical Assistance
MDA	Ministries, Departments and Agencies	ToR	Terms of Reference
MfM	Merck for Mothers	TBA(s)	Traditional Birth Attendants
MMR	Maternal Mortality Ratio	TWG	Technical Working Group
MNH	Maternal and Newborn Health	UCTH	University of Calabar Teaching Hospital
MPDSR	Maternal and Perinatal Death Surveillance and Response	USAID	United States Agency for International Development
NASG	Non-Pneumatic Anti-Shock Garment	WDC(s)	Ward Development Committee(s)
NHIS	National Health Insurance Scheme	WFP(s)	Ward Focal Person(s)
NISONM	Nigerian Society of Neonatal Medicine		

**Evidence to Action for Strengthened Reproductive Health for Women and Girls (E2A)
Quarterly Report for the Period April – June, 2018**

1. ACTIVITY SUMMARY – SMGL (USAID) + HelloMAMA
Implementing Partner: Pathfinder International
Activity Name: Evidence to Action- Saving Mothers, Giving Lives (SMGL)
Activity Overarching Objective: To increase the coverage and quality of maternal, neonatal health and family planning, as well as improve delivery outcomes in 118 public and faith-based health facilities across all 18 Local Government Areas (LGAs) of Cross River State.
USAID / Nigeria IR: Utilization of quality health service in target areas and population groups increased
Life of Activity: 09/15/14 – 09/14/19

2. ACTIVITY SUMMARY – SMGL (MERCK)
Implementing Partner: Pathfinder International
Activity Name: Saving Mothers—A Total Market Approach in Cross River State, Nigeria
Activity Overarching Objective: The project will complement the SMGL initiative by engaging 30 private-for-profit facilities who support women through pregnancy and delivery and by complementing the SMGL initiative. This project will also strengthen formal links between private and public providers and facilities in order to offer the women of Cross River, and their families, a total market response to the existing MNH crisis.
Life of Activity: 12/01/2015 – 9/30/2019

Project Manager

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Communications Point of Contact (stories, photos, press releases, etc.)

1. PROGRAM OVERVIEW / SUMMARY

Program Name:	Saving Mothers Giving Life Project - Expanding Family Planning (SMGL-EFP) Initiative / Saving Mothers—A Total Market
Activity Start Date and End Date:	September 15, 2014 to September 31, 2019
Name of Prime Implementing Partner:	Pathfinder International, Nigeria
[Contract / Agreement] Number:	AID-OAA-A-11-00024
Name of Subcontractors / Sub awardees:	Association of Grassroots Counsellors of Health and Development, Nigeria (AGCOD), Greater Hands Foundation (GHF), Center for Health Works Development and Research Initiative (CHEDRFI)
Major Counterpart Organizations	African Population and Health Research Center (APHRC), ExpandNet, IntraHealth International, Management Sciences for Health (MSH), and PATH
Geographic Coverage (cities and or countries)	All 18 LGAs in Cross River State
Reporting Period:	April 1 – June 30, 2018

1.1 Program Description/Introduction

Saving Mothers Giving Life - Expanding Family Planning (SMGL-EFP) Initiative

The SMGL-EFP Initiative in Nigeria is implementing activities to increase the coverage and quality of maternal, neonatal and reproductive health services, as well as improve delivery outcomes in public and faith-based health facilities in all 18 Local Government Areas (LGAs) of Cross River State (CRS), from 2014 – 2019.

This is being achieved by implementing a model MNH intervention that applies a systems approach to ensure that every pregnant woman has access to clean and safe normal delivery services and, in the event of an obstetric complication, life-saving emergency care within two hours of onset of complication. The model serves to strengthen existing health networks to address delays in seeking appropriate services, delays in reaching those services and delays in receiving timely, quality care. The model also focuses attention on the most vulnerable period for mother and baby—labor, delivery and the first 48 hours postpartum which includes postpartum family planning (FP) provision.

An additional component of the SMGL-EFP Initiative provides comprehensive FP services, with a focus on provision of Long-Acting Reversible Contraceptives (LARCs), and targeting First Time Parents (FTPs), will deepen and enrich the initiative through services to attain statewide coverage, create demand for FP through engagement with community gatekeepers, while also strengthening Government of Nigeria’s (GON) ownership and sustainability.

By implementing the SMGL-EFP Initiative until September 30, 2019, E2A expects to reduce by 15 percent, maternal mortality ratio, and by 10 percent the neonatal mortality rate from the 2014 baseline values for CRS. In addition, it is expected to contribute to an increase in contraceptive prevalence and a reduction in unmet need in Cross River State.

Saving Mothers—A Total Market Approach

Saving Mothers – A Total Market Approach is implementing activities in CRS, Nigeria, over a four-year period till September 30, 2019 to increase access to, and quality of, comprehensive MNH. The project complements the SMGL-EFP Initiative by engaging private-for-profits (PFP) who support women through pregnancy and delivery. The project will also strengthen formal links between private and public providers and facilities to offer the women of Cross River, and their families, a total market response to addressing maternal and newborn health needs of the people.

By reaching providers in both the private and public sectors and leveraging a shared referral system, this project and the SMGL-EFP Initiative together enhance each other’s contribution by reaching more women with affordable choices for skilled maternity care.

Saving Mothers Giving Life – Expanding Family Planning (SMGL-EFP) Initiative / Saving Mothers—A Total Market Approach

The combined objectives of the two components therefore are:

1. Increase timely utilization of institutional delivery and family planning services by reducing social, economic, and geographic barriers to seeking care
2. Improve the quality of maternity care and institutional delivery services, including EmONC and FP services
3. Ensure women and their newborns are provided key FP/RH/MNH health services in an integrated manner including the use of life-saving innovations and FP services; and improve linkages and referrals between private and public sector providers using a total market approach
4. Strengthen the capacity of the MOH to engage the private sector to reach state MNH goals. (Merck)

























Strengthen the capacity of health system to capture, evaluate, and report on birth outcomes using community and facility health information systems; strengthen essential drugs / commodity logistics systems; and advocate for more state resources for sustainable FP/RH and AYSRH programs.



1.2 Summary of Results (FY18) to Date

Saving Mothers, Giving Life (SMGL) Initiative / Saving Mothers—A Total Market Approach

Cross cutting Indicators	MfM Facilities				USAID Facilities				All Facilities			
	Q1	Q2	Q3	Trend	Q1	Q2	Q3	Trend	Q1	Q2	Q3	Trend
Facility Maternal mortality ratio (MMR) **	633	0	0		81	276	134		143	241	114	
Deaths of women relating to pregnancy	3	0	0		3	9	5		6	9	5	
Facility peri-natal mortality rate (Pre-discharge) (PMR) **	65	48	63		30	34	28		34	36	33	
Live births	474	479	650		3724	3260	3723		4198	3739	4373	
Pre-discharge perinatal deaths	31	23	41		110	112	104		141	135	145	
Women delivering in supported facilities (# of deliveries)	489	477	672		3740	3294	3750		4229	3771	4422	
C-sections performed in CEmONC facilities	34%	36%	36%		33%	34%	31%		33%	35%	32%	
Live births put to breast and kept warm within 30 minutes of birth	98%	100%	97%		100%	100%	100%		100%	100%	99.5%	
Newborns not breathing at birth successfully resuscitated	94%	100%	93%		97%	94%	98%		97%	95%	97%	
Pregnant women who have had at least 1 ANC visit	664	731	716		4856	5664	5206		5520	6395	5922	
Women who have had 4 ANC visits	275	299	332		1646	1752	1984		1921	2051	2316	
Women who delivered in the facility who received FP counseling prior to discharge¹	75%	89%	97%		84%	88%	89%		83%	88%	90%	

Cross cutting Indicators	MfM Facilities				USAID Facilities				All Facilities			
	Q1	Q2	Q3	Trend	Q1	Q2	Q3	Trend	Q1	Q2	Q3	Trend
Deliveries with Ante Partum Hemorrhage	1.84%	1.68%	0.45%		0.48%	0.49%	0.35%		0.64%	0.64%	0.36%	
Deliveries with Postpartum Hemorrhage	1.84%	1.89%	1.93%		1.50%	1.43%	1.49%		1.54%	1.49%	1.56%	
Deliveries with Retained Product of Conception	1.84%	1.05%	0.60%		0.61%	0.88%	0.59%		0.76%	0.90%	0.59%	
Deliveries with Prolonged / Obstructed Labor	16.77%	19.08%	18.45%		3.82%	3.46%	3.28%		5.32%	5.44%	5.59%	
Deliveries with severe pre- / eclamptic toxemia	1.23%	1.26%	0.89%		1.26%	1.18%	0.77%		1.25%	1.19%	0.79%	
Deliveries with Ectopic Pregnancy	0.41%	0.00%	0.30%		0.00%	0.03%	0.00%		0.05%	0.03%	0.05%	
Deliveries with Ruptured Uterus	0.41%	1.26%	0.30%		0.21%	0.18%	0.13%		0.24%	0.32%	0.16%	
Deliveries with Sepsis (SEP)	0.41%	0.00%	0.45%		0.08%	0.03%	0.11%		0.12%	0.03%	0.16%	

[1] Number of counseling visits for Immediate PFP / Number of women delivering in a facility.

Note: Though SMGL initiative currently supports 108 facilities in Cross River state, the trend analysis is for the 97 facilities that have been supported since Q1 to allow for comparison between the quarters

Summary of Results (FY18) to Date - Discussion

****MMR** – While the MMR of private facilities remained at 0, MMR of public facilities dropped by 51% on comparing Q3 and Q2 (276 to 134). Cumulatively, MMR for all facilities dropped by approximately 53% (241 to 114) between Q2 and Q3. These achievements stem from the reduction in the number of maternal deaths in public facilities (9 to 5) and maintenance of zero maternal death in private facilities, alongside increase in the number of live births across private and public facilities.

****PMR** – The PMR of private facilities increased by 31% between Q2 and Q3 (48 to 63), however, public facilities witnessed an 18% decrease (34 to 28) resulting in an 8% decrease in PMR across all facilities.

Overall, pre-discharged perinatal deaths increased by 10 and number of live births increased significantly between both quarters.

Between Q2 and Q3, number of women delivering at supported facilities increased by 17%, pregnant women who had at least 1 ANC visit reduced by 7% and the number of women who delivered in supported facilities and received FP counselling prior to discharge increased by 2% points.

Attached are the achievement per quarter



USAID SMGL
FY18Q1Q2Q3 Achieve

2. ACTIVITY IMPLEMENTATION PROGRESS

2.1 Progress Narrative

- In the quarter under review, facility visits continued in 108 SMGL supported facilities to validate and collect routine data generated in supported facilities. During these visits, data verification of referrals made by Community Volunteers (CVs) made by partner-CBO community volunteers was also conducted. These activities were to ensure that capacity of the supported facilities and CBOs continued to be strengthened, while also validating and collecting routine data
- Data review meetings primarily to give feedback to facilities on achievements and successes in the last quarter (Q3), discuss solutions to identified gaps / challenges were held for all supported facilities across three clusters in Calabar, Ikom and Ogoja. Attendees included facilities heads, and the Directors of Medical Services, Nursing Services and Planning Research and Statistics from the SMOH, LGA PHC Coordinators, LGA M&E Officers, and partner CBOs. A major outcome of the meetings was that there is improved documentation of maternal and newborn health outcomes across supported facilities.
- In collaboration with the State, data quality assessments (DQAs) were carried out for data generated between January and March 2018. The exercise was conducted in a sample of 22 supported facilities (5 Public CEmONC, 2 Private CEmONC and 15 public BEmONC) spread across the State, for data integrity, consistency and reliability focusing on four key performance

indicators, namely: Number of stillbirths, Number of newborns with birth asphyxia, Number of newborns with birth asphyxia successfully resuscitated and Number of post-partum women who received LARC. Improvements in documentation and use of data, and increased commitment of facility M&E focal persons were noted.

- Also, the SMGL Monitoring, Evaluation & Learning (MEL) team had a review meeting. During the meeting, the team took time to review the MEL processes, discuss lessons learnt, achievements and challenges. At the end of the meeting the MEL plan was reviewed and clarifications made, strategies were also developed to address the gaps in the MEL processes.
- As part of its commitment to building a pool of skilled MNH & FP providers in the state, increasing access to family planning services through the domestication of the task-shifting/sharing policy, and to continue to work towards improved quality of MNH and FP services, the Initiative conducted various training workshops, resulting in:
 - 26 health care workers (17 CHEWs, 9 Nurse/Midwives) (25F, 1M) trained on EmONC services
 - 27 Nurse / Midwives (all females) trained on Essential Newborn Care Course (ENCC);
 - 30 healthcare workers (F 29, 1M) on LARC.
 - 28 Doctors and Nurse/Midwives (22F, 6M) on Post abortion Care
 - 28 CHEWs (27F, 1M) on Gender and Rights based approach to FP and Youth – Friendly Services (YFS) and
 - 178 (161F, 17M) on FP inventory management.

Additionally, bi-monthly continuous medical education for SBAs in high-volume and high-performing CEmONC and BEmONC sites continued, as well as ongoing monthly midwife-led (using retired and currently employed midwives) onsite/peer-to-peer mentoring and supportive supervision to high-volume CEmONC and BEmONC sites to improve quality of MNH/FP services. The mPowering platform is currently being developed by the digital health team to provide all essential trainings as offline mobile animation videos to support refresher/step-down trainings, and also assess provider knowledge.

In addition to these workshops, supportive supervision and on-site mentoring visits were also carried out across supported facilities, to continuously strengthen skill sets, and service delivery quality. Monthly facility staff meetings were facilitated to review service delivery and performance.

These visits were conducted jointly with State Health Officials to foster ownership of the process and strengthen their capacity to carry out quality assurance and improvement processes for health services in the State.

- Similarly, to ensure the quality of community-level interventions, supportive supervision and monitoring visits were carried out to the partner three CBOs (AGCOD, Greater Hands Foundation and CHEDRES). Discussions during these visits emphasized the role of the CBOs in the communities, valid data collection processes, and the need to integrate with facilities to ensure referrals are completed, and services received accordingly. The visits also included reviews and strengthening of the CBOs' financial processes and reporting.
- The Society of Obstetricians and Gynecologists (SOGON) Volunteer Obstetrician Scheme (VOS) and Nigerian Society of Neonatal Medicine (NISONM) and Pediatric Association of Nigeria (PAN) Volunteer Pediatric Scheme (VPS), in collaboration with, and supported by the Initiative, conducted technical assistance / supportive supervisory visits to some supported sites in across the State. These visits aimed at strengthening the capacity (through CMEs, on-site trainings and mentoring) of healthcare workers to provide quality and timely EmONC services, while also providing technical assistance by offering clinical services and maternal and perinatal death reviews where needed. The initiative continues to support SMOH to collaborate with UTCTH/SOGON/NISONM to negotiate rural postings for resident doctors in UCTH to address HRH challenges.
- The Initiative has continued to strengthen and provide oversight for Maternal and Perinatal Death Surveillance and Response (MPDSR) committees in 14 LGAs following their constitution and training. The State MPDSR Committee has also continued to oversee the various facility MPDSR committees, ensuring that reviews are scheduled and carried out accordingly.
- The initiative continued supporting other key routine health system strengthening activities. Referral network meetings held monthly across all 10 programmatic clusters in the State, to strengthen referrals and linkages between health facilities, and with community structures through the CBOs.

In addition, specifically to address the delay in getting to the health facility for EmONC services, Emergency Transport Scheme (ETS) meetings held across supported wards to reflect on the functionality of the service, with challenges identified, and solutions agreed upon as appropriate. The Initiative also continued with orientation of volunteer drivers and cyclists, and branding of the trained volunteers accordingly. The initiative continues to support ETS in 77 wards and participate in quarterly LGA heads of unit meetings to discuss prompt referrals for obstetric cases.

The First-Time Parent (FTP) component of the Initiative, which is aimed at providing appropriate, nonjudgmental and comprehensive counseling for first-time parents regarding their sexual and reproductive health, trained CVs / FTP peer group leaders on facilitation skills and organization of small group meetings for the implementation of the component. Involving 12 CVs, 24 First Time Mothers (FTMs) from selected communities in Obubra LGA, and 13 CVs and 26 FTMs from Ikom LGA were trained as peer leaders for the organization and facilitation of small peer group meetings. 605 FTMs in 50 groups, holding weekly group sessions were recruited in Ikom and

Obubra LGAs. CVs conducted home visits to identify pregnant women, encourage ANC attendance and delivery in facility, FP, as well as post-natal care. These CVs conducted 6 home visits for each identified peer group FTM. The initiative supported CVs to link FTPs to community outreaches and provided support with tracking and following up with FTMs.

The 25 FTP CVs and 20 Male Recruiters were oriented on the FTP program, their expected roles, and specifically on the task of engaging male partners of FTMs. 20 male peer groups will be formed at the beginning of the new quarter. The FTP CVs also had a 3-day training facilitating sessions on first time fathers/male partners and on positive parenting, HGSP, child nutrition and maintenance of healthy sexual and reproductive behaviors.

- So far in the period under review, about 7 weekly sessions of FTM peer group discussion were held that built access to encouraged FP/PPFP, breastfeeding/child nutrition, positive parenting, post-natal care and healthy sexual and reproductive behaviors. The initiative also conducted community sensitization to discuss the needs of FTPs and support required, convened bi-monthly review meetings, and provided communication support to facility providers to follow up on missed ANC appointment.
- Recognizing the roles TBAs play in delivering services, particularly for maternal and newborn health, the Initiative in collaboration with the SMOH and SPHCDA, continued to conduct meetings with the TBAs across the State on the need for early identification of danger signs and prompt referrals. The meetings also created opportunities to link them to the Ward focal persons from SMGL supported facilities.
- The Initiative had its mid-year review meeting in Calabar with the CRS Commissioner of Health, Director General, CRSPHCDA and other Officers of SMOH, SPHCDA, SOGON, NISONM and CBOs in attendance. The meeting brought together participants to review implementation and progress of the SMGL Initiative for the first half of FY18, including challenges and lessons learned. A key outcome of the meeting was on the need to intensify sustainability efforts, and the development of an action plan to track reviewed performance indicators for better documentation, and availability of data for evidenced decision making.

The CRS commissioner for Health and DGSPHCDA, expressed gratitude to USAID and Pathfinder International for their support to the State and their commitment toward reducing Maternal and Neonatal mortality. They also assured the team of the state willingness to collaborate at any level. Some of the agreed next steps include intensifying efforts for sustainability and development of action plan to track performance indicator progress.

- SMGL continued support in procurement of MAMA kits. These were procured and distributed to supported sites in May 2018 for eventual distribution to expectant mothers. Furthermore, the

initiative concluded the procurement and distribution of reagents and supplies for blood collection and storage to 14 CEmONC sites.

- The Initiative continued to partner with the government / donors / partners to ensure better maternal and newborn health outcomes by participating at meetings and training workshops.
 - As part of efforts to accelerate Nigeria’s progress in achieving a CPR target of 27% by 2030, a systematic introduction and progressive scale-up of DMPA-SC across public / private facilities and community health services is being carried out.

The Initiative consequently, participated in a one-day meeting to validate the national DMPA-SC training guide. Organized by the FMOH in collaboration with John Snow, the meeting was part of the strategy to ensure that resources are available for the development and strengthening of required skills for the provision of DMPA-SC.
 - The Initiative participated in a FP technical review meeting organized by FMOH in collaboration with UNFPA. The key objectives of the meeting were: to carry out a review of the 2017 UNFPA supply survey data; understand FP/RH Commodity Security; document lessons learned and share information on how last mile delivery was done in 2017; and update the progress made on the National Supply Chain Integrated Project (NSCIP) including the data visibility system.
 - The Initiative participated in the “Do No Harm Application” Workshop organized by USAID for its Implementing Partners (in the South-South Zone). The purpose of the workshop was to know about the dynamics of conflict and how it affects our work; recognize possible harmful effects that can accompany an aid / development program; understand the conflict-sensitive approach using the Do No Harm framework; and to apply the Do No Harm framework to program implementation.
 - The Initiative facilitated a panel session titled “Partnerships and systems strengthening to reduce early newborn deaths- the saving mothers, giving life experience” at the 11th NISONM Annual General Meeting and Scientific Conference held between June 28th – 29th, 2018. The session discussed the Initiative’s partnership with NISONM’s volunteer scheme for the provision of mentoring, supportive supervision and technical assistance to facilities with the goal of decreasing newborn mortality.
 - The Initiative conducted a 2-day non-residential FP CLMIS Training for 118 CHEWs across 18 LGAs in Cross River state (in collaboration with Chemonics and the PSM Project) to strengthen their skills in the accurate and timely completion of FP Logistics Management Information Systems. At the end of the training, participants could effectively complete sample FP register, DCR, RIRF and Tally card forms using job aids
 - Additionally, the Initiative conducted joint integrated supportive supervision with MDAs and CRSG, conducted quarterly FP scale-up resource team meeting, provided logistic support to strengthen FP TWG meetings through regular quarterly meetings, and

facilitated quarterly health partners meeting. The Initiative continued to conduct ongoing advocacy to government stakeholders (LG Council, CRSPHCDA, SMOH and WDC) for staffing of facilities, employment of security personnel, infrastructure upgrades, funding for integrated services as well as provision of drugs, commodities and consumables.

- As the SMGL initiative approaches its final implementation year, thought and strategies are gradually focusing on showcasing evidenced-based interventions and practices that have contributed to the gains in improved maternal and newborn outcomes in CRS. Consequently, the Initiative team participated in a scientific writing workshop with the objectives of: learning how to write a scientific paper; understanding the different sections; constructing figures and tables, understanding the different kinds of papers; and presenting.
- The Three (3) partner CBOs engaged by the Initiative to create demand for institution antenatal, FP and delivery services - Association of Grassroots Counsellors of Health and Development, Nigeria (AGCOD), Greater Hands Foundation (GHF) and Center for Health Works Development and Research Initiative (CHEDRES) continued their activities in the communities during the period under review. Their activities included community advocacy, outreaches, community mobilization and sensitization, and one-on-one interpersonal communication through CVs, to increase utilization of institutional maternity services as well as referrals and linkages from community to facilities. They continued dialogs with community stakeholders - community chiefs, Ward Development Committees, religious leaders and community members. The CBOs also participated in referral network coordination meetings, with facility focal persons and LG officials. They conducted monitoring, mentoring and supervisory visits to Communities where CVs work to ensure compliance/conformity with standards, as well as data validation and collection to ensure data validity. They also participated in data validation meetings to ensure that referrals made by CVs are completed, clients receive services, and are appropriately documented in the necessary registers and forms.
- In addition, two of the three CBOs (CHEDRES and AGCOD) continued the AYSRH component in their respective LGAs. They recruited adolescents and currently having different sessions with their youth program. Additionally, Greater Hands continued its community activities with the First-Time Parents (FTP) intervention. Peer Leaders have been recruited, trained and have commenced sessions/meetings with the First-time Mothers (FTMs).

2.2 Implementation Status

See Implementation [Dashboard](#)

2.3 Implementation Challenges

- Difficult terrains especially during the rains, making it difficult to reach some supported facilities
- Communal crises continue to hamper activities in some communities, affecting movements within affected communities and as such attendance at health facilities, and visits to supported facilities
- Staff turnover continues to hamper quality improvement processes in supported facilities. Although this is a gain to the State's health sector as a whole, the Initiative has to continually train and retrain facility staff (through Workshops, On-site mentoring, and supportive supervision) to ensure supported facilities have health care workers with the requisite skill set to provide EmONC and FP services.
- The following trainings were postponed until next quarter:
 - Support 6 SBAs, from 3 high-volume CEmONC sites, SMOH staff, NISONM and SMGL program staff to understudy the operationalization of setting up KMC centers in 3 standard KMC centers in Nigeria has been postponed to next quarter. The team is awaiting directive from Federal Ministry of Health on the suitable dates for the exercise.
 - Conduct 5-day mop-up residential training for 28 doctors on EmONC services. The training is FMOH-led, Federal Ministry of health recently developed a new curriculum for Extended Life Saving Skills for Doctors. FMOH has scheduled the training for next quarter.
 - Conduct residential training for 60 health care providers in the labor ward and post-natal unit of high-volume CEmONC and BEmONC sites on comprehensive PFP services. Due to concurrent trainings for HCWs, the training has been rescheduled for next quarter.
 - Conduct trainings for 80 PPMVs in CRS on injectables for FP and condom distribution in Yakur, Ogoja, Ikom, and Obubura (prioritizing depth over spread). The team recently conducted PPMV mapping exercise and is waiting for report before commencing the trainings.
 - Support to CBOs and CVs to promote and review Hellomama enrollment of pregnant women, new mothers, and their gatekeepers at every community-based meeting and forum is delayed due to delays from the technology partner in delivering the community enrollment service. Also, since all Hellomama registrations are to end in July 2018, this activity has been cancelled.
 - Providing communication support to facility providers to follow up on missed ANC appointments and due date for delivery for FTPs in SMGL facilities will begin next quarter.
 - The state is still awaiting guidance from FMOH to convene orientation/dissemination meeting of the national Sayana Press strategy to key stakeholders at the State level and adopt an SP strategy and develop a state work plan. The FMOH is also finalizing the training manual with support from Pathfinder, which has delayed the training for Sayana Press administration and monitoring and linking facilities to Sayana Press commodities.
 - The team is awaiting guidance from the CRSMOH to support Cross River State government to conduct inaugural state health council on health and this activity has been delayed.
 - Quarterly advocacy review meetings to review strategy and outcomes will start next quarter.

- The provision of a 3-day orientation for the state Program Management Unit (PMU) on integrated supportive supervision (MNH/FP) and support to the state to upgrade the ISS checklist to include MNH/FP service delivery and M &E component were delayed to next quarter because the team wanted the MNH mentorship app to be concluded before the orientation exercise.

2.4 M&E Plan Update

- The reviewed M&E plan for the Initiative was submitted to the Mission for comments / concurrence. An additional indicator “Number of children under five (0-59 months) reached with nutrition-specific interventions through USG-supported programs (HL 9-1)” was recommended and included in the plan.

3. INTEGRATION OF CROSSCUTTING ISSUES AND USAID FORWARD PRIORITIES

3.1 Gender Equality and Female Empowerment

- To the extent possible, all project activities are implemented with gender equality in view. All data where possible is disaggregated by age and sex, with trainee selection done with greater consideration given to female providers, considering the somewhat difficult relations female clients and male providers may experience especially in rural communities.
- The work of the CBOs involves engagement with males and development of birth plans, recognizing the importance of male involvement in advancing reproductive, maternal and newborn health. To the extent possible also, the CBOs will explore partnerships with empowerment and life skills building initiatives to create linkages with communities and women who require developing required skills.

3.2 Sustainability Mechanisms

- SMGL has established a robust working relationship with SOGON and NISONM for the continued supervision and on-site training of HCWS in supported sites.
- All capacity building events – trainings and TA visits were carried out in collaboration with government stakeholders. This, it is hoped, will engender a sense of ownership in all stakeholders both at the government and facility level.
- SMGL recruited and trained mentor midwives to provide mentoring to younger nurses/midwives in supported secondary facilities. This is to ensure that they bring their wealth of experience to bear in helping to groom the newer generation of HCWs.
- The WDCs are actively involved in all community activities, thereby incorporating MNH issues as a regular focus of their mandate is deemed a sustainable strategy.

- The ETS are largely community led; community members are involved in the design and funding of these schemes.
- The collaboration with CBOs to work in the communities, serves to sustain these essential community-level work, as they have their capacities strengthen to work smarter and better.

3.3 Environmental and Family Planning Compliance

- Pathfinder complies with all environmental requirements and reports annually to USAID on certain environmental indicators relating to disposal of medical waste and expired medical commodities and drugs. Compliance orientation is part and parcel of all technical trainings, and both facility staff and members of the State team, are routinely mentored on all environmental compliance issues. In addition, FP Compliance monitoring and reporting is a routine part of supervision visits to health facilities and partner CBOs.

3.4 Youth Development

- Several of the project strategies are targeted at ensuring the needs of young people are addressed. The First-Time Parents (FTP) strategy is to target young people between the ages of 15 to 24 who have had their first child to use institutional health facilities, as well as encourage the uptake of family planning services. Data at health facility level is also disaggregated by age, to track young people's health seeking behavior and enable planning accordingly.

3.5 Policy and Governance Support

- One of the major objectives of this project is to support the development and strengthening of the SMOH's capacity for health governance. This is achieved through various ways, including a leadership workshop for all directorate-level staff of the MOH and CRSPHCDA carried out last year, and technical support in the development and monitoring the implementation of the state strategic health development plan.

3.6 Local Capacity Development

- The various capacity building efforts carried out, most notably the training of health facility workers in technical areas, data quality assurance, use of data for decision-making and reporting, target the strengthening of local capacity. The project, through the engagement of CBOs, is also working with different community structures to build local capacity in project management and oversight.
- The technical assistance provided to the SMOH continues to strengthen capacity. In this quarter, the Initiative achieved this through the review and validation of the Strategic Plan.

3.7 Public Private Partnership (PPP) and Global Development Alliance (GDA) Impacts

- Following the national dissemination of the SHOPS project¹, CRS MOH is expected to adapt a strategy to engage the Private-for-Profits (PfP) especially as it relates to the provision of subsidized FP commodities through the private sector.

3.8 Conflict Mitigation

- Team building is a strong conflict mitigation factor, and the project consistently works to ensure the formation of cross-functional teams, made up of Pathfinder project officers, state program managers and other implementing partners in the state for every activity related to this project. Work plans are shared and vetted by the SMOH, and all partners are carried along in the implementation process.
- During the period under review, the SMGL Program Manager participated in a 1-Day Do No Harm / Context Analysis Exposure Workshop for USAID Implementing Partners. The workshop introduced participants to the ‘Do No Harm’ (DNH) framework, to highlight its application to specific programs. Next steps on how to step down the framework to field staff of the respective implementing partners was also discussed and resolved.

3.9 Science, Technology, and Innovation Impacts

- The Merck for Mothers (MfM) Assessment Tool for Core Standards has been deployed in providing technical assistance and ensuring quality improvement at supported facilities (Both Public and PfP).
Discussions are ongoing with government stakeholders on creating and using a checklist that harmonizes the MNH components of the State ISS checklist with that of the MfM assessment tool. Outstanding agreements in finalizing the harmonized checklist include: a standard scoring system; and the inclusion of additional standards of care.
The team has also used the learning resources for QI to build the capacity of health workers. The learning resources were adapted for use in facility-based Continuing Medical Education (CME) visits.
- Mentorship app – a mentorship app is being developed to facilitate the process or mentorship across supported facilities. The mentorship app will be deployed next quarter to ease on-site mentorship exercise, ease recall, and provide real time outputs for mentor facilities and staff, thereby making the process more efficient and effective.

¹ Abt Associates’ USAID’s Strengthening Health Outcomes through the Private Sector (SHOPS) project focused on increasing availability, improving quality, and expanding coverage of essential health products and services in family planning and reproductive health, maternal and child health, HIV and AIDS, and other areas through the private sector.

- The Initiative continues to use online real-time apps for all its data collection activities. Making the process faster, as the need for a separate data entry process has been eliminated and ensuring better quality data.

4. STAKEHOLDER PARTICIPATION AND INVOLVEMENT

- The initiative prioritizes stakeholder engagement and involvement. It provides regular reports and debriefs to relevant government officials, and participates in various state-led fora. Community stakeholder engagement is also key in all community-based activities with the Initiative ensuring the active involvement of various types of community leaders and local unions.
- The MDs of private-for-profit facilities and the AGPMPN have been engaged at all stages of planning and implementation. This has ensured a high level of cooperation, impacting positively on the successful implementation of activities. This has been achieved through the quarter's program review meetings where performance data was reviewed, and MDs sensitized on activities and upcoming trainings. This has guaranteed the availability of their staff for trainings, meetings and other activities.
- The Initiative has established a sound working relationship with SOGON and NISONM. The strategic participation of these two associations in trainings, on-site CMEs / TA and supportive supervision enhances the sustainability of QoC in supported facilities.
- To ensure continued collaboration with the government, the team continued to participate in relevant state-led Partners' coordinating forum where implementing partners in the State shared updates on progress of their activities. The focus of the partners coordinating forum in the quarter under review was human resource training and capacity development by partners.
- The SMGL team participated in the USG Partners' Monthly Meetings held during the quarter. The meetings were aimed at strengthening partnership and collaboration between USAID-funded IPs through the provision of updates on ongoing projects in the State, identifying opportunities to leverage on activities / resource to avoid duplication of efforts, while aiming to achieve results with limited resources, and sharing project related challenges.

5 MANAGEMENT AND ADMINISTRATIVE ISSUES

- The program management team is made up of a state team (State Program Manager, Finance and Admin Officer, Logistics, Technical, and Monitoring and Evaluation Officers), supported by a team at Pathfinder's Abuja Country Office, providing Technical, Finance, HR, Administrative and Logistics oversight. All project activities are implemented per the donor approved work plan, and tracked using the project management and M&E plans. Quarterly and annual technical review meetings bring together all project staff, government program managers and partners to review progress, discuss challenges and chart corrective actions.

6 SUCCESS STORIES

7 LESSON LEARNED

- Coordination between state government agencies and implementing partners is critical to ensuring that there is synergy and efficient use of resources. Many IPs have similar activities in their work plans, and often there is overlap of areas of support between IPs. It is important to coordinate to make the best use of resources and avoid conflict.

9. PLANNED ACTIVITIES FOR NEXT QUARTER INCLUDING UPCOMING EVENTS

- Convene work planning meeting
- Conduct facility based data collection at the end of each quarter.
- Conduct monthly supportive supervision to facilities and CBOs
- Conduct quarterly data review meeting with head of supported facilities (Public, FBOs, Private) and CBOs in three (3) clusters
- Conduct monthly cluster data validation/collection meetings in 10 clusters.
- Conduct quarterly joint DQA with the State Government.
- Continue to support CBOs to facilitate bi-annual town hall meetings, engage community town announcers, and conduct outreach activities (using CHEWs and mentors) to promote institutional delivery services/FP and provide integrated services
- Continue to support CBOs to conduct group discussions with adolescents and youth and conduct group & one-on-one discussions in collaboration with women/adolescent/youth/artisan groups to discuss issues relating to SRH with focus on FP, PFP, and skilled birth delivery
- Conduct training for 80 PPMVs in CRS on injectables for FP and condom distribution in Yakurr, Ogoja, Ikom, and Obubra
- Continue to implement FTP activity through home visits, peer group discussions for FTMs and male partners, monthly meetings, bi-monthly review meetings, and communication support to facility providers to follow up with FTP
- Continue to support CVs for tracking and following up with FTPs, linking FTPs to community outreaches, facilitating monthly meetings, and conducting community sensitization on FTPs
- Facilitate monthly facility staff meetings to review service delivery and performance
- Finalize MNH mentorship app
- Support 6 SBAs, from 3 high-volume CEmONC sites, SMOH staff, NISONM and SMGL program staff to understudy the operationalization of setting up KMC centers in 3 standard KMC centers in Nigeria
- Conduct 5-day mop-up residential training for 28 nurses/midwives on EmONC
- Conduct mop-up residential training for 28 doctors on EmONC services
- Conduct 5-day mop-up residential training for 28 CHEWs on EmONC
- Conduct 5-day residential training for 60 health care providers in the labor ward and post-natal unit of high-volume CEmONC and BEmONC sites on comprehensive PFP services

- Conduct a 4-day mop-up training on full essential newborn care training for 56 nurse midwives in supported facilities
- Conduct a 3-day mop-up training on modified essential newborn care training for 28 CHEWs in supported facilities
- Conduct bi-monthly continuous medical education for SBAs in high-volume and high-performing CEmONC and BEmONC sites using already set curriculum
- Conduct Pilot MLSS Training Workshop in Cross River State in Collaboration with FMOH
- Provide all essential trainings as offline mobile animation videos using the mPowering platform to support refresher/step-down trainings, and also assess provider knowledge.
- Facilitate monthly midwife-led (using retired and currently employed midwives) onsite/peer-to-peer mentoring and supportive supervision to high-volume CEmONC and BEmONC sites to improve quality of MNH/FP services
- Support monthly cluster coordination/referral meetings to strengthen referrals for MNH/RH/FP services between supported facilities and other private and public facilities based on hub-and-spoke model
- Participate in quarterly LGA heads of unit meetings to discuss prompt referrals for obstetric cases
- Continue to support emergency transport system in 77 wards
- Conduct non-residential training for additional 385 TBAs on identification of danger signs in pregnancy and prompt referrals as part of strategies to increase institutional deliveries.
- Support SMOH to collaborate with UCTH/SOGON/NISONM to negotiate rural postings for resident doctors in UCTH to address HRH challenges
- Sustain partnership with NISONM and SOGON to provide technical support/mentorships to strategic facilities with high volumes and load of complicated cases
- Advocate to government stakeholders (LG Council, CRSPHCDA, SMOH and WDC) for staffing of facilities, employment of security personnel, infrastructure upgrades, funding for integrated services as well as provision of drugs, commodities and consumables.
- Provide 3-day orientation for the state Program Management Unit (PMU) on integrated supportive supervision (MNH/FP)
- Support the state to upgrade the ISS checklist to include MNH/FP service delivery and M & E component
- Support FMOH to conduct a stakeholder meeting to develop National Operational/Implementation guide on KMC
- Engage and conduct 5-day orientation for 24 mentors and 18 LG PHC coordinators on evidence-based MNH and FP interventions
- Annual workplan development & experience Sharing in CRS
- Operational plan meeting for scale-up of chlorhexidine in CRS
- Facilitate quarterly MPDSR meetings at the state level
- Support monthly MPDSR meeting at facility level (CEmONC sites)
- Conduct 3-day training for 40 HCWs and 20 CVs on SP administration and monitoring across 10 clusters in 18 LGAs
- Convene orientation/dissemination meeting of the national Sayana Press strategy to key stakeholders at the State level

- Adopt an SP strategy and develop a state work plan
- Link facilities to Sayana Press commodities through collaborations with SPHCHDA and SMOH
- Conduct inaugural state health council on health
- Conduct quarterly joint integrated supportive supervision with MDAs and CRSG
- Provide logistic support to strengthen FP TWG meetings through regular quarterly meetings
- Facilitate quarterly health partners meeting
- Leverage on FP resource team meeting to adopt SP strategy and develop a state work plan
- Conduct quarterly advocacy review meetings to review strategy and outcomes

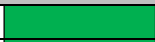






9. WHAT DO USAID / MERCK FOR MOTHERS NOT KNOW THAT IT NEEDS TO?

- Based on the continuous interactions with E2A Nigeria contact persons, there seems to be nothing that the Mission and Merck for Mothers do not know about the progress of the project.

10. HOW IMPLEMENTING PARTNER HAS ADDRESSED ACTIVITY MANAGER'S COMMENTS FROM THE LAST QUARTERLY OR SEMI-ANNUAL REPORT

- Comments received from MfM on the last quarter's report have since been addressed.

DASHBOARD

Objectives & Milestones	Timeframe	Status	Description	Challenges or Course Corrections
For each objective, list the key milestones (typically 10-20) for the full project period as per the approved work plan	Planned start and end date	On track – green Delayed* – yellow Concern / halted – red NA – not applicable	If on track: What progress has been made? If achieved, what source of evidence do you have to support the result? If delayed: What was the cause? If concern/halted: Why?	What challenges did you encounter? Were they addressed? How? What course corrections or adjustments were made? Why?
Monitoring & Evaluation, Reporting, Quality Assurance				
Conduct mop-up NHMIS training for facility M&E Officers	February 2018		Completed. Activity report available	
Data validation and collection	October 2017 – September 2018		Ongoing. Activity report available	
Quarterly Supportive supervision and technical assistance to supported facilities (public, PFP and faith-based)	October 2017 – September 2018		Ongoing. Activity reports available	
Monthly Internal data review meeting.	October 2017 – September 2018		Ongoing. Activity Report available	
Quarterly data review meeting with head of supported facilities (Public, FBOs, Private) and CBOs	October 2017 – September 2018		Ongoing. Activity Report available	
Quarterly joint DQA with the State Government	October 2017 – September 2018		Ongoing. Activity report available	
Train SMGL staff on success story documentation and result dissemination	January 2018		Completed. Activity report available	

Conduct community based assessment on roles of TBAs in maternal health and sociocultural norms and practices influencing non-institutional deliveries (Merck)	January 2018 – April 2018			
Conduct mapping, identification and selection of PPMVs (Merck)	February 2018- March 2018		Completed. Activity reports available	
Objective 1: Increase timely utilization of institutional delivery services & family planning services by reducing social, economic, and geographic barriers to seeking care				
Procure and distribute MAMA kits to supported sites for eventual distribution to expectant mothers.	Dec. 2017, May 2018		Delivery notes available	
Conduct a AFP SMART advocacy training for SMGL project staff	Nov. 2017		Activity report, Training conducted November 2017	
Facilitate bi-annual town hall meetings with key community stakeholders on uptake of integrated RMNCH services (through one-on-group activities)	Feb. 2018 – Sep. 2018		Ongoing. Activity reports available	
Engage 177 additional Community Volunteers in collaboration with WHDCs	Nov. 2017		Activity and training reports available	
Identify and engage 20 community mobilizers on health promotion and identifying danger signs in pregnancy and quick referrals (Merck)	Jan 2018- Feb 2018		Ongoing. Activity reports available	
Provide stipends to 20 community mobilizers linked to private facilities in collaboration with WHDC/CBOs	March 2018- Sep 2018		Ongoing. Activity report available	
Conduct 3-day orientation for 177 new Community volunteers and refresher orientation for 106 old CVs (to account for attrition in the old sites) on implementation of the community component of the E2A/SMGL	Nov. 2017 – Dec. 2017		Done. Activity reports available	
Support CBOs to promote and review HelloMama enrollment of pregnant women, new mothers and their gatekeepers in the community at the monthly CBO cluster review meetings.	Feb. 2018		The community registration process is yet to be fully developed by the technology partners.	
Engage community town announcers to mobilize target groups for outreaches and sensitization meetings.	Nov. 2017 – Sep. 2018		Ongoing. Activity reports available	
Conduct outreach activities (using CHEWs and mentors) to promote institutional delivery services/FP and provide integrated services targeting key events such as MNCH week and Safe motherhood day.	Nov. 2017 – Sep. 2018		Ongoing. Activity report available	

Conduct group discussions with adolescents and youth on sexual and reproductive health issues, and promote use of m4Youth SMS application as a tool to engage the adolescents and youths and maintain their SRH knowledge.	Nov. 2017 – Sep. 2018		Ongoing Activity reports	
Conduct group & one-on-one discussions in collaboration with women/adolescent/youth/artisan groups to discuss issues relating to SRH with focus on FP, PFPF, and skilled birth delivery	Nov. 2017 – Sep. 2018		Ongoing Activity reports	
Scale up Hello MAMA services to remaining 59 SMGL public sites and 28 Merck supported sites (including newly selected sites)	Feb. 2018		Done Activity reports available	
Support the state to procure and distribute safe delivery kits (MAMA kits) and other logistic support during key events like safe motherhood day and biannual MNCH week	Jan. 2018		Done. Delivery notes available	
Conduct trainings for 80 PPMVs in CRS on injectables for FP and condom distribution in Yakur, Ogoja, Ikom, and Obubura (prioritizing depth over spread)	Dec. 2017		PPMV mapping exercise report is ready. Training will commence next quarter (Quarter 4)	
Conduct training of selected PPMVs on non-prescriptive methods of FP (Merck)	March 2018		PPMV mapping exercise report is ready. Training will commence next quarter (Quarter 4)	
Convene orientation/dissemination meeting of the national Sayana Press strategy to key stakeholders at the State level	Feb. 2018		The state is still awaiting guidance from FMOH for implementation of this activity.	
Conduct training for 40 HCWs and 20 CVs on SP administration and monitoring across 10 clusters in 18 LGAs	Feb. 2018		FMOH is finalizing the training manual with support from Pathfinder	
Link facilities to SP commodities through collaborations with SPHCDA & SMOH	Feb. 2018		FMOH is in the process of developing the training manual with support from Pathfinder	
Support CBOs and CVs to promote enrolment of pregnant women, new mothers, and their gatekeepers into HelloMama at every community-based meeting and forum.	Mar. 2018 – Sep. 2018		The community registration process is yet to be fully developed by the technology partners.	
Conduct home visits to identify pregnant women, encourage ANC attendance and delivery in health facility, FP as well as postnatal follow-up/clinic attendance by ALL CVs	Nov. 2017 – Sep. 2018		Ongoing Activity reports available	

Recruit 500 FTMs and 200 male partners/husband in Ikom and Obubura LGA as part of the full FTP intervention package groups	Jan. 2018		Activity reports available	
Conduct 5-day FTP residential training for 25 engaged Community Volunteers for the full FTP package	Dec. 2017		Done. Activity reports available	
Conduct 6 home visits for each identified peer group FTM to encourage ANC attendance and delivery in health facility (as relevant), FP as well as postnatal follow-up/clinic attendance	Jan. 2018 – Sep. 2018		Activity reports available	
Create 25 FTP peer groups and conduct 14 sessions of peer group discussions that will build access to and encourage FP/PPFP, breastfeeding/child nutrition, positive parenting, post-natal care and healthy sexual and reproductive behaviors	Jan. 2018 – Sep. 2018		Activity reports available	
Conduct 3-day FTP residential training for 25 Community Volunteers on male partner sessions in Ikom and Obubura LGA	Apr. 2018		Activity reports available	
Create 10 groups of first-time fathers/male partners and conduct 6 sessions of group discussions on positive parenting, HTSP, child nutrition and maintenance of healthy sexual and reproductive behaviors in FTP intervention wards	May 2018 – Sep. 2018		Ongoing. Activity reports available	
Support FTP peer leaders to hold monthly meetings on experience sharing, data reporting and collection in Ikom and Obubura LGAs	Mar 2018 – Sep. 2018		Activity reports available	
Provide support for Community Volunteers for tracking and following up with FTMs (non-peer group members, estimate 50 per CV) in Ikom and Obubura LGAs	Feb. 2018 – Sep. 2018		Activity reports available	
Support Community Volunteers to link FTPs to community outreaches for integrated RMNCAH services in Ikom and Obubura LGAs	Feb. 2018 – Sep. 2018		Activity reports available	
Facilitate FTP monthly meetings by community volunteers on experience sharing, data reporting and collection in Ikom and Obubura LGAs	Feb. 2018 – Sep. 2018		Activity reports available	
Conduct community sensitization and leverage on town hall meetings with community stakeholders to discuss the needs of FTPs and support required	Feb. 2018 – Sep. 2018		Ongoing Activity reports	
Conduct 1-day non-residential orientation exercise for CHEWs, other facility staff and FTP CVs in supported wards on FTPs in Ikom and Obubura LGA	Feb. 2018		Activity report available	

Conduct 5-day residential training for 25 peer leaders on positive parenting skills, HTSP, child nutrition including breastfeeding and post-natal care package of FTP interventions	Feb. 2018		Activity report available	
Convene Bi-monthly review meetings for SMGL staff, consultants, CBOs and FTP CVs in supported wards	Oct. 2017 – Sep. 2018		Activity reports available	
Provide communication support to facility providers to follow up on missed ANC appointments and due date for delivery, in SMGL facilities	Oct. 2017 – Sep. 2018		Activity to commence next quarter	
Conduct a Pathfinder facility-based assessment of PFP, FBOs and maternity homes to select additional 10 facilities based on select criteria (Merck)	Jan 2018- Feb 2018		Done Activity reports	
Objective 2: Improve the quality of maternity care, institutional delivery services-including emergency obstetric and new born care & FP services				
Procure and distribute basic MNH/FP equipment to augment Project CURE support	Dec. 2017		Done. Activity report available	
Support the state to procure and distribute MNH/FP consumables (including PAC and consumables for facility-based LARCS service provision) to augment Project CURE support in high-volume and high-performing health facilities	Dec. 2017		Done. Activity report available	
Support FMOH to conduct a stakeholder meeting to develop National Operational/Implementation guide on KMC	Dec. 2017		Awaiting guidance from FMOH on the suitable dates to conduct this activity.	Follow up with the FMOH point person in view of this development
Procure and set up functional blood bank unit in additional 8 CEmONC sites	Dec. 2017		Procurement process started	
Procure and distribute reagents, and supplies on blood collection and storage-related services to 14 CEmONC sites	Feb. 2018		. Completed. Activity report available	
Engage 20 facility support staff for the CEmONC sites	Oct. 2017 – Sep. 2018		Done Activity report available	
Facilitate monthly facility staff meetings to review service delivery and performance	Oct. 2017 – Sep. 2018		Ongoing. Activity Report available	

Engage and conduct 5-day orientation for 24 mentors and 18 LG PHC coordinators on evidence-based MNH and FP interventions	Oct. 2017 – Sep. 2018		Done Activity and training reports available	
Train master mentors QI model and processes (Merck)	June 2018		The team is finalizing MNH mentorship app and will be due for roll out next quarter. Hence, training has been postponed till next quarter.	
Mentorship-based QI visits begin	July 2018- Sep 2018		The team is finalizing MNH mentorship app and will be due for roll out next quarter.	
Continue to pilot the use bubble continuous positive airway pressure (bCPAP) for airway support in 3 selected CEmONC facilities (in collaboration with MCSP)	Jan. 2018		On-going activity	
Support 6 SBAs, from 3 high-volume CEmONC sites, SMOH staff, NISONM and SMGL program staff to understudy the operationalization of setting up KMC centers in 3 standard KMC centers in Nigeria	Jan. 2018		Awaiting guidance from FMOH on the suitable dates to conduct this activity.	Follow up with the FMOH point person in view of this development
Conduct mop-up training on modified essential newborn care training for 56 CHEWs in supported facilities	Mar. 2018		Completed. Training reports available	
Conduct mop-up training on full essential newborn care training for 56 nurse midwives in supported facilities	Mar. 2018		Ongoing. Training reports available	
Conduct mop-up residential training for 56 CHEWs on EmONC	Jan 2018, Mar. 2018		Ongoing. Training reports available	
Conduct mop-up residential training for 28 nurses/midwives on EmONC	Feb. 2018, May 2018		Completed. Training reports available	
Conduct mop-up residential training for 28 doctors on EmONC services	Mar. 2018		Awaiting the LSS training curriculum to be piloted by FMOH which will be done in April	Training will hold next quarter
8 day EmONC training for PFP assessed as not competent (Merck)	May 2018		Done. Training reports available	
Conduct training for 118 HCWs in 40 new facilities (as part of the one functional PHC per ward) and 19 current SMGL facilities on LARCs/HTSP to build capacity to provide services as part of state-wide scale-up of FP services	Dec. 2017- Mar, 2018		Ongoing Training reports available	

Conduct training on YFS/Gender and rights-based approach to FP service provision for 220 HCWs in 70 current SMGL sites and 40 new facilities (as part of the one functional PHC per ward) to build capacity to provide services as part of state-wide scale-up of FP services	Jan. 2018 – Jun. 2018		Ongoing Training reports available	
Conduct residential training for 60 health care providers in the labor ward and post-natal unit of high-volume CEmONC and BEmONC sites on comprehensive PFP services	Mar. 2018		On-going. Training reports available.	
Conduct mop-up residential training for 30 SBAs (doctors and midwives in high-volume sites) on PAC	Mar. 2018		Done. Training reports available	
Conduct bi-monthly continuous medical education for SBAs in high-volume and high-performing CEmONC and BEmONC sites using already set curriculum	Oct. 2017 – Sep. 2018		On-going. Activity reports	
Advocate to FMOH and other stakeholders on incorporating Pfp into QED (Merck)	Oct 2017- Sep 2018		Activity report	
Pilot the new MLSS training curriculum in Cross River State in Collaboration with FMOH	Dec. 2017		FMOH has completed pilot without CRS, Plan is to Pilot ELSS training and this has been scheduled for July	
Provide all essential trainings as offline mobile animation videos using the mPowering platform to support refresher/step-down trainings, and also assess provider knowledge.	Jan. 2018 – Sep. 2018		Ongoing. mPowering platform is currently being developed by the digital health team.	
Objective 3: Ensure women and their newborns are provided key FP/RH/MNH health services in an integrated manner including the use of life-saving innovations & FP services; and improving linkages and referrals between private and public sector providers using a total market approach				
Facilitate monthly midwife-led (using retired and currently employed midwives) onsite/peer-to-peer mentoring and supportive supervision to high-volume CEmONC and BEmONC sites to improve quality of MNH/FP services	Oct 2017 – Sep. 2018		Ongoing	
Conduct training of CBOs and community resource persons on AYSRH friendly services, gender mainstreaming and results-based aid, targeting first-time parents.	Feb. 2018		Ongoing	
Procure and distribute FP/RH related job aids, guidelines, SOPs and IEC materials to supported facilities and CBOs.	Feb. 2018		Ongoing	
Support monthly cluster coordination/referral meetings to strengthen referrals for MNH/RH/FP services between supported	Oct. 2017 – Sep. 2018		Activity reports	

facilities and other private and public facilities based on hub-and spoke model				
Integrate 10 new facilities into cluster coordination meetings to strengthen community-facility referrals and linkages (Merck)	March 2018- Sep 2018		Done Activity reports available	
Scale-up emergency transport system in additional 37 wards hosting supported facilities (14 CEmONC wards and 23 BEmONC wards) to address delays in reaching health facilities.	Oct. 2017 – Sep. 2018		Completed. Activity reports	
Participate in quarterly LGA heads of unit meetings to discuss prompt referrals for obstetric cases.	Oct. 2017 – Sep. 2018		Ongoing. Activity reports available	
Support emergency transport system in 77 wards (40 old and 37 new) hosting supported facilities (via provision of seed funds and quarterly meetings to strengthen the system)	Oct. 2017 – Sep. 2018		Ongoing. Activity reports available	
Conduct mapping of TBAs, and link to proximal facilities (Merck)	Jan 2018- Feb 2018		Completed. Activity reports available	
Conduct non-residential training for additional 385 TBAs on identification of danger signs in pregnancy and prompt referrals as part of strategies to increase institutional deliveries.	Jan. 2018, Mar. 2018		Ongoing. Activity reports available	
Conduct and sustain advocacy visits to SMEDAN and Bank of Industry and facilitate TBAs role change activities and income generating skills acquisition training and organization into thrift societies (Merck)	July- Sept 2018	NA		
Support the scale-up of 2 concession general hospitals to provide EmONC/FP services based on select criteria	Nov. 2017		Ongoing. Facility assessment exercise concluded	
Facilitate escort services for TBAs to refer and accompany pregnant women to supported health facilities.	Oct. 2017 – Sep. 2018		Ongoing	
Support SMOH to collaborate with UCTH/SOGON/NISONM to negotiate rural postings for resident doctors in UCTH to address HRH challenges	Jan. 2018 – Sep. 2018		Ongoing. Process has commenced	
Sustain partnership with NISONM and SOGON to provide technical support/mentorships to strategic facilities with high volumes and load of complicated cases	Oct. 2017 – Sep. 2018		Ongoing. Activity reports available	
Advocate to government stakeholders (LG Council, CRSPHCDA, SMOH and WDC) for staffing of facilities, employment of security	Jan. 2018 – Sep. 2018		Ongoing Activity reports available	

personnel, infrastructure upgrades, funding for integrated services as well as provision of drugs, commodities and consumables.				
Provide technical support to strengthen partnership between We Care Solar and CRSPHCDA in the solar suitcase program	Feb. 2018		Ongoing Activity reports available	
Objective 4: Strengthen the capacity of health system to capture, evaluate, and report on birth outcomes using community and facility health information systems, strengthen essential drugs/commodity logistics systems; engage with the private sector and advocate for more state resources for sustainable FP/RH and AYSRH programs.				
Conduct non-residential FP CLMIS Training for 118 CHEWs (in collaboration with Chemonics and the PSM Project)	Jan. 2018 – Feb. 2018		Done. Activity reports available.	
Conduct quarterly joint integrated supportive supervision with MDAs and CRSG	Oct. 2017 – Sep. 2018		Ongoing. Activity Reports	
Conduct quarterly FP scale-up resource team meetings	Oct. 2017 – Sep. 2018		Ongoing. Activity Reports	
Provide logistic support to strengthen FP TWG meetings through regular quarterly meetings	Oct. 2017 – Sep. 2018		Ongoing. Activity Reports	
Facilitate quarterly health partners meeting	Oct. 2017 – Sep. 2018		Ongoing. Activity Reports	
Leverage on FP resource team meeting to adopt SP strategy and develop a state work plan	Mar. 2018		The state is still awaiting guidance from FMOH for implementation of this activity.	
Leverage on FP scale-up resource team meeting to disseminate findings of FTP formative/baseline assessment	Mar. 2018 – Sep. 2018		Done Activity report available	
Support Cross River State government to conduct inaugural state health council on health	Feb. 2018		Awaiting guidance from CRSMOH	
Convene advocacy review meetings on strategy and outcome quarterly	Oct. 2017 – Sep. 2018		Activity will commence new quarter	
Provide 3-day orientation for the state Program Management Unit (PMU) on integrated supportive supervision (MNH/FP)	Mar. 2018		Activity was delayed because the team wanted the MNH mentorship app to be concluded before the orientation exercise. Activity will hold next quarter	

Support the state to upgrade the ISS checklist to include MNH/FP service delivery and M & E component	Mar. 2018		Activity was delayed because the team wanted the MNH mentorship app to be concluded so both can be integrated	Activity to commence after the mentorship app by pathfinder has been developed
Conduct FTP Assessment dissemination and program launch in Ikom with local stakeholders	Dec. 2017		Done Activity report available	
Constitute facility MPDSR committee and provide orientation for all members of staff in 6 high-volume CEmONC sites	Jan. 2018		Done. See activity reports	
Establish and strengthen MPDSR committees in all 10 Merck supported facilities	April 2018- Sep 2018		Awaiting FMOH guidance on MPDSR processes for private facilities. Activity to commence next quarter.	
Conduct 3-day training for facility MPDSR committee in the 6 high-volume CEmONC sites	Dec. 2017		Completed. Activity reports available	
Facilitate quarterly MPDSR meetings at the state level	Oct. 2017 – Sep. 2018		On-going; Activity reports available	
Support monthly MPDSR meeting at facility level (CEmONC sites)	Oct. 2017 – Sep. 2018		On-going; Activity reports	
Support CRS to produce annual MPDSR report	Aug. 2018	NA		
Engage media consultant for SMGL success stories, photos and video documentation	Feb. 2018, Aug. 2018		Ongoing	
Objective 5: Strengthen the capacity of the MOH to engage the private sector to reach state MNH goals. (Merck)				
Engage, sensitize and secure buy-in of relevant stakeholders especially the SMOH, SPHCDA AGPMPN, NAPPMED, NANNM and the LGA health authorities	Oct 2017-Nov 2017		Ongoing. Activity reports available	
Conduct bi-annual program review meetings with key stakeholders	May 2018		Done. Activity reports available	

Picture Gallery



Figure 1: Practical demonstration during EmONC Training



Figure 2 – Participants & facilitators at the ENCC training



Staff of Pathfinder, Greater Hand Foundation & CHC Ikom with Principal and Staff of Two End Multinational High school , during the World Population Day Celebration Ikom.



HelloMama

Quarterly Report

Second Quarter – April 01 to June 30, 2018

Submission Date: July 31, 2018

Contract / Agreement Number:

Activity Start Date and End Date: Jan 01 2017 to Dec 31, 2018

COR / AOR / Activity Manager Name: Patricia MacDonald / Foyeke Oye-Adebagbo

Submitted by: Dr. Farouk M. Jega, Country Representative

This document was produced for review by the United States Agency for International development
Nigeria (USAID/Nigeria)

HelloMAMA

Quarterly Report for the Period April – June, 2018

3. ACTIVITY SUMMARY – HelloMAMA
Implementing Partner: Pathfinder International
Activity Name: HelloMama
<p>Activity Overarching Objective:</p> <p>Objective 1: To establish an operational, scalable platform that makes age- and stage-based mobile messages/content available to the target population at adequate coverage</p> <p>Objective 2: To closely collaborate with supply-side MNCH implementers and health care providers to ensure integration with existing MNCH service delivery platforms</p> <p>Objective 3: To build upon and link Hello Mama data systems with existing electronic and paper-based data collection to improve health information systems</p> <p>Implement planned research/evaluation activities</p>
USAID / Nigeria IR: Utilization of quality health service in target areas and population groups increased
Life of Activity: 10/01/16 – 09/30/18

1. PROGRAM OVER VIEW/SUMMARY

Program Name:	HelloMama
Activity Start Date and End Date:	Oct 1, 2016 – Sep 30, 2018
Name of Prime Implementing Partner:	Pathfinder International, Nigeria
[Contract/Agreement] Number:	
Name of Subcontractors / Subawardees:	
Major Counterpart Organizations	MCSP, Praekelt
Geographic Coverage (cities and or countries)	Cross River and Ebonyi States
Reporting Period:	April 1 st – June 31 st , 2018

1.1 Program Description / Introduction

HelloMama is an initiative which aims to improve health outcomes and quality of life for pregnant women, newborn children and their families in Nigeria, through a nationally scalable, locally led, and universally accessible demand generation service supported by age and stage-based mobile messaging. HelloMama is a demand generation program aimed at providing stage- and age-based pregnancy-health information to pregnant women and new mothers using SMS and IVR technology.

HelloMama is being implemented by a consortium of Partners including Jhpiego, Pathfinder and Praekelt.

2. ACTIVITY IMPLEMENTATION PROGRESS

2.1 / 2.2 Progress Narrative / Implementation Status

- HelloMama dashboard training meeting in Lagos – the dashboard meeting was organized by the technology partner, Praekelt, and took place in April. Project staff from Pathfinder, and the ministry of health, participated in the meeting. Training on navigating the Hellomama control interface was conducted followed by a session of redefining and redesigned a visualization dashboard that would provide more efficient reporting for program indicators that had emerged during implementation. At the end of the meeting, all participants are agreed on the need and specifications for a Technical and Executive dashboard that would suit the evolving monitoring requirements
- The project team is increasing efforts at sensitization, collaboration, and advocacy with key staff in CRSMOH and Ebonyi SMOH with the aim to ensure their up-to-date involvement and participation in all activities. Consequently, a one-day meeting on Sustainability was organized to

ensure that government is strategizing for the transition and ready to take over after the project closes out.

The meeting had participants with representatives from the FMOH, SPHCDA, SMOH and all partners.

- Additionally, as part of ensuring that government takes ownership of the project, the team held series of advocacy visits to the SMOH. At one of such visits, a content review meeting was organized in both CRS and Ebonyi States, to give an in-depth understanding of the HelloMama messages. The meeting had the participation of Directors of Public Health and eHealth departments, SPHCDA, RH and FP units and a few Health Workers.

All the messages from the platform (pregnancy messages to baby messages) were reviewed for full understanding and edits as necessary. The end of the meeting produced a unanimous agreement of the usefulness of the messages, with participants fully conversant with the messages going out to Mothers. Consensus feedback from the meeting was:

- Some messages require slight changes. These messages have been noted and the team would document these changes for future reference
 - It is critical for the HelloMama team to have a more active and engaging presence in the State through its advocacy visits following the succession plans.
-
- A quarterly review meeting was held to review the registration process for all 66 sites in 6 clusters (Ikom, Yakurr, Obubra, Obudu, Ogoja, Calabar) in CRS.
Matters that were discussed by the participants included issues with the registration process, with health workers sharing innovative ways for successful registrations at their various facilities.
The meeting included discussions on strategies for addressing observed gaps, areas for improvement, and innovations for sustainability.
As part of its commitment to take ownership of HelloMama, the SMOH was represented and fully participated in all clusters of the meeting.
At the end of the meeting it was agreed that moving forward, SMOH would:
 - Organize all other review meeting with support from partners.
 - Finalize the digital Health State budget and pass it for approval.
 - Provide support to facility Health Workers on the registration process also be a first line support to the Health workers
-
- A missed call service feature has been translated and recorded in Igbo and pidgin. This is to enable the clients 'flash' the line (55500) whenever they miss their call, and that would trigger a call back. This additional feature was pretested by the team in Cross River and Ebonyi States with some of the HelloMama beneficiaries (pregnant women and new mother) in the facilities and at their homes. Some needed changes were noted and documented. These changes have subsequently been recorded and forwarded to Preakelt to carry out the required updates.
-
- Additionally, a script for community enrolment into the HelloMama has been finalized and forwarded to Praekelt to carry out the required system upgrade.

- Baseline data for the Hellomama study has been cleaned and analyzed. The report has also been send to USAID

2.3 Implementation Challenges

- High rate of rejected calls: Although the number of answered calls has improved, a lot of the subscribers are still rejecting the calls. Proper sensitization of subscribers during registration is being done to reduce this occurrence.
- Registration process still not as seamless: Health Worker still have issues with the registration, sometime due to network challenges thereby causing invalid registrations.

2.4 M&E Plan Update

None this quarter

3. INTEGRATION OF CROSS CUTTING ISSUES AND USAID FORWARD PRIORITIES

3.1 Gender Equality and Female Empowerment

3.2 Sustainability Mechanisms

3.3 Environmental Compliance

3.4 Youth Development

3.5 Policy and Governance Support

3.6 Local Capacity Development

3.7 Public Private Partnership (PPP) and Global Development Alliance (GDA) Impacts

3.8 Conflict Mitigation

3.9 Science, Technology, and Innovation Impacts

4. STAKEHOLDER PARTICIPATION AND INVOLVEMENT

- HelloMAMA continues to work closely with all stakeholders. This has helped to engender ownership and ensure the smooth running of the program. It is hoped that this would also ensure a seamless transition to government at the end of the program. The mediation from the Commissioners for Health and Telecommunications when needed for negotiating with mobile operators was only possible because of this purposefully cultivated relationship.

5. MANAGEMENT AND ADMINISTRATIVE ISSUE.

6. LESSONS LEARNED

7. PLANNED ACTIVITIES FOR NEXT QUARTER INCLUDING UP COMING EVENTS

- Close out Meetings with Health Workers: following communication from USAID to stop registration July 31 2018, the team is planning a close out meeting to duly information the Health Workers also discuss next steps with SMOH.
- Development of State eHealth policy and strategy for Cross River states: All implementing partners have been Working with FMOH to develop an E-Health policy for the state. This is still in progress and would be finalized and shared in August 2018

8. WHAT DOES USAID NOT KNOW THAT IT NEEDS TO?

- Based on the continuous interactions with the project, there seems to be nothing that the Mission does not know about the progress of the project.

9. HOW IMPLEMENTING PARTNER HAS ADDRESSED A / COR COMMENTS FROM THE LAST QUARTERLY OR SEMI-ANNUAL REPORT

- No comments were received from the USAID AOR/Activity Manager on the last quarter's report

Appendix

Performance Indicators for	Quarterly status FY 2018 (CRS only)			Total Annual Actuals
	Q1	Q2	Q3	
Number of pregnant women newly enrolled for Hellomama messages	1887	2265	2490	6642
Number of gatekeepers newly enrolled for Hellomama messages	1024	1346	1211	3581
Number of health facilities enrolling subscribers for the Hellomama service	20	58	62	62
Number of health workers trained to enroll women for Hellomama services	0	94	0	94
Number of health workers that registered women during the reporting period	31	53	97	97

Picture Gallery



Figure 1&2: Content review meeting held with Ministry of Health staff in Cross River & Ebonyi