

Rural Health Mission Nigeria

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Mission: Our mission is to provide basic healthcare services to those living in rural or hard-to-reach communities including underserved areas. Our mission also covers social needs and humanitarian services during and after crisis or community conflicts.

Vision: Our vision is to see every community in Nigeria with uninterrupted access to basic healthcare services and enjoy essential social needs and RHEMN leading the way to universal health coverage.

Bank Details

Bank Name: Zenith Bank PLC
Account Name: Rural Health Mission Nigeria
Account Number: 1015085004
Swift Code: ZEIBNGLA

RC - 95948



Founded

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PROJECT PROPOSAL

1.1 Brief description of the organization

RHEMN is a registered nonprofit organization that focuses on providing access to essential healthcare services in rural and hard-to-reach communities. We are passionate about influencing public health policies and health system management that supports equal distribution of health services especially in the neglected communities.

GENERAL INFORMATION ON THE PROJECT

2.1 Project overview

Project Title: Comprehensive lifesaving intervention for pregnant women and under-five children in Gombe State

Project Duration: Six months (January, 2018 - June, 2018)

Project location: Underserved communities in Gombe State

Benefiting community: Gombe and Akko LGAs

Project coordinator: Muhammad Adam

Country: Nigeria

City: Gombe

State/Province: Gombe	Phone Number:
LGA: Gombe	Email:

PART III - DETAILED INFORMATION ON PROJECT PROPOSAL

3.1 Background

Every single day, Nigeria loses about 2,300 under-five year olds and 145 women of childbearing age on pregnancy/delivery complications including peri-partum infections and post-partum hemorrhage. Infections occur mainly as a result of contamination from an unclean environment and harmful delivery practices including the use of unclean materials during delivery.

Similarly, 1 out of every 13 women in Nigeria die due to childbirth and only 40% of deliveries in rural Nigeria are supervised by trained health personnel or conducted in a health facility. These problems outlined above makes the country the second largest contributor to the under-five and maternal mortality rate in the world. Underneath the statistics lies the pain of human tragedy, for thousands of families who have lost their children. According to research, essential interventions reaching women and babies on time would have averted most of these deaths.

Despite interventions by government and other stakeholders, there are still major gaps in health services delivery more especially in the area of basic and comprehensive obstetric services and essential child health services to address malnutrition, preventable and treatable disease.

Comprehensive lifesaving intervention is a 6 months scalable pilot project which provides essential interventions at the primary healthcare levels. The project focuses on the need to support local health facilities to address the huge manpower gaps and strengthen their capacity through mentoring, training and provision of basic medical supplies.

We will train 1000 village health workers on lifesaving skills and management of third stage of labour, distribute 1000 clean birth kits, single dose antimalaria, high quality micronutrients for pregnant women and misoprostol tablets to prevent PPH after delivery.

General project objective

To contribute to the reduction of excess morbidity and mortality in underserved communities, through strengthening health services and intervention capacity at the primary healthcare levels in Gombe state.

3.3 Specific objectives

The above can be achieved through the following strategic objectives:

- To scale up health services and intervention capacity at the local facilities in the project area to ensure that 60% of those facilities are able to offer essential health services by end of June 2018.
- To ensure access to and delivery of quality lifesaving obstetric and child healthcare services through restoration and expansion of efficient health care services to the target communities, with particular focus on the most vulnerable group.
- To strengthen early warning diseases surveillance, information management and epidemic response among rural communities and vulnerable groups through existing surveillance system

- To improve and expand the overall health coordination mechanism at LGA level for better coordination of health intervention activities in the project communities.

3.4 The Strategy and activities

1. To ensure access to and delivery of quality lifesaving obstetric and child healthcare services through restoration and expansion of health care services, with particular focus on the most vulnerable group.

Activities

- a) Strengthen or re-establish primary health centers in the selected LGAs including provision of basic equipment and related supplies to deliver essential health services package, including providing reproductive health services and family planning
- b) To conduct real time assessment for health facilities and available obstetric services, and document critical needs and design appropriate strategies to ensure health gaps are filled
- c) To conduct school health services in 100 selected schools including almajiri schools with high demand to distribute antimalaria, albendazole, vitamin A supplement and ITNs.
- d) Support and facilitate timely referral of complicated labour and other obstetric emergencies to appropriate secondary facilities within the state
- e) Advocate greater provision of obstetric healthcare and other life-saving health care services in the target communities
- f) Mobilize support for the restoration of local health facilities through provision of essential equipment and personnel in the project communities
- g) Ensure regular supply of essential medicines to avoid shortage of essential drugs
- h) Conducting medical outreach through mobile and fixed health units in areas where health facilities are not functioning.
- i) Support the provision of mental health and other Non Communicable Disease in the affected population
- j) Deploy short term volunteer health workers in facilities with high manpower demand to provide routine ANC services to improve the access and availability of health services
- k) Organize refresher training for community health workers on lifesaving skills and management of active third stage of labour.

2. To strengthen health services and intervention capacity at the local facilities in the target area to ensure availability of essential drugs and medical supplies in all the target communities

Activities

- a) Procure and distribute drugs/medical supplies such as clean birth kits, misoprostol tablets, single dose antimalarials, pre/postnatal supplement, albendazole, vitamin A, ITNs etc and provide logistics to transport equipment and drugs to the target communities.
- b) Support the deployment of short-term volunteer health workers in the selected cluster facilities.
- c) Train 1000 village health workers on basic lifesaving skills to encourage safe birth practices.
- d) Conduct weekly antenatal and post natal services at the community health facilities
- e) Consolidate and map health resources availability including functionality of health facilities and the available services, including obstetric health services
- f) Organize technical meetings with health authorities and other partners to review/adapt health intervention guidelines and protocols at the primary level.

3. To strengthen early warning diseases surveillance, information management and epidemic response among the vulnerable groups through existing surveillance system

Activities

- a) Enhance early warning surveillance activities in all the target communities
- b) Scale up community based surveillance system on detecting and reporting cases and deaths related to maternal problems occurring in the target communities.
- c) Enhance the capacity of community health workers to detect, verify, and respond to public health events through training and mentoring on disease surveillance, laboratory techniques and community surveillance
- d) Improve timeliness and completeness of health facilities reporting to local, state and national levels through regular supervision visits and mentoring
- e) Support verification of health events, outbreak response and rapid health assessments and containment of outbreaks
- f) Enhance health tracking and communicable disease surveillance in areas of concern by supporting/strengthening the detection of, response to and containment of epidemic-prone diseases.
- g) Support documentation (patient monitoring and tracking) for chronic care including HIV, TB and NCD's among women and children
- i) Produce weekly epidemiological and health situation reports and disseminate to all stakeholders including health authorities, donors and health partners
- j) Support and provide technical support to measles, meningitis and oral cholera vaccination campaigns as a measure to prevent epidemic disease
- k) Deploy short-term public health officers, epidemiologists, data/information manager and technical officers to target facilities
- l) Maintain payment of allowance for volunteer ANC staff for antenatal services, other staff to support health coordination, communication/information management, logisticians and response activities.

4. To improve and expand the overall health coordination mechanism at the local levels for better coordination of health intervention activities in target communities

Activities

- a) b) Support the local task force to better coordinate with partners on health intervention activities in target communities.
- b) Advocate the greater participation of all health partners in monthly review meetings.
- c) Provide regular technical support to the intervention plan
- d) Support regular monitoring and support supervision of the public health activities in the target communities
- e) Provision of the technical guidelines and protocols to track the use and distribution of clean birth kits, misoprostol tablets and ITNs in all the target communities.

3.4 Monitoring and evaluation

The successful implementation of the proposed project will depend on availability of required inputs (funds, personnel, supplies etc) which are needed to ensure that the right processes (services, procurement, training, technical support, development of scale-up plans etc) take place and result in the right outputs and outcomes. Rural Health Mission Nigeria through her M&E team will monitor project performance and achievements at all levels of project implementation to determine whether the project objectives and expected outcomes have been met (in terms of scope, timeliness, quality, equity, and cost). A number of tools and methods will be used to monitor the delivery of health services, coordination, disease surveillance and other project components.

A data collection system will be designed and implemented with technical support from the LGA Monitoring and Evaluation (M&E) team. The end of project performance report will provide up to-date summary of progress contained in the reports and identify challenges and success stories, providing revised target. All stakeholders to monitor progress, review actions and determine gaps for corrections. This will assist in tracking outcomes, output and challenges of the project. The Planning session will assess the progress of work for effective implementation. Lessons and learning generated during the implementation will facilitate vital decision making for better result.

3.5 Expected outcome

The project success will be measured by the following indicators;

Project objectives	Expected result	Verification of result
<i>To ensure access to and delivery of quality lifesaving obstetric and child healthcare services through restoration and expansion of health care services, with particular focus on the most vulnerable group</i>	<ul style="list-style-type: none"> Percentage of pregnant women and vulnerable children accessing basic health services Availability of essential obstetric services in the target communities Number of village health workers trained within 6 months Percentage of facility births and Number of ANC providers and community health workers trained and deployed Number of functioning health facilities in the target communities Number of children vaccinated against measles Number of facilities providing basic/comprehensive obstetric services and routine immunization services 	<ul style="list-style-type: none"> Health facility registers Assessment reports Weekly/health bulletin copies Outbreak investigation reports Training reports Copies of reporting form for epidemiologists Mass campaign and evaluation reports
<i>Strengthen health services and intervention capacity at the local facilities in the target area to ensure availability of medical supplies in all the target communities</i>	<ul style="list-style-type: none"> Emergency structure and administrative services in places Availability of medical supplies including; clean birth kits, ITNs and other equipments and essential drugs distributed in all the project area Adequate transportation means available in the field Ware housing space expanded and available for use 	<ul style="list-style-type: none"> Way bills, logistics ledgers, stock cards in the field Requisition registration numbers Number of functional vehicles Performance contracts
<i>To strengthen early warning diseases surveillance, information management and epidemic response among the vulnerable groups through existing surveillance</i>	<ul style="list-style-type: none"> Availability of surveillance tools and disease specific guidelines 90% of all outbreak alerts investigated within 48 hours Functioning early warning surveillance sites in target communities Cases Fatality Rate as indicator of effective epidemic management at the facility Attack Rate as an indicator of effective 	<ul style="list-style-type: none"> Event log Laboratory database Outbreak investigation report Distribution plans for tools and guidelines Minutes of review meetings

<i>system</i>	epidemic control <ul style="list-style-type: none"> • Number of weekly surveillance bulletins produced and disseminated • Surveillance officers in place in high risk areas within the target communities • Reduced turnaround time for specimen analysis 	
<i>To improve and expand the overall health coordination mechanism at the local levels for better coordination of health intervention activities in target communities</i>	<ul style="list-style-type: none"> • Weekly health bulletin and surveillance produced and disseminated • Data manager in place to support the response activities • Epidemiologist deployed to support response in target communities • Finding form the regular assessment summarized and shared with field offices • All health events and outbreaks verified within 48hours • 1000 birth health attendants trained on emergency response procedures across the selected LGAs in Gombe state 	<ul style="list-style-type: none"> • Minutes of coordination meetings • Assessments reports • OPD records/data and service delivery updates • Focal point stationed at each LG level • Training reports

3.6 Sustainability Plan

The village health workers that are trained under this scheme will serve as permanent service providers to the selected communities thereby strengthening the primary health care service in terms of manpower gaps in the community. At the ANC, women groups will be created where they will be contributing stipends on each ANC visit as their emergency preparedness savings to cover any form of emergency to address financial constraints. All the health facilities in the target communities will be supported with basic equipments to improve its capacity to provide essential health services.

3.7 Project management

The RHEMN project management team will recruit and deploy the project implementation team headed by the project coordinator.

Team list

Personnel	Total number	Responsibility	Hours/week
Project coordinator	1	Oversee the implementation	24 hours
M & E officer	1	Monitoring and evaluation	24 hours
Research assistant	1	Data analysis & management	24 hours
Technical officer	1	Training and education	48 hours
Epidemiologist	1	Disease surveillance	24 hours
LGA coordinators	4	Project coordination	48 hours
Field supervisors	4	Field supervision	48 hours
ANC Service providers	40	Project implementation	48 hours

3.8 Financial implication

S/ N	ITEMS	UNIT	QUANTITY	UNIT PRICE	TOTAL
A. Supplies/commodities/equipment/transport					
1	Set of clean birth kits	Packs	1000	₦3500.00	₦3500000.00
2	Misoprostol tablets	Sachets (3 tabs)	1000	₦450.00	₦450000.00

3	Insecticide treated nets (ITNs)	Pieces	2000	₦1200.00	₦2400000.00
4	Coartem tablets (120/20mg)	Sachets (6 tabs)	2000	₦250.00	₦500000.00
5	Coartem tablets (120/20mg)	Sachets (12 tab)	2000	₦350.00	₦700000.00
6	Coartem tablets (120/20mg)	Sachets (24 tab)	2000	₦450.00	₦900000.00
7	Fansidar tablets	Tins (1000 tabs)	50	₦7500.00	₦375000.00
8	Malaria RDT strips	Packs (25 pcs)	200	₦1000.00	₦200000.00
9	High quality micronutrients	Tins (180 tabs)	2000	₦1800.00	₦ 3600000.00
10	Albendazole tablets (200mg)	Tins (1000 tabs)	50	₦4000.00	₦200000.00
11	Albendazole tabs (400mg)	Tins (1000 tabs)	50	₦2000.00	₦100000.00
12	Vitamin A caps (100,000IU)	Tins (500 caps)	50	₦2500.00	₦125000.00
13	Vitamin A caps (200,000IU)	Tins (500 caps)	50	₦2500.00	₦125000.00
14	ORS plus	Packs (3 sachet)	2000	₦210.00	₦420000.00
15	Zinc tabs	Sachets (10 tab)	2000	₦50.00	₦100000.00
TOTAL					₦13,695,000.00
B. Personnel (staff, consultants, travel)					
1	Project coordinator	1 person/month (1 x 6)	1 person	₦250000.00	₦1500000.00
2	M & E Officer	1 person/month (1 x 5)	1 person	₦200000.00	₦1250000.00
3	Research assistant	1 person/month (1 x 5)	1 person	₦120000.00	₦600000.00
4	LGA coordinator	1 person/month (4 x 6)	4 person	₦120000.00	₦2880000.00
5	Field supervisor	1 person/month (4 x 6)	4 person	₦100000.00	₦2400000.00
6	ANC providers	1 person/month (40 x 6)	40 person	₦50000.00	₦2000000.00
7	Epidemiologists	1 person/month (1 x 6)	1 person	₦100000.00	₦600000.00
8	Technical officer	1 person/month (1 x 4)	1 person	₦100000.00	₦600000.00
9	Staff travel (tickets, per diem etc)	1 person/month (1 x 6)	53 person	₦5000.00	₦1590000.00
TOTAL					₦13,420,000.00
C. Operational Activities					
1	Training village health workers on lifesaving skills	200/LGA (1x5)	1000	₦6500.00	₦6500000.00
4	Logistics, warehousing and transport for supplies	LGA/month (1x6)	5 LGA	₦50000.00	₦1250000.00
5	Outbreak investigation and response (measles, meningitis, cholera and others)	LGA/month (1x6)	5 LGA	₦20000.00	₦600000.00
TOTAL					₦8,350,000.00
D. Emergency fund for referral and comprehensive obstetric services such as cesarean session.					
1	Ambulance or Transport stipend to facilitate referral	LGA/month (1x6)	5 LGA	₦50000.00	₦1250000.00

2	Surgical fees (Cesarean section)	LGA/month (1x6)	5 LGAs	₦50000.00	₦1250000.00
3	Patient maintenance in the referral hospitals	LGA/month (1x6)	5 LGAs	₦50000.00	₦1250000.00
TOTAL				₦3,750000.00	
E. Monitoring and evaluation					
1	Internal Project Monitoring and Reporting	Per month x 6	5 LGAs	₦50000.00	₦1250000.00
F. Other Direct costs					
1	Communication	Per month x 6		₦20000.00	₦120000.00
2	Office stationeries/supplies	Per month x 6		₦10000.00	₦60000.00
3	Hiring vehicle	Per month x 6		₦100000.00	₦600000.00
TOTAL				₦780,000.00	
GRAND TOTAL				₦40,995,000.00	

3.9 Funding sources

Name of contributor	Item/cash	Total contribution
RHEMN Members and partners	Cash and medical supplies	₦9,545,000.00
Vitamin Angels Foundation	Medical supplies	₦ 4,150,000.00
GlobalGiving (Online fundraising)	Cash	₦1,800,000.00
Donate-NG (Online fundraising)	Cash	₦2,500,000.00
Fundraising lunching (in 5 LGAs)	Logistics & others	₦10,000,000.00
Other funding sources	Logistics, cash & supplies	₦13,000,000.00