



PROGRESS REPORT

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1.0 EXECUTIVE SUMMARY

The Lifesaving Intervention Project is designed to locally assemble and distribute Lifesaving Birth Kits and train home health volunteers to counsel pregnant women on birth preparedness and complication readiness. This project aims to reduce maternal, child and neonatal mortality by preventing intra-partum sepsis and ensuring healthy pregnancy through supplemental nutrition. It is typically implemented in the remotest hard-to-reach communities to ensure access to quality maternal, child and neonatal care services.

This project received funding support from World Connect (a US base organization) in Early January 2020 and the implementation commenced in February 2020. As the first component of the project, 47 home health volunteers were trained in Kabri, kara and Chana communities. In March about 300 lifesaving kits were assembled and it was launched in Kabri on March 17, 2020. Distribution of the birth kits commenced in all the 3 identified health facilities in the 3 communities.

To date, the home health volunteers have counselled and referred over 700 pregnant women to commence antenatal visit and out of it, almost 200 have successfully delivered in the healthcare facilities using the lifesaving kits. There is a significant reduction of birth related mortality recorded in the 3 communities since the inception of this project.

In addition, as part of the project, we have also supported the over 700 pregnant women with 6 months doses of antenatal medication and dewormed over 2000 under five children in the communities.

It is exciting to report that, PHC facility in chana community which has not been functional for the past 2 years is now functional, conducting ANC service apparently due to continuous counselling of pregnant women by home health volunteers in the community and the availability of antenatal medication and lifesaving kits supported by this project.

The project is smoothly going on without any major challenge

2.0 KEY ACTIVITIES

Activity	Date executed
Assembly of 300 Lifesaving birth kits	February, 2020
Focused group discussion with birth attendants	February, 2020
Training of home health volunteers (HHV)	March, 2020
Launching the distribution of lifesaving kits	March 18, 2020
Monthly review meeting with community stakeholders	May 2020 (Last meeting).
Weekly monitoring visit to the 3 PHC facilities	Done weekly
Distribution of Lifesaving kits	Ongoing

2.1 Distribution of Lifesaving kits and Antenatal drugs

PHC Facility	Item	Total supplied	Total Used	Balance
PHC Kabri	Lifesaving Kits	100 kits	93	7
	Prenatal Supplement	100 tins (18000 doses)	90 tin	10
	Vitamin A Supplement	10 tins (5000 doses)	8 tin	2
	Deworming tablet (albendazole)	10 tins (10,000 doses)	9 tin	1
	Infant Nutrition (plumpy nuts)	2 Carton (300)	295	5
PHC Kara	Lifesaving Kits	100 kits	76 kits	24
	Prenatal Supplement	100 tins (18000 doses)	85 tins	15
	Deworming tablets (Albendazole)	10 tins (10,000 doses)	6 tins	4
	Vitamin A supplement	10 tins	5 tins	5
	Infant Nutrition (plumpy nuts)	2 carton (300)	300	0
PHC Chana	Lifesaving Kits	100 kits	6	96
	Prenatal supplement	100 tins (18000 doses)	6	94
	Vitamin A Supplement	10 tins	2	8
	Deworming tablet (albendazole)	10 tins	1	9
	Infant Nutrition (Plumpy nuts)	2 carton (300)	141	159

3.0 PROJECT IMPACT REPORT

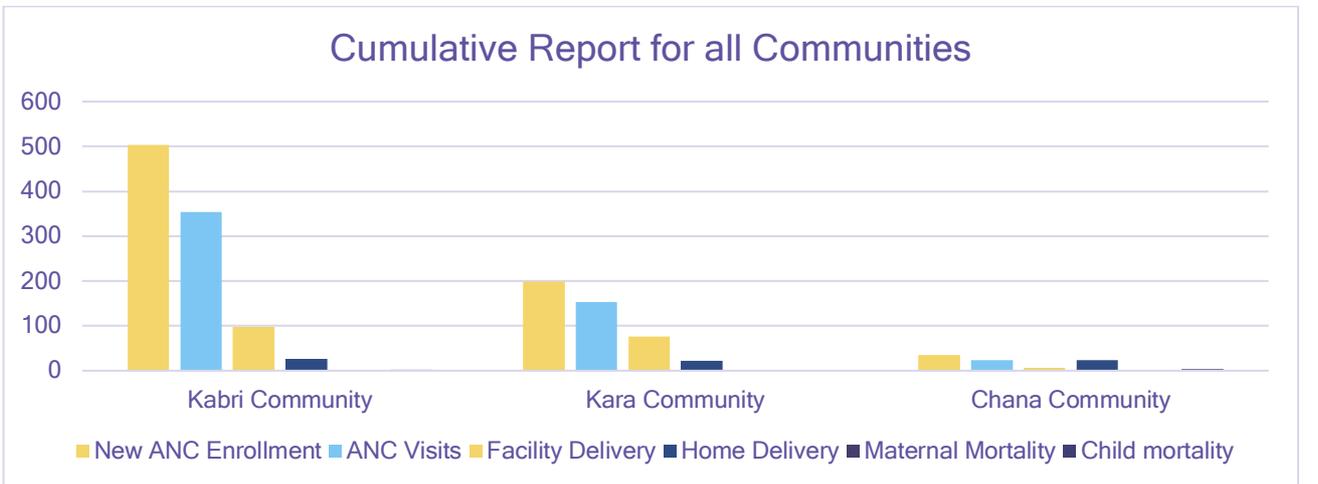
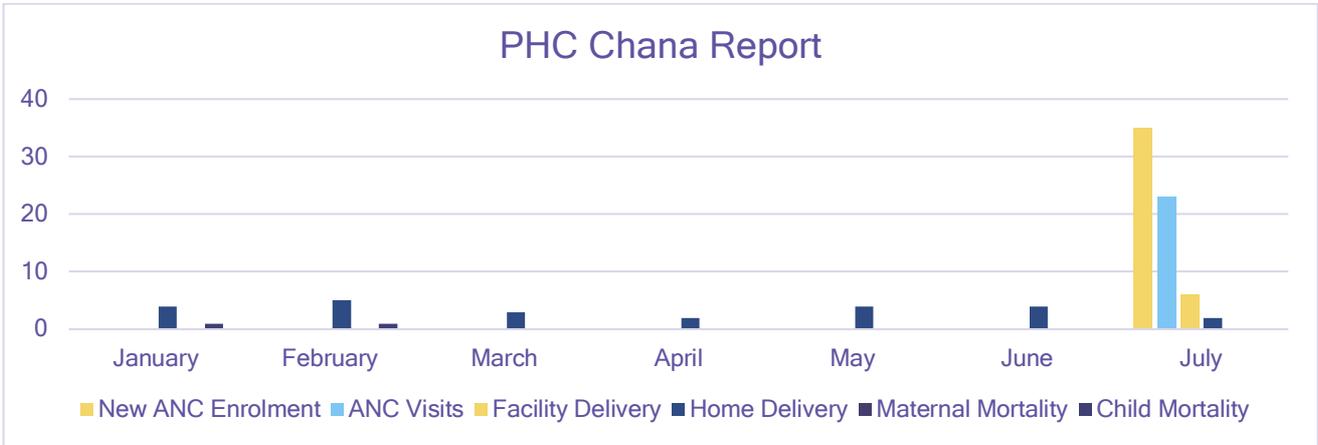
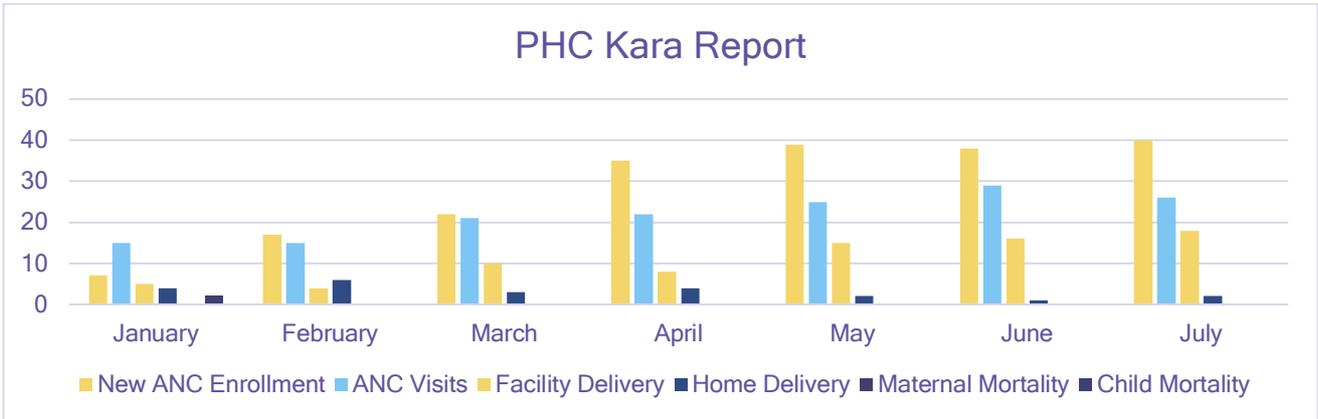
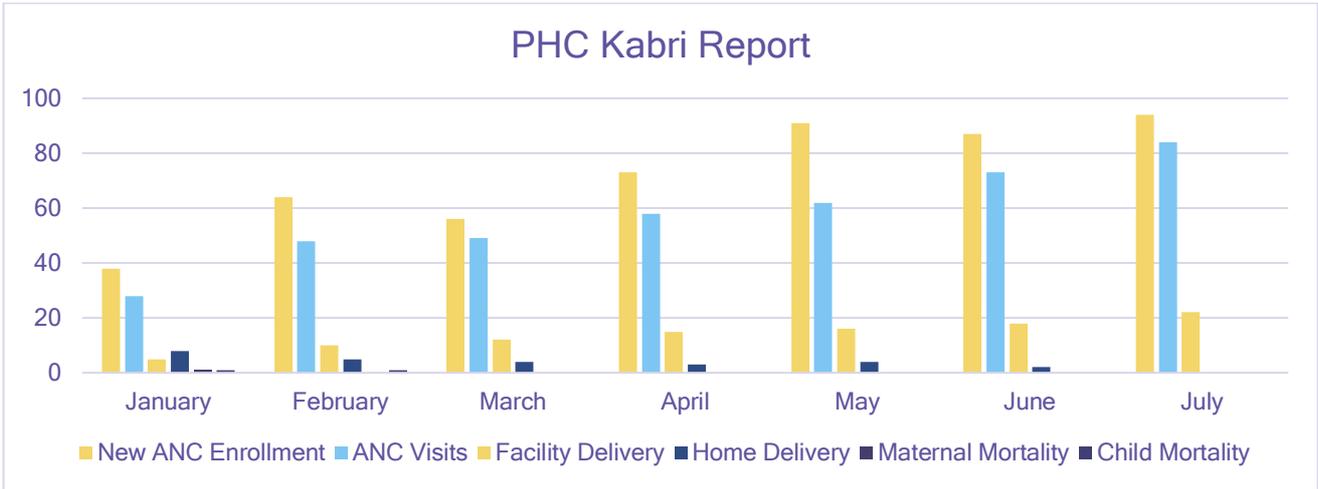
This impact report covers the baseline data collected a month before the commencement of the “Lifesaving Intervention Project” in the communities. The data was collected from PHC Kabri, Chana and Kara communities from the month of January 2020 to June 2020. The Lifesaving project fully started in March 2020. January and February data were included in the report to compare and fully understand the impact of the project in the community.

3.1 Method of data collection

- There are 47 trained home health volunteers who were previously traditional birth attendants in the communities. They provided data on the number of home deliveries they have assisted and those assisted by family members before the lifesaving intervention project commenced.
- The clinic register was used to collect other data

3.2 The Impact Report by Community

PHC Facility/Community	Activity	Pre-project Period		Project Period					
		Jan.	Feb.	Mar.	Apr.	May	Jun.	July	Total
PHC Kabri (Kabri Community)	No. of new ANC enrolment	38	64	56	73	91	87	94	503
	No. of ANC visits	28	48	49	58	62	73	84	354
	No. of facility delivery	5	10	12	15	16	18	22	98
	No. Home deliveries	8	5	4	3	4	2	0	26
	No. of Maternal mortality	1	0	0	0	0	0	0	1
	No. child mortality	1	1	0	0	0	0	0	2
PHC Kara (Kara Community)	No. of New ANC enrolment	7	17	22	35	39	38	40	198
	No. of ANC Visits	15	15	21	22	25	29	26	153
	No. of facility delivery	5	4	10	8	15	16	18	76
	No. of home delivery	4	6	3	4	2	1	2	22
	No. of Maternal mortality	0	0	0	0	0	0	0	0
	No. of child mortality	0	0	0	0	0	0	0	0
PHC Chana (Chana Community)	No. of New ANC enrolment	0	0	0	0	0	0	35	35
	No. of ANC visits	0	0	0	0	0	0	23	23
	No. of facility delivery	0	0	0	0	0	0	6	6
	No. of home delivery	4	5	3	2	4	4	2	24
	No. maternal mortality	0	0	0	0	0	0	0	0
	No. of child mortality	1	1	2	0	0	0	0	4



3.0 FOCUSED GROUP DISCUSSION

Focused group discussion was conducted with traditional birth attendants in the 3 communities (Kabri-song, Kara and chana) to ascertain their knowledge on clean birth practices and other birth practices that impact birth outcomes in the communities. A total of 30 traditional birth attendants participated in the FGD; 10 from each community.

3.1 Selection of participants

Participants were identified by the community leaders through the community development committees. Names were verified by the community health workers and the RHEMN field staff before an individual was included in the FGD. Ten participants were selected from each community

3.2 The discussion

Discussion was facilitated by the project coordinator who is also a community health officer in the local government and has been working in the community for the past 15 years. Discussion was recorded on a tape and each participant was given an opportunity to contribute to the discussion. Each community had their FGD separately in their community on separate days and each discussion lasted for about 1 hour. The FGD was analysed using participant's written testimonies and voice recordings extracted from the tape.

4.0 SPECIAL REPORT ON PHC CHANA

4.1 Background;

Chana is a small village in Kabri ward of Sardauna LGA area with an average population of 10,000 surrounded by about 15 cluster villages. These community is accessible by many villages in terms of roads and it has the potential of becoming a trading community for local businesses. Despite its central role serving several villages, its only primary healthcare facility is completely neglected and rendered non-functional forcing residents including pregnant women, elderly and children seek healthcare elsewhere putting their lives in serious danger. Pregnant women in this community trek an average distance of 20km to Kabri-song barki or about 50km to Warwar general hospital just to access antenatal services. Comparative data from the focused group discussion conducted in Kabri-song, Chana and Kara communities shows that occurrence of maternal mortality in chana village is twice as its occurrence in Kara and Kabri-song where their health facilities are functional rendering basic services. In addition, about 90% to 95% of pregnant women in this community doesn't attend ANC and 95% of them deliver at home.

4.2 Findings

When this project was about to begin, the RHEMN project team independently carried out an investigation on why the community's only primary healthcare facility was not rendering services. The following were the findings.

1. According to the Chana community development committee, the current building used as the PHC facility was donated by one honourable Abel Peter Diah (Member representing Mbamnga state constituency at the Taraba state house of assembly)
2. The Chana CDC confirmed that the clinic has not been open to services for over a year.
3. It was confirmed from the LG PHC official that one Mrs Obidia Njindick is a staff of the LG officially posted to Chana PHC as a community health worker.
4. Mrs Obidia confirmed her status in the facility but claimed that certain committee members of the PHC allegedly stopped her from working in the facility even though the clinic committee members denied the allegation.
5. Chana CDC claimed the management of the clinic was politicized by the political allies of Hon Abel Peter Diah.

4.3 Actions Taken

1. The RHEMN project team appealed to the LG PHC department through its representative at the launching of the Lifesaving project in kabri, seeking for intervention to resolve all matters regarding the health facility to serve the purpose which it was established
2. The team had several meetings with the community development committee and it was resolved that the committee will henceforth oversee the activities in the health facility.
3. The LG PHC department will henceforth take full responsibility of staff posting and supervision

4.4 Outcome

It is a great news to report that the clinic has resumed services including antennal care and over 100 pregnant women have already been enrolled for ANC services in the facility within the past 2 months.

5.0 CHALLENGES & RECOMMENDATIONS

5.1 Challenges

1. Difficulties in accessing the communities due to poor road network
2. Lack of adequate staff at the PHC facilities providing ANC services
3. Lack of commitment from some community development committees
4. Poor supervision of the PHC facilities
5. Delays in submitting weekly and monthly report by the field team

5.2 Recommendations

1. Submit a written complain to the PHC Department regarding PHC chana reopening
2. Regularly visit all the three health facilities to support their services
3. Hold monthly review with the community development committees
4. Work very closely with the LG to reopen PHC Chana for ANC services
5. Support the field team with transport stipend to regularly visit the health facilities for data collection

5.3 Conclusion and Next steps

The project is currently is going on smoothly with remarkable achievement. All the healthcare facilities are rendering basic healthcare services with increased patient turn up.

The project is currently in its 6th month of implementation and more than half of the lifesaving kits has been distributed to pregnant women.

In the next 6 months, will continue to collect data on the distribution, utilization and the impact of the lifesaving kits on delivery outcomes in the communities.

6.0 PHOTO GALLERY



Follow the Link below to view more photos

View: https://drive.google.com/drive/folders/1vDGs1YIG_PpCp8dV28tQeDung1otEam0?usp=sharing

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07/31/2020