

## 2022 SPHEC-MCH Project Report



**TY DANJUMA**  
FOUNDATION  
....touching lives every day



Nigerian  
Breweries

**Project Title:** Strengthening Primary Health Care System for an Improved Maternal and Child Health (SPHEC-MCH) Project

**Project location:** Kaduna State, Nigeria

**Contact Address:** No. 38 Gwari Avenue, Barnawa Kaduna, Kaduna State

Email: [info@farof.org](mailto:info@farof.org)  
[www.farof.org](http://www.farof.org)



# Strengthening Primary Health Care System for an Improved Maternal and Child Health (SPHEC-MCH) Project in Nigeria.

**Freehearts Africa Reach Out Foundation (FAROF)  
2022 Project Report**

## TABLE OF CONTENT

Acknowledgement.....	2
Project Background.....	2
Introduction & Overview of the Project.....	3
Project goals and objective.....	4
About FAROF.....	5
Advocacy.....	7
Sensitization meeting.....	13
Handover of Emergency Transport System (ETS).....	15
Emergency Maternal Obstetrics Neonatal Care (EMONC) training for healthcare workers in Kaduna State.....	16
One day sensitization/training of volunteer NURTW drivers.....	18
TY Danjuma Team Visit.....	20
Quarterly stakeholder Reflection/Review Meetings.....	21
Distribution of delivery Kits.....	22
Monthly data collection.....	23
Referrals.....	31
Utilization of Emergency Transport System (ETS).....	32
Distribution of longlasting insecticidal nets (LLIN).....	33
short impact story.....	34
What unexpected results did the project achieve?.....	35
Stakeholder.....	39
Describe what worked well? .....	41
Recommendation.....	41

## **Acknowledgement**

We wish to appreciate the management of the TY Danjuma Foundation for providing the funds towards the actualization of this project, the Nigeria Breweries plc, Ministry of Health and the state primary health care board, comprising the Executive Secretary of the Board Dr Hamsa I. Abuba and the Directors (Haj. Nafisat Isa Musa, Dr Neyo Liyasu and others).

We also wish to use this medium to appreciate our able Patrons and the staff of FAROF, including community stakeholder for making the project a success, while owning it with deep sense of commitment and responsibility.

### **1. Project Background**

More than 50,000 women die during childbirth in Nigeria every year, while every day, Nigeria loses 2,300 under five-year-old children and 145 women of child bearing age, according to the 2013 Nigeria Demography Health Survey (NDHS), which puts Nigeria's Maternal Mortality Ratio (MMR) at 576 deaths per 100,000 live births. In addition, Nigeria has the highest number of maternal and child deaths in sub-Saharan Africa, with an estimated 40,000 maternal deaths and 827,000 child deaths each year. Nigeria rank second highest in maternal mortality globally. Pneumonia, malaria, and diarrhoea continue to take lives of many children in Nigeria.

Northern Nigeria has the highest child mortality rate and the highest fertility rate, the lowest proportion of children fully immunized and lowest proportion of births attended by a skilled attendant. Using Kaduna State as a project location. Kaduna state has been ranked second in the northwest region with the highest number of maternal deaths. Kaduna State, boasts of a Primary Health Facility in every ward, with poor access, infrastructure and limited utilization of service by pregnant women, where antenatal visit attendance is 43.8% in 2017. Contraceptive prevalence rate is 24.10% (NUHRI/MICS 2017).

According to the 2015 MDG report, targets for maternal and child mortality were not met due to the common problem attributed in the situation to lack of friendly ante-natal care service delivery at facility level, geographical coverage, low MCH knowledge, inadequate trained medical and paramedical personnel and/or skilled birth attendant, and limited access to medical and infrastructural facilities, especially communities suffering high rate of insurgencies and rural communities in Kaduna state.

According to the Kaduna state Primary health care Board 2021 (LGAs Reproductive Health Coordinator), evidence had shown that the maternal and child health services available provide care to only a small percentage of the population, mainly those living in the urban areas. Over 85% of the population live in rural areas where medical facilities and coverage are lacking, couple to the fact that COVID 19 pandemic which had also caused the increased death rate of Women and children; which *has put an unprecedented strain on health systems, often disrupting routine services, including emergency transportation.*



Using Amina as a typical example of a pregnant mother who lives in Hayin Naiya community and couldn't attend ANC due to the poor knowledge of ANC until her 7 months (third trimester) and, lost her baby due to two major reasons, these are: distance to the facility for child delivery couple to the fact that she had a vaginal infection because of her inability to attend ANCs, while Hajiya Binta who also lives in close proximity to Amina in a village called malalin gabas, had delivered her first and second baby at home, due to distance from her community to the nearest Primary health care PHCs. Her fear today with her third pregnancy is how she desire to have her delivery in the hospital rather than at home; in other to prevent further complications she had gone through in her first two deliveries. In the first year of the SPHEC-MCH project implementation, It was also evident that most Health workers (midwives) at the primary health care facilities do not use partograph during delivery, due to poor knowledge on this. Source: Baseline survey from TYDanjuma Foundation SPHEC-MCH project 2021

## 2. Introduction & overview of the Project

Delay in accessing and receiving appropriate care is a major predisposing factor to maternal and newborn deaths, the absence of Emergency Transport Systems (ETS) in Primary Health Care centers is a barrier for patients particularly during the COVID 19 pandemic. Vehicular services are often unable to cover rural communities. Poor roads and long distances between health centres and villages only compound the problem – especially during obstetric emergencies. The scaleup of this project into other LGAs of Kaduna state ensure the achievement of the SDG Agenda 2030s, which is aimed that “No one is left Behind”.

Through the implementation of the project titled: **The Strengthening Primary Health Care system for an improved Maternal and Child health (SPHEC-MCH) in Kaduna state, Nigeria. In 2022**, Thousands of women and children have been saved from maternal mortality and child morbidity rate in the state. FAROF , through the partnership with the Kaduna state Primary Health Care Board, have successfully trained frontline Health workers on Emergency Obstetrics and Neo-natal Care (*EMONC*) and data collection; provided Emergency transport system to address geographical coverage barriers to health facilities, supported expectant mothers with delivery kits containing: “sanitary items, spirit and other basic needs required for delivery), we will also include Misoprostol drugs (3 tablets) and Chlorhexidine gel to avoid prevent *postpartum haemorrhage PPH and neonatal infections* respectively”; etc.

FAROF who is currently working closely through partnership with the Kaduna state Primary Health Care Board, Kaduna State Ministry of health, Nigeria Breweries and the TY Danjuma Foundation to ensure women and children are in good health and wellbeing in Kaduna state. Please visit [www.farof.org](http://www.farof.org) to access details of reports and other Accomplishments.

### The Project Goals and Objectives

The project overall goal is to improve the coverage and quality of Maternal and Child Health (MCH) care service delivery in Kaduna state Nigeria by the end of December 2022.

#### Objectives:

By the end of December 2022:

- i. To Strengthen the capacity of frontline healthcare workers to effectively provide sensitive, high quality child health services
- ii. To increase the attendance of ANC and delivery service at the Primary health Care centers.
- iii. To pull diverse community stakeholders, including men/husbands to work together in reducing infant mortality while promoting Maternal and Child Health (MCH) service utilization in community and state level.

### Target population & number of beneficiaries

The project will be implemented in 7-local government areas of Kaduna state “**Kubau LGA, Giwa LGA, Kaduna south LGA, Kaduna North LGA, Chikun LGA, Birnin Gwari LGA, and Igabi LGA**” of Kaduna state. We shall be reaching out to pregnant adolescent girls and women, while engage certified Obstetric-gynecologist (health workers) as Trainers during project implementation.

The targeted Primary health care facilities selected as Beneficiaries are:

**Chikun LGA** ( PHC Gwagwada, PHC Narayi And PHC Kudandan); **Igabi LGA** (PHC K/Zango, PHC Kutungare, PHC Sanhu); **Birnin Gwari LGA** (MPHC Dogon Dawa, PHC Tabanni, PHC Kutemeshi, Mchc Birnin Gwari, PHC Kakangi) Primary health cares; **Kaduna North LGA** (PHC Ung Sarki, PHC Junction Road, PHC Warri Street, PHC Jos Road, and PHC Ung Dosa) Primary Health Care; **Kaduna South LGA** ( PHC Bima road, PHC U/Sanusi, PHC Kubau road, PHC Kakuri Hausa, PHC Kabala west) Primary health Care; **Kubau LGA** (PHC Haskiya, PHC Dutsenwai, PHC Damau, PHC Mah, PHC Zuntu) Primary health Care; **Giwa LGA** (PHC Gangara, PHC. Yakawada, PHC. Panhauya, PHC. Kaya, PHC Kidandan) Primary Health Care.

These LGAs were selected due to the high recorded data of neonatal and child mortality rate in the state by the state ministry of health 2018 and due to poor ANC service attendance. These communities are recorded with Women attendance to ANC at facility level less than 47%. Source: Kaduna State RMNCAH+N Scorecard, 2018 and Kaduna state MNCH, Nigeria.

### 3. About FAROF (Organisation Background)

FREEHEARTS AFRICA REACH OUT FOUNDATION FAROF is a registered non-profit development organization (**CAC/IT/NO 61548**), with a Consultative Status at the United Nations ECOSOC, certified (MBNP/NGOIC/S.1320/1) by the Federal Ministry of Finance, Budget and National Planning in the FCT-Abuja, Nigeria; and committed to reaching out to Vulnerable groups (children & Women) through quality health interventions, with over 10 years track record of implementing programs in Northern region of Nigeria to improve health and human development programs. We have a broad management team of experts and partners, implementing projects with international best practice, while bringing minimum of 10 years on experience in private, multinational works, with Government and non-Government organizations.

FAROF has received grants from varied donors/Grantors, such as U.S. *President's Emergency Plan for AIDS Relief(PEPFAR)*, grant number **GH12-1210 GH000922-** Friend for Global Health Initiative in Nigeria (FGHIN), US Embassy, Abuja(**SNI01419GR0054**); with technical supports from UNICEF-Kaduna, *National Agency for the Prohibition of Trafficking in Persons (NAPTIP)*, Global funds, Catholic Relief Service-CRS

and other national and international partners. Under the leadership of (Ambassador (Mrs.) Eunice Adams.) a general Nurse, mid-wife and license mental health Nurse with over 35years hands on experience in health reform, a recipient of many awards from Government of Rwanda, Nigeria Government, and sierra leone government.

FAROF who is also a current grantee of the TY Danjuma Foundation under a five (5) year grant period on Maternal and Child Health Program (2022-2027) being implemented in Kaduna state, targeted at providing service to the 23LGAs through partnership with the Kaduna state Primary Health Care Board (KDSPHCB). While we will continue to leverage on existing project and other implementing partner program to maximize the CIHP's Value for Money (VfM). FAROF's experience working in Northern Nigeria, combined with a passion for measuring impact, implement program with an assurance that Donors investment in the program will succeed, and that this success will be sustainable, measurable and communicable to external stakeholders.

FAROF have being implementing similar Health project from 2015 to 2020 and aimed at creating options for economic empowerment of commercial sex workers, OVC and PLWHA social support and other poor women and girls. Further, FAROF had implemented similar project successfully in Kaduna state, Nigeria within 2015-2020 through a financial support obtained from different donor partners such as CDC/PEPFAR, FGHIN and US embassy, Abuja.

FAROF work with well-designed policies and organizational structure, having two (2) departments, namely admin/finance and program department, our project funds are managed by a team of competent and skilled personnel, including 7members Governance team and two (2) chartered accountants guided with an updated Financial and Procurement manual to ensure that no funds are mis-spent or misappropriated. We currently have 4full time staffs and 3 hired contractual staffs based on project awards, our staffs employed are specific to the Foundation's program area and varies based on availability of project grants awarded.

## **OUR VISION:**

Envision serving as a source to humanitarian excellence, where every child and women's right are protected with improved quality health care, illiteracy and better living standard.

## **OUR MISSION STATEMENTS:**

FAROF mission is committed to creating a safe and healthy community for the most disadvantaged children and women through quality health care, education, protection against violence and exploitation, and community development that are sustainable, replicable and appropriate for hard-to-reach-area.

## **CORE VALUE:**

Our core values are: **Excellence** (quality in service delivery), **Humanitarianism** (care for our target individuals), **Transparency** (Openness in our dealings), **Accountability** (responsible and answerable), **Commitment** (dedicated to our service) and **Resourcefulness** (value addition).

## 4. 2022 MNCH Project Activities Implemented

### Section 1: Continuous advocacy visits

The project team carried out a series of advocacy visits to various stakeholders. The objectives of these visits were to familiarize the stakeholders on the scale up of SPHEC-MCH project into other communities, seek ways of collaboration and for the provision of technical support during the project implementation.

#### 1.1. Advocacy visit were conducted to the following multi-stakeholders for partnership, they were:

##### i. Chairman Kaduna North Local Government Area:



*Advocacy meeting With the Local Government Area*



*Deputy chairman Kaduna North and council members.*

##### ii. zonal health coordinator's office (overseeing Kaduna North and South) to introduce FAROF and to discuss with him the SPHEC-MCH project;



*At the Zonal health coordinator's office*





111. The team proceeded to the PHC Zakari Isah where the team met with the officer in charge of the facility.



*With the officer in charge of PHC Zakari Isah*

- iv. The FAROF team paid a visit to the District Head of Kawo on the 21<sup>st</sup> of March, 2022. The meeting had 9 persons in attendance, 2 females and 7 males; in attendance at the meeting were the district head, the village head of Rafinguza, the reproductive health coordinator and social mobilization officer (SMO) of Kaduna North Local government and staff of FAROF led by the Development manager.



*The district head Kawo*



- v. The meeting with the staff of the primary health care centre Rafinguza was held on 21<sup>st</sup> March, 2022. The meeting had 7 persons in attendance comprising of 3 females and 4 males. In attendance at the meeting were the assistant officer in charge of the facility, a midwife, the reproductive health coordinator, the social

mobilization officer, and the village head of Rafinguza and staff of FAROF led by FAROF's Development manager.



*Primary healthcare centre  
Rafinguza*

- vi. The FAROF team visited the primary healthcare centre Ungwan Sarki, on 21<sup>st</sup> March, 2022, the team met with Officer in charge of the facility to observe the facility. 6 persons were in attendance at the meeting comprising of 3 males and 3 females.



*PHC Ungwan Sarki*

- vii. The team proceeded to Primary Healthcare Centre Badarawa, the Assistant Officer in charge of the facility was there to receive the team. 6 persons were in attendance at the meeting comprising of 3 females and 3 males.





***PHC Badarawa***

- viii. An advocacy visit was carried out to the Kaduna South Local Government Council on 31<sup>st</sup> March, 2022. The team met with the Director of Health, Kaduna South Local Government Area. The meeting had 8 persons in attendance (4 females and 4 males), comprising of the Director of health, the deputy health director, the reproductive health coordinator, the director of human resources and the CEO and staff of FAROF.



***At the office of the health secretary  
Kaduna South Local Government Area***

- ix. The team proceeded to PHC Kakuri Hausa, 7 persons were in attendance at the meeting comprising of 4 females and 3 males.



### ***PHC Kakuri Hausa***

- x. The team moved to PHC Makera, in attendance were 8 persons comprising of the officer in charge, a midwife, the reproductive health coordinator and the CEO and staff of FAROF. an average of 300 women attend ANC monthly but only 50 to 40 women return to the facility for deliveries.



### ***PHC Makera***

- xi. The FAROF team visited PHC Television Garage from PHC Makera, in attendance at the meeting were the officer in charge and two midwives in charge of the labour room. An averages of 100 to 150 women who attended ANC monthly with an average of 20 to 35 deliveries at the facility level monthly.





*With the staff and officer of PHC Television Garage*

- xii. From PHC Television Garage, the team moved to PHC Barnawa. In attendance at the meeting were the officer in charge and a midwife. About 800 to 1000 women attend ANC at the clinic with an average of 50 deliveries monthly.



*visit to PHC Barnawa*

- xiii. The FAROF team visited PHC Kubau Road on 4<sup>th</sup> April, 2022. In attendance were the officer in charge of the facility, the reproductive health coordinator, the CEO and staff of FAROF. There is a low turnout of ANC and delivery at the facility with an average delivery of 10 women in a month. Evidence shows that staffs do not use partograph to monitor delivery. The delivery room was observed and it is not in a good condition.



### *Visit to PHC Kubau Road*

- xiv. The team proceeded to PHC Ungwan Sanusi and the officer in charge was there to receive the team, there is a low turnout of ANC attendance and delivery at the facility. Some of the reasons why the women do not patronise the facility are: poorly equipped delivery room, poor hygiene facility, lack of adequate skilled midwives in the facility, lack of means of transportation to transport women who have been referred to a secondary facility, the distance of the facility from their residential areas.



*At the Primary healthcare centre  
Ungwan Sanusi*

- xv. Advocacy to the Nigerian Breweries:** The FAROF team paid a visit to the Regional Manager of the Nigerian Breweries Kaduna on 22<sup>nd</sup> May, 2022. In the attendance at the meeting were; the North Manager of the Nigerian Breweries and FAROF staff led by the CEO. The objective of the meeting was to introduce FAROF and also intimate them on FAROF's activities and also to seek ways in which the Nigerian Breweries can partner with FAROF for her ANC activities. The Regional Manager commended FAROF for a job well done and ensured the Team that Nigerian Breweries will support FAROF's ANC activities with a start-up of 10 cartons of Maltina drinks monthly to be distributed during weekly ANC for pregnant women, this is aimed to increase

antenatal at facility level and this will serve as NBplc community service to the community.



**S**

- xvi. Advocacy to the Kaduna State Ministry of Health:** The FAROF team paid a courtesy visit to the state Ministry of Health on 1<sup>st</sup> September, 2022; in attendance were; the state commissioner of health, the special assistant to the governor, the director of public relations, other staff of the ministry, FAROF staff led by the CEO. The objective of the meeting was to strengthen partnership between FAROF and the ministry and, also to intimate the ministry on the organizations activities over the past years.





*the commissioner of health Kaduna State*

### **Outcome of the Advocacy Meeting**

- The Emergency Transport system to be provided by FAROF/TYDF shall be stationed at the facility for the transportation of pregnant mothers within the community with the use of MOU to ensure proper maintenance.
- There will be a monthly distribution of delivery kits for women who attend Antenatal with 8<sup>th</sup> ANC contact visit.
- The delivery room in the facility is not in good condition; delivery service at the facility is very poor. Delivery is carried out using candle light, due to the lack of electricity, poor hygiene facility, etc. FAROF to pull more Partners working together to support renovation of delivery rooms with good hygiene facilities across the state to increase delivery/child birth at the facility level in 2023 and beyond
- There are a lot of traditional birth attendants who carry out deliveries in the community, thus provide trainings for traditional birth attendant and link them to the nearest facility.
- There are no adequate staffs at the facility to conduct the delivery. Ministry of health to employ more mid-wives to support Deliveries which happens mostly at night.
- there is no sufficient security at the facility, PHCs mandated to use funds from the LGA to fund security personal.



- Partnership strengthened between the Ministry and FAROF's for forth coming projects to improve project impact
- The commissioner commended FAROF's activities and she advised that an MOU should be signed between FAROF and the Ministry of Budget and Planning;
- FAROF's activities and reports should be sent to the Ministry so that it can be incorporated into the Ministry's 2023 work plan which is under development.
- To Jointly address issues such as cultural methods affecting antenatal attendance at the facility level, through equipping the delivery rooms, with the introduction of birthing stools for women at all facilities
- The Government to address the challenge of insufficient midwives at the primary healthcare level.
- The curriculum for EMONC trainings should be updated regularly so as to fit into current best practices.
- Focal person from the Ministry Dr. Joseph Sunday was attached to provide technical support to the project in the year 2023 and above.

## **Section 2: Sensitization meeting**

Sensitization meetings were also conducted at the various primary health care facilities during ANC, to sensitize the pregnant women on the need for ANC attendance and hospital deliveries to avoid complications that may arise during labour and delivery. The meetings were carried out at the selected primary healthcare centres from Kaduna North and Kaduna South (PHC Rafinguza, PHC Badarawa, PHC Zakari Isah, PHC Television Garage, PHC Ungwan Sanusi and PHC Barnawa). The women were sensitized on the project, which is aimed at increasing the uptake of ANC in the various facilities. The women are the main beneficiaries of the project. For women that attend 75% ANC on their 7<sup>th</sup> visit, deliveries kits will be given to them, mosquito nets will also be given to women that refer other women to the facility for ANC. The women were given referral forms which they will use to invite other women who are pregnant in their neighbourhoods. The women were also sensitized on what maternal and child health (MCH) is, which is the overall health of the woman during pregnancy, childbirth and postnatal period. Complications that may arise during pregnancy, labour and delivery can be prevented and managed if women are managed by skilled health care workers during ANC. The women discussed some of their challenges; some women attend ANC during pregnancy but deliver at home because they cannot get to the facility on time due to the distance. Some women said for their previous deliveries they have not been able to afford delivery kits, they look forward to receiving the FAROF/TYDF delivery kits. The sensitization meetings were carried out on the following dates at the various healthcare facilities: PHC Rafinguza; 5<sup>th</sup> April, 2022, 40 women were in attendance, PHC Televisioion Garage; 7<sup>th</sup> april, 2022, 30 were in attendance, PHC Ungwan Sanusi; 11<sup>th</sup> april, 2022 50 women were in attendance, PHC Barnawa, 45 women were in attendance, PHC Zakari Isah; 12<sup>th</sup> April, 2022, 30 women were in attendance, PHC Ungwan Sarki; 14<sup>th</sup> april, 2022, 50 women were in attendance.



***Pregnant women during the sensitization meeting***

### **Section 3: Handover of Emergency Transport System (ETS).**

The ETS was handed over on 18<sup>th</sup> May, 2022 to PHC Rafinguza and PHC Television, Kaduna North and Kaduna South Local Government Areas respectively. The ETS were handed over at the various facilities; PHC Television at 9am and PHC Rafinguza at 12pm. in attendance at PHC Television were; the Vice Chairman Kaduna South LGA, the Director, Primary Healthcare Kaduna State Primary Healthcare Board, the Local Government Director of Health, the District Head of Makera, the Ward Head, the Village Head of Television, members of the Ward Development Committee, staff of the facility and members of the community. The MOU was read and signed by all parties involved and the keys to the ambulance were handed over to the Primary Healthcare Board to be handed over to the facility in charge. The local government and the primary healthcare staff expressed their appreciation and commitment towards maintaining the ambulance. The team proceeded to PHC Rafinguza, Kaduna North Local government, in attendance were; the representative of Kaduna North Local Government, the Village head of Rafinguza, the Director and staff of Kaduna State Primary Healthcare Board, the local Government Director of Health, the State Chairman of the Ward Development Committee, the chairman of the Rafinguza Health Committee, members of the Ward development committee, the reproductive health coordinator, the staff of the facility and members of the community. The MOU was read, explained and signed by all parties involved and the keys were handed over to the Primary Healthcare Board which in turn was handed over to the facility



***Handover of ETS keys at PHC  
Television K/South LGA***



***Hand over of ETS keys at PHC  
Rafinguza K/North LGA***



**ETS handover to PHC and community stakeholders**

#### **Section 4: Emergency Maternal Obstetrics Neonatal Care (EMONC) training for healthcare workers in Kaduna State.**

The training for health workers in Kaduna state commenced on the 1<sup>st</sup> of June, 2022 to 3<sup>rd</sup> June, 2022. The objective of the training is to strengthen the capacity of health care workers to provide quality maternal and child health service. The three days training took place at the primary healthcare agency conference room and FAROF conference room. Participants were drawn from seven (7) local governments, Kaduna North, Kaduna South,

Chikun and Igabi Local Government, BirninGwari, Giwa and Zaria LGA Areas respectively. 3 participants were trained from each local government. Thus a total of 25 health workers were trained on EMONC.

The facilitators for the training were; Amb. Eunice Adams (CEO FAROF), Dr Joel Adze from BarauDikko Teaching Hospital Kaduna, Dr Afolabi Koladade from Ahmadu Bello University Teaching Hospital, Zaria and HajiaBinta Mohammed, Chief Midwife BarauDikko Teaching Hospital, Kaduna.

The first day of the training focused on the following topics:

- Overview of training objectives
- Evidence based interventions for reduction of maternal mortality and morbidity.
- Problem solving method
- Bleeding in early pregnancy (post abortion)
- Bleeding in late pregnancy.

On the second day, the following topics were considered:

- Prevention and management of sepsis
- Pre-eclampsia and eclampsia
- Neonatal sepsis
- Prolonged and obstructed labour
- Birth asphyxia including helping babies breathe

On the final day of the training, the following topics were discussed:

- Infection prevention
- Admitting a woman in labour and partograph
- Practical and case studies using partograph

During the training, the facilitators engaged the use of case studies, interactions, lectures and practical sessions. The participants were evaluated before and after the training and 85% of the participants have an improved maternal and child health skill with better understanding on delivery skills.

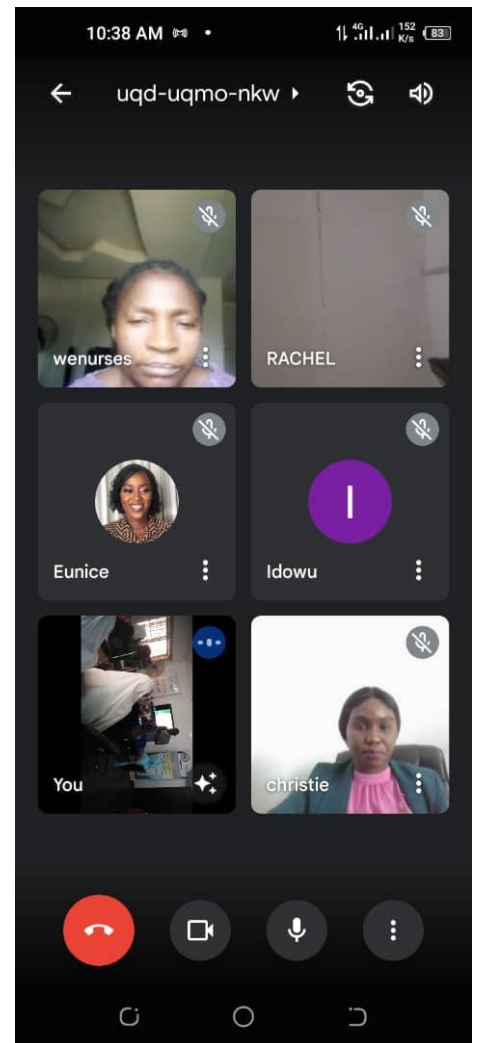
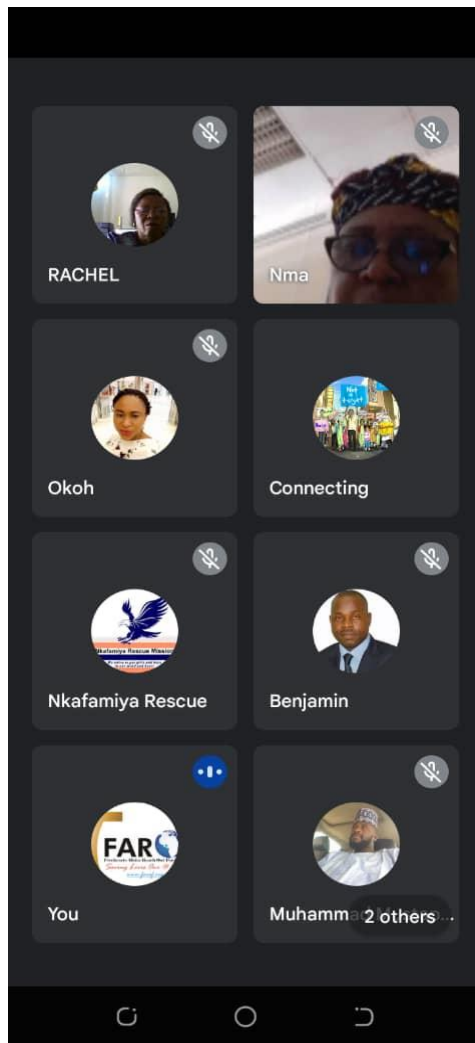
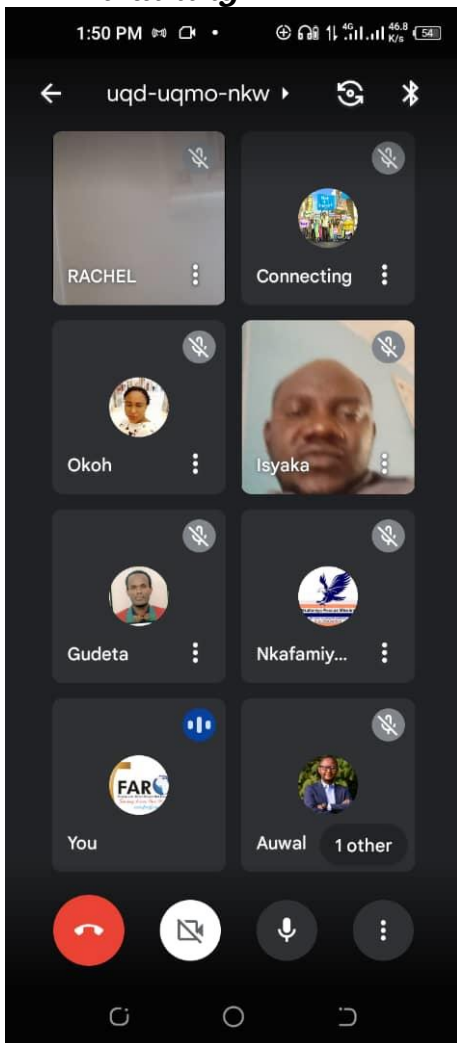
The following were the key outcomes of the in-person and virtual EMONC training:

- Lessons learnt from the training will be utilized by the participants to provide better maternal and child health service in a friendly and conducive atmosphere.
- Increased knowledge on the use of the partograph.
- The participants were trained timely referrals of pregnant mother during labour to a secondary facility where there is a critical complication.
- The participants to use the problem-solving method to care for a patient before referral to a secondary facility.
- Participants to conduct step down training at their various facilities for an improved maternal and health care service delivery.
- Virtual EMONC training will be emulated for future trainings, but an adequate practical session will be ensured.
- Certificates were issued to participants at the end of the training.





**Participants during the EMONC training**



## **Section 5: One day sensitization/training of volunteer NURTW drivers:**

10 NURTW volunteer drivers 5 per LGA were trained on safe transportation of pregnant women and obstetric emergencies (from the commercial work mind set to an outlook of offering specialized health care delivery transportation service) to the nearest health care facility. Training was conducted at each Facility.

## **Section 6: TY Danjuma Team Visit**

The TYDF Team visited FAROF project site from 19<sup>th</sup> September to 23<sup>rd</sup> September 2022. The Team comprised of Mrs. Christy (Health Officer) and Mr Adewale (the Internal Auditor). The team joined the FAROF team to carry out some activities at some of the Primary Healthcare Centers, the activities included the distribution of delivery kits, Antenatal clinic activities and interviewing beneficiaries of delivery kits and the ETS monitoring exercise.

The team visited PHC Rafinguza on Tuesday, 20<sup>th</sup> September, 2022, the activities at the facility included; distribution of delivery kits, antenatal clinic activities and documentation of impact stories by beneficiaries of the ETS and Delivery kits (10 beneficiaries shared their impact stories).

The team visited PHC Television on Wednesday, 21<sup>st</sup> September, 2022 the activities at the facility included; distribution of delivery kits, antenatal clinic activities and documentation of impact stories by beneficiaries of the ETS, after which same day, the Team proceeded to the Nigerian Breweries for an advocacy.

On Thursday, 22<sup>nd</sup> September, 2022, the team visited PHC Farakwai. The activities at the facility included; distribution of delivery kits, antenatal clinic activities, documentation of impact stories by beneficiaries of the ETS and, assessment of the ETSs, after which, the Team proceeded to the Kaduna State Primary Healthcare for a meeting with the Director Primary Healthcare to discuss the state of the ETS at PHC Farakwai and PHC Nasarawa, which includes its repairs and maintenance for continuous usage by women in the community.

The TYDF Team gave positive suggestion towards the project growth and other monitoring advise.





***at PHC Rafinguza***



***PHC Television***



***with the North regional manager  
Nigerian Breweries***



***with the Director Kaduna State  
Primary Healthcare Board***

### **Outcome of the Visit**

1. Strengthened partnership with the Nigeria breweries
2. Nigeria Breweries Pledged to scale up products in 2023
3. Make Recommendations in the area of monitoring

### **Section 7: Quarterly stakeholder Reflection/Review Meetings**

The 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> quarter reflection meetings were held in the each quarter of the year 2022 “ March, June, September & December 2022”. The meeting brought together stakeholders from the Chikun, Igabi, Kaduna North and Kaduna South Local Government Area; comprising of health NGOs, community key stakeholders, LGA council members, representative from the Kaduna State Primary Healthcare Service Board. A total of 30 persons were in attendance comprising of 14 females and 16 males.

#### **1.1. The following were the outcomes from the meeting**

- FAROF Close Monitoring of the utilization of the ETS was highly appreciated by the stakeholder
- Follow up by facility on pregnant mothers who could not deliver at the facility was recommended by stakeholders



- There is a massive need for the distribution of more delivery kits to facility to promote ANC attendance
- Delivery rooms at the facilities will required renovation and provision of delivery items, such as delivery bed, etc.
- LGA who does not maintain the ETS as stated on MOU should be arraigned by the Primary health Care Board
- Provision of referral incentives promote increased Referral at facility level.
- The repair of the ETS is required at PHC Farakwai for continuous usage by women in the community, it is expected contribution comes from all parties as stated in the MOU, a time line to be agreed upon by the Primary Health care Board.
- Kaduna state Ministry of health to collaborating with project, through provision of focal persons directly from the ministry to provide technical assistant
- A copy of the Program Reports to be shared with the Ministry of health, Primary health care Board, local government and other identified partners.
- Schedule a meeting with the Primary health care board and members of the Primary health care to plan for future project scaleup
- Ensure proper documentation of the ETS use and maintenance at all facilities
- FAROF/TYDF MNCH programs to be integrated into the Kaduna state MNCH activities and vice versa
- Primary Health care Board to continue working closely with the TYDF/FAROF Programs in the state

### **Section 8: Distribution of delivery Kits**

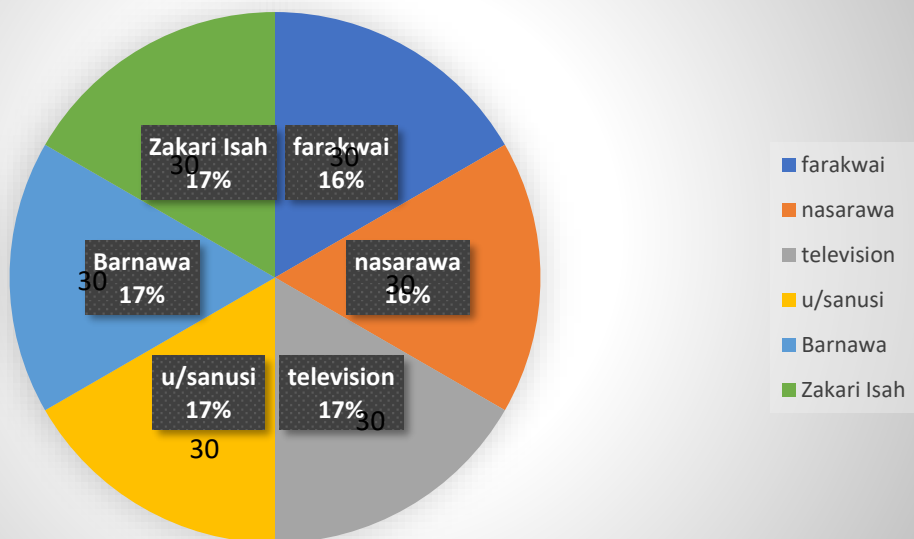
Following data collected and verified from the PHC ANC register and M&E data collection form, delivery kits were distributed to women who attended 75% of ANC on their 7<sup>th</sup> visit at PHC Farakwai and PHC Rafinguza, PHC Zakari Isah, PHC Barnawa, PHC Ungwan Sanusi, PHC Television Garage and PHC Badarawa. Delivery kits comprising of sanitary pad, methylated spirit, cotton wool, chloryxl gel, misoprostol tablets, hand gloves and cord clamp were distributed. Through partnership with the Nigerian Breweries, Maltina drinks have been added to the delivery packs from starting from June 2022. The objective of the distribution was to increase the number of women who attend ANC. The women expressed their appreciation and promised to invite other women. Women that have not been able to afford delivery kits for their past deliveries were placed at top priority.

- **First Quarter Distribution of Delivery Kits**

In the first quarter from January to April 2022, 210 delivery kits were distributed across the Primary Healthcare Centres.

***The chart below shows the distribution of delivery kits in the first quarter;***

## Distribution of delivery kits



**beneficiaries of delivery kits PHC Television**



**Beneficairies of delivery kits PHC Barnawa**



**beneficairies of delivery kits PHC U/sanusi**

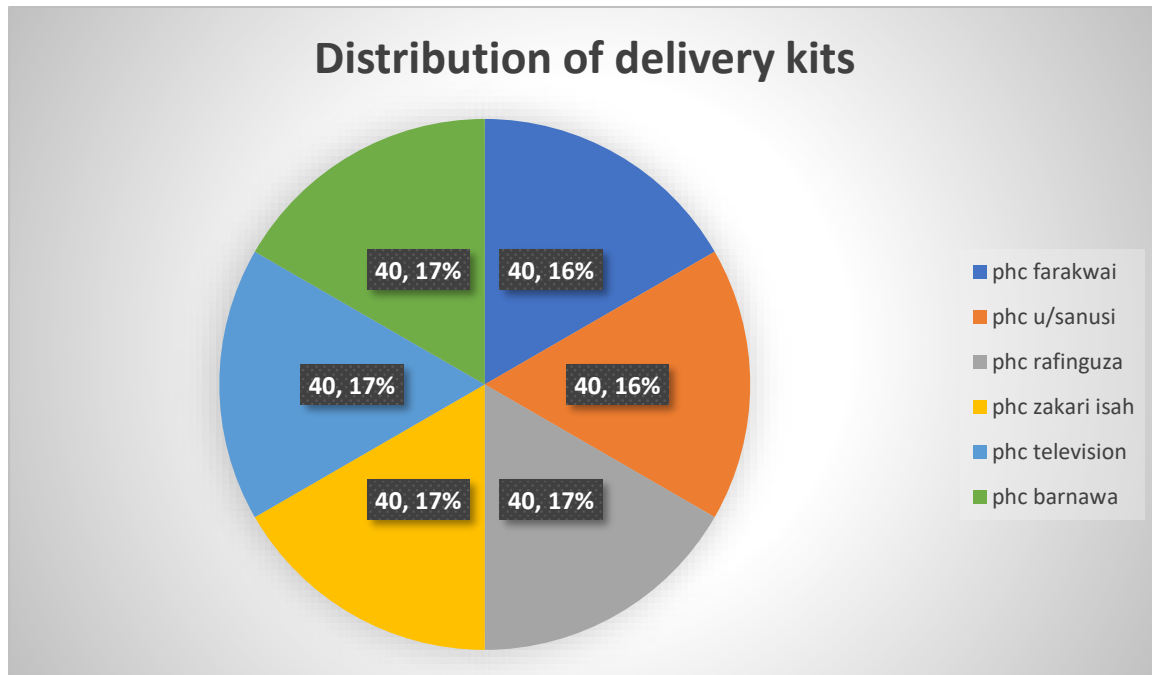


**Beneficairies of delivery kits PHC Rafinguza**

### Second and third quarter Distribution of Delivery Kits

In the second quarter from May to September 2022, 965 delivery kits were distributed with 1,200 Maltina drinks donated by the Nigerian Breweries. Maltina drinks were distributed to all women in attendance during ANC including those that are not yet eligible for delivery kits.

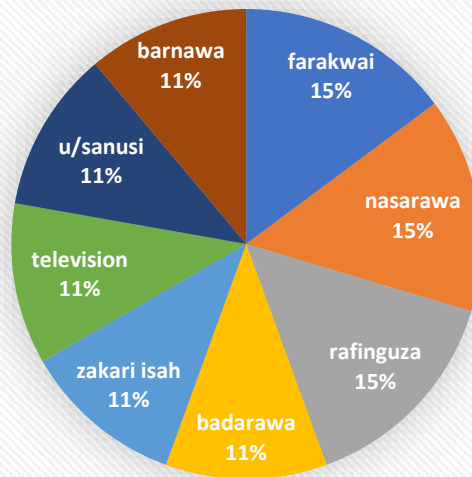
***The chart below shows the distribution of delivery kits from May to September 2022 across the facilities***



***The chart below shows the distribution of Maltina drinks across the facilities from May to September 2022***



## distribution of Maltina Drinks



■ farakwai ■ nasarawa ■ rafinguza ■ badarawa ■ zakari isah ■ television ■ u/sanusi ■ barnawa





***Beneficiaries at PHC Rafinguza***



***PHC Ungwan Sanusi***



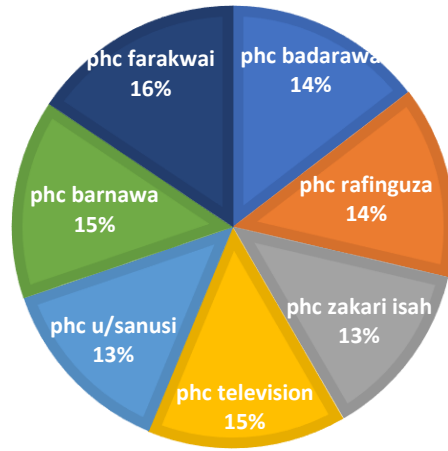
**Fourth quarter distribution of delivery kits**

In the 4<sup>th</sup> quarter “October to December 2022”, 192 delivery kits were distributed with 720 Maltina drinks donated by the Nigerian Breweries. Maltina drinks were distributed to all women in attendance during ANC including those that are not yet eligible for delivery kits.

***The chart below shows the distribution of Maltina drinks across the facilities from October to December, 2022***

### DISTRIBUTION OF DELIVERY KITS

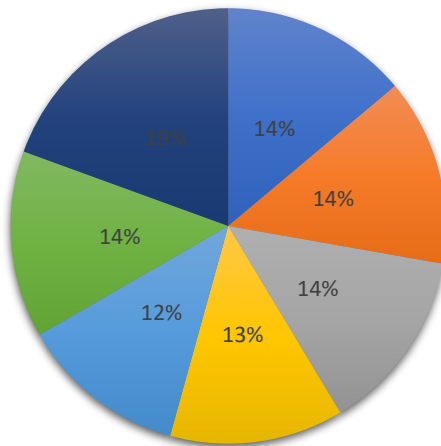
■ phc badarawa 
 ■ phc rafinguza 
 ■ phc zakari isah 
 ■ phc television  
■ phc u/sanusi 
 ■ phc barnawa 
 ■ phc farakwai



**The chart below shows the distribution of Maltina drinks across the facilities from October to December 2022**

### Distribution of Maltina Drinks

■ phc badarawa 
 ■ phc rafinguza 
 ■ phc zakari isah 
 ■ phc television  
■ phc u/sanusi 
 ■ phc Barnawa 
 ■ phc farakwai







***Beneficiaries of delivery kits***

**Monthly data collection**

The M&E team has been carrying monthly data collection visits to the primary healthcare facilities to determine the growth of ANC attendance and the utilization of the Emergency Transport System. During monitoring and evaluation visits, ANC sessions are observed to assess the quality of service being rendered to the clients and also the attitude of the staff towards the clients. Following the monthly data collected and verified from the PHC ANC register and M&E data collection form. It was observed also that the provision of delivery kits, distribution of Maltina Drinks and the availability of the ETS has increased antenatal clinic attendance and deliveries at the facilities. **The following is the summary of the antenatal clinic attendance and deliveries from January 2022 to December 2022:**

**PHC Nasarawa**

<b>Month</b>	<b>Total Antenatal clinic attendance</b>	<b>Deliveries</b>
January	115	38
February	167	30
March	180	30
April	178	33
May	167	39
June	170	33
July	156	36
August	171	32
September	168	40

October	130	37
November	127	37
December	130	40

### PHC Farakwai

Month	Total Antenatal clinic attendance	Deliveries
January	84	39
February	97	33
March	100	38
April	150	40
May	110	38
June	94	40
July	110	28
August	129	30
September	130	34
October	133	35
November	127	32
December	136	34

### PHC Rafinguza

Month	Total Antenatal clinic attendance	Deliveries
January	253	30
February	229	20
March	197	19
April	200	23
May	221	37
June	230	31
July	232	35
August	230	40
September	234	45
October	225	40
November	232	50
December	238	51

### PHC Badarawa

Month	Total Antenatal clinic attendance	Deliveries
January	429	58
February	415	48
March	412	60
April	356	51
May	400	60
June	389	56
July	467	63
August	420	54
September	422	60
October	400	60

November	467	63
December	466	62

### PHC Zakari Isah

Month	Total Antenatal clinic attendance	Deliveries
January	150	26
February	100	20
March	120	33
April	177	30
May	180	30
June	167	35
July	171	33
August	181	37
September	179	32
October	180	30
November	167	35
December	181	37

### PHC Television

Month	Total Antenatal clinic attendance	Deliveries
January	128	28
February	152	33
March	160	37
April	158	36
May	218	50
June	172	35
July	180	50
August	179	48
September	180	46
October	218	50
November	172	35
December	175	40

### PHC Ungwan Sanusi

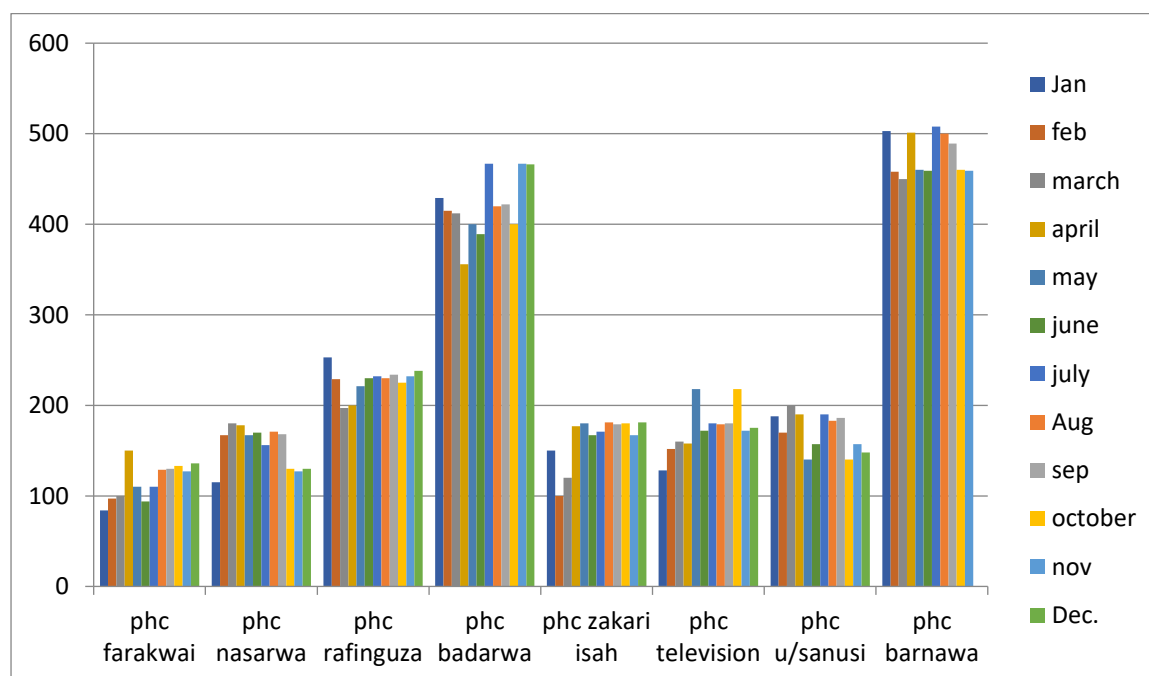
Month	Total Antenatal clinic attendance	Deliveries
January	188	30
February	170	28
March	200	39
April	190	35
May	140	31
June	157	33
July	190	37
August	183	30
September	186	32
October	140	31
November	157	33

December	148	35
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**PHC Barnawa**

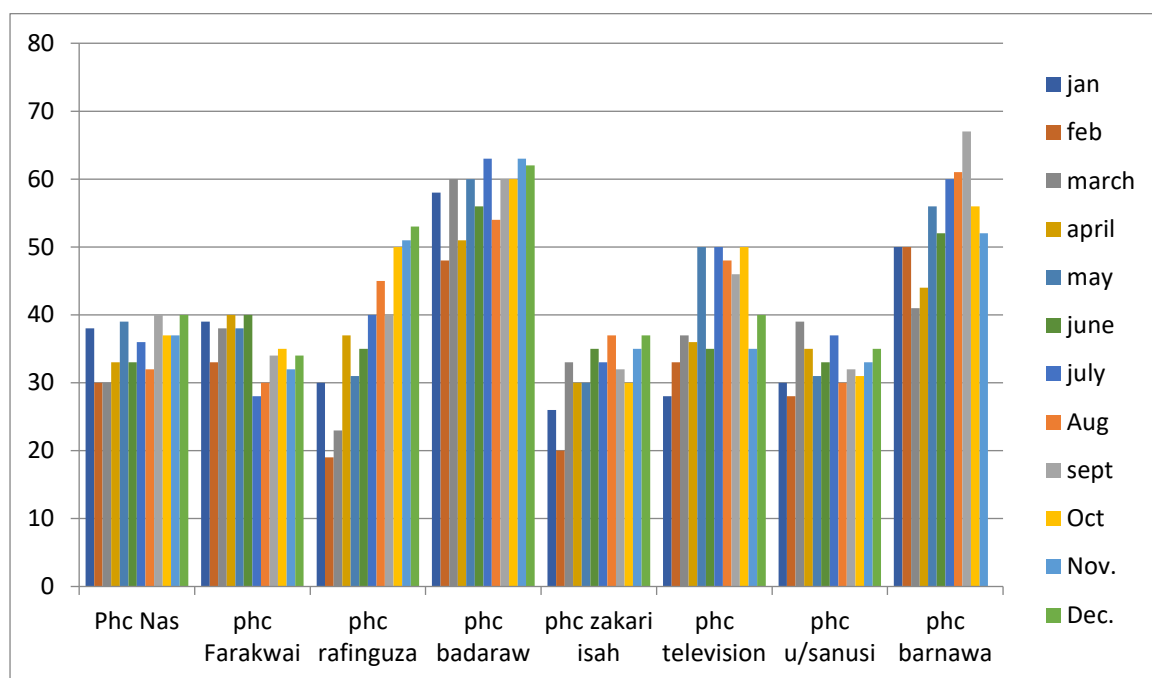
Month	Total Antenatal clinic attendance	Deliveries
January	503	50
February	458	50
March	450	41
April	501	44
May	460	56
June	459	52
July	508	60
August	500	61
September	489	67
October	460	56
November	459	52
December	464	52

**The chart below shows antenatal clinic attendance across the primary healthcare centres:**



**The chart below shows the deliveries across the primary healthcare centres:**





### ❖ Referrals

Referral forms were distributed to the women to refer other pregnant to the healthcare centre for antenatal care. In the first quarter, 104 women were referred to the healthcare centres by women from PHC Nasarawa and PHC Farakwai.

Month	PHC FARAKWAI	PHC NASARAWA
January	15	12
February	20	17
March	24	16

In the second quarter, referral forms were distributed to women at all the eight primary healthcare centres. A total of 408 women were referred to the Primary Healthcare Centres. The table below shows the number of referrals from May 2022 to August 2022 at PHC Nasarawa, PHC Farakwai, PHC Rafinguza, PHC Barnawa, PHC Zakari Isah, PHC Badarawa, PHC Ungwan Sanusi and PHC Television Garage

Facility	Month				
	May	June	July	August	September
	<b>No. of referrals</b>				
<b>PHC Farakwai</b>	11	8	10	12	10
<b>PHC Nasarawa</b>	9	7	10	10	8
<b>PHC Rafinguza</b>	12	9	15	13	11
<b>PHC Television</b>	8	12	9	10	9
<b>PHC U/sanusi</b>	12	10	11	13	10

<b>PHC Zakari Isah</b>	<b>6</b>	<b>8</b>	<b>10</b>	<b>9</b>	<b>7</b>
<b>PHC Barnawa</b>	<b>13</b>	<b>14</b>	<b>11</b>	<b>12</b>	<b>13</b>
<b>PHC Badarawa</b>	<b>9</b>	<b>7</b>	<b>10</b>	<b>8</b>	<b>12</b>

In the third quarter, a total of 241 women were referred to the PHCs from October to December, 2022. The table below shows the number of referrals at PHC Nasarawa, PHC Farakwai, PHC Rafinguza, PHC Barnawa, PHC Zakari Isah, PHC Badarawa, PHC Ungwan Sanusi and PHC Television Garage.

Facility	Month		
	October	November	December
	<b>No of referrals</b>		
<b>PHC Farakwai</b>	<b>11</b>	<b>8</b>	<b>10</b>
<b>PHC Nasarawa</b>	<b>9</b>	<b>7</b>	<b>10</b>
<b>PHC Rafinguza</b>	<b>12</b>	<b>9</b>	<b>15</b>
<b>PHC Television</b>	<b>8</b>	<b>12</b>	<b>9</b>
<b>PHC U/sanusi</b>	<b>12</b>	<b>10</b>	<b>11</b>
<b>PHC Zakari Isah</b>	<b>6</b>	<b>8</b>	<b>10</b>
<b>PHC Barnawa</b>	<b>13</b>	<b>14</b>	<b>11</b>
<b>PHC Badarawa</b>	<b>9</b>	<b>7</b>	<b>10</b>

### **Utilization of Emergency Transport System (ETS)**

A total of 69 women delivered at PHC Farakwai using the ambulance. The ambulance was donated to PHC Rafinguza and Television of 18<sup>th</sup> May, 2022 and from May to December 2022,

**The table below shows the utilization of the ETS in the first quarter from January to April 2022 at PHC Farakwai and PHC Nasarawa**

Month	Number of women who used ETS	
	PHC Farakwai	PHC Nasarawa
January	20	10
February	15	5
March	15	2
April	19	-

Month	Number of women who utilized ETS		
	PHC Farakwai	PHC Television	PHC Rafinguza
May	25	5	10
June	20	8	25
July	-	3	20
August	-	-	25
September		7	30

Month	Number of women who utilized ETS	
	PHC Rafinguza	PHC Television
October	26	15
November	29	20
December	33	18

### 5. Distribution of long lasting insecticidal nets (LLIN)

LLIN were provided for women at the facility during sensitization and they are taught the proper usage to prevent malaria infection for both the mother and the child. The LLIN is mostly distributed to women who deliver at the facility, breastfeeding mothers and women that were very active in referring other pregnant women. LLIN was also distributed to women that have used the ambulance and have delivered at the Primary Healthcare Centres. A total of 205 women benefitted from the distribution of the long lasting insecticidal nets.







## ***Beneficiaries of the LLIN***

### **6. Results Achieved**

#### **i. difference the project made in the life of beneficiaries**

The project has made an impact in the lives of women in the eight targeted communities. A record of about 70% increased in antenatal visit attendance by expectant mothers has been recorded through this intervention, were a total of 1440 expectant mothers benefitted from the distribution of Maltina through the support of Nigeria Breweries plc, a total of 642 women benefitted from the distribution of delivery kits where by an assessment was used to prioritize delivery distribution, vulnerable women who cannot afford the delivery kits were placed at top priority for the distribution of delivery kits. and a total of 85 women benefitted from the ETS from the month of May 2022 to December 2022 on arrival of the ETS at the two new PHCs. A total of 205 women benefitted from the distribution of the long-lasting insecticidal net (LLIN).

Women from remote communities have been able to access the facility for delivery via the ETS, were recent record shows that about 45% increase in facility delivery due to the availability of the ETS at PHC Rafinguza and, 30% increase in Television PHC.

**(All videos are available on our social media)**

- ii. All Stories are documented as a short impact story “video clip” found on <https://farof.org/success-stories/>



***Juwairiya Ahmed***

Juwairiya is a beneficiary of the ETS from Rafinguza PHC, she is a mother of two children, she gave birth to her first child at home, this is her second child and she delivered at the clinic, for her delivering at the hospital was easier than home delivery because she did not receive the care she got at the hospital at home, she is very impressed with the service she received at the primary healthcare centre, some of the traditional birth attendants they use at home are not experienced to handle the complications that may arise, some even give the woman pepper to sniff so as to push the baby. She started labour at about 12 midnights and because she attended ANC at PHC Rafinguza, she had the driver’s number, she called him and he arrived in less than 20 minutes, she was taken to the hospital where she delivered a healthy baby girl, she is grateful for the service she received at the facility. She is also grateful to TY Danjuma Foundation and FAROF for the ambulance.



***Aisha Isiya***

Aisha Isiya is a beneficiary of the delivery kits and ETS from Farakwai Village, Igabi Local Government Area, she is a mother of seven children. She has been given birth to her 6 children at home and this is the first time she is delivering at the clinic. She attended ANC at PHC Farakwai and when it was time for her to deliver, she called the ambulance, the driver arrived immediately and took her to the clinic where she delivered healthy triplets without complications, she also had the delivery kits that was given to her, and she was given the best treatment free of charge. She is grateful to TY Danjuma Foundation and FAROF for the delivery kit and the ambulance.



***Maimunatu Umar***

Maimunatu Umar a resident of Farakwai Village is a beneficiary of the delivery kits and the ETS. She is a mother of three, she has been giving birth to all her children at home and this is the first time she is delivering at the hospital, the delivery kit was very helpful to her, after delivery at home rag was used to stop the blood flow and she used toothpaste for the baby's navel. She started labour at 6:00 am and at 7:00 am she called the driver of the ambulance where she was given proper care and she delivered her baby girl safely.



***Hannatu Abubakar***



Hannatu Abubakar is a beneficiary of the ETS from Rafinguza Kaduna North Local Government. She is a mother of 3 but she lost the first child as a result of home delivery, she had a prolonged labour, and it was difficult for to get transportation to the hospital, she gave birth to a still baby. She was not attending ANC during her first pregnancy because her mother-in-law said it was not necessary to attend but due to the complications she had in her first pregnancy she decided to convince her mother-in-law to start attending ANC. she was given the number of the ETS driver during ANC and when she started labour at midnight, her husband called the driver and he was able to arrive on time despite the distance of where she lives. She got to the hospital on time, she was attended to immediately and she gave birth to a healthy baby boy. She is grateful to TY Danjuma Foundation and FAROF for the ETS.



***Umma Khairi***

Umma Khairi is a beneficiary of the ETS from Rafinguza, Kaduna North Local Government. She is a mother of seven children, she has given birth to 5 of her children at home and it was not easy for her. She took the driver's number during ANC and when she started labour, she called the driver and he arrived in good time to transport her to the hospital where she was received by the midwives and was given the best care which is free of charge. She delivered a healthy baby boy. She is grateful to TY Danjuma Foundation and FAROF for the ETS because if it she had the easiest delivery.



***Abubakar Jamo***

Abdulrahman Jamo is the admin officer of PHC Rafinguza. According to Mr Jamo, the ANC attendance at the facility has improved from when the distribution of delivery kits commenced at the facility, before the ETS was provided for the facility the deliveries were very low, most women in the community did not know that the facility is running a 24-hour service but with the availability of ETS the women come to the facility at all hours to access the delivery service. When they come to the facility with the delivery kits given to them they are not charged extra fees, this encourages more women to come for ANC and delivery at the facility. He is grateful to TY Danjuma Foundation and FAROF for this intervention because it has been of immense help to the community.



***Bawa Yusuf***

Bawa Yusuf is the driver of the ETS at PHC Rafinguza, he and two other drivers have been transporting women to the facility since the arrival of the ETS at PHC Rafinguza. Women in labour at the community call him at all hours of the day to take them to the facility for deliveries. According to him, the facility authority and the community leaders have been very committed to the maintenance and fuelling of the ETS. They also make sure that the ETS is always in good condition and ready for use at all times. The ETS is a great achievement in the community and he is grateful to TY Danjuma Foundation and FAROF for the ambulance.



***Rejoice Dogara***

Rejoice Dogara is a beneficiary of the ETS from Television Kaduna South Local Government. She is a mother of two. She attended ANC at PHC Television where she was given the number of the ETS driver, she started labour at about 12:30 am. The driver came to her house, she was taken to the clinic where she was attended to in a friendly and conducive atmosphere and gave birth to a healthy baby girl. She is grateful to TY Danjuma Foundation and FAROF for the availability of the ambulance through it, she was able to get to the clinic on time.



***Comfort Innocent***

Comfort Innocent is a beneficiary of the Emergency Transport System at PHC Television, she gave birth to a baby girl on 26<sup>th</sup> June, 2022 she started labour about 9:00 pm, when she called the driver who arrived on time at her house and she was promptly transported to the facility. This is her second child and this has been the easiest labour and delivery for her due to the easy transportation to the facility and the conducive atmosphere where she delivered.



***Blessing Friday***

Blessing Friday is a beneficiary of the ETS from Television, Kaduna South Local government. She is a mother of 2 children. She went into labour on 25<sup>th</sup> May, 2022, she attended ANC at PHC Television where she was given the number of the ETS driver, she was brought to the hospital where she delivered a baby girl but she had a retained placenta and she was referred to a secondary healthcare facility nearby and she was taken

there in the ambulance to be attended to. She is grateful to TY Danjuma Foundation and FAROF for the ambulance.



Nabila Saidu from PHC Farakwai is a mother of three who is a beneficiary of the delivery kit and ETS, she started labour at 9:00 pm. She called the facility and the driver of the ETS who came promptly and transported her to the facility. She said that this is her first time of delivering at the health facility, she delivered all her other children at home and she is grateful for the ETS was available for her to be taken to the hospital on time. She delivered a healthy baby boy and has come to the health facility for her baby's immunization.

### **iii. What unexpected results did the project achieve?**

Through advocacy, FAROF gained partnership with the Nigerian Breweries. The Nigerian Breweries have been supporting the project with the donation of Maltina drinks for distribution during weekly antenatal clinic at the primary healthcare centres which pushed the antenatal attendance by women by 70% in the targeted location.

## **7. Stakeholders**

### **i. What was the role of stakeholders (Government /Community) in the project?**

- The local government provided support by engaging the social mobilization officers (SMO) to accompany the project team to the facilities in Kaduna North and Kaduna South Local Government Areas.
- The Primary Healthcare staff ensure a quality data on ANC attendance and deliveries in their facilities which provided an ease in data collection.
- The primary health care board were saddled with the responsibility of participating in the selections of eligible candidates for EMONC trainings
- Provision of enabling environment for project implementation by the local Government.
- The Primary Healthcare Board provided a conducive environment for the quarterly review meetings.



- Monitoring of ETS and taking responsibility towards its maintenance and repairs by the Local Government and the state government.
- The Facilities made custodians of the ETS and provision of security for the ETS.
- The Community leaders provided reliable drivers in partnership with the local NURTW for the ETS who will be available 24/7.
- Community groups such as the Ward Development Committee (WDC) have provided support in the maintenance of the ETS.

**ii. Did stakeholders fulfil obligation/commitment as indicted in the proposal?**

- The local government are currently providing maintenance and fuelling for the ETS as stipulated in the MOU.
- The Ward Development Committee is providing maintenance, drivers and security for the ETS.

## **8. Learnings**

**i. Describe what worked well?**

- The partnership with government agencies such as the primary health care agency provided an ease in the handing over of the ETS and they will ensure that proper monitoring is done for the maintenance of the ETS.
- The partnership with the Nigerian Breweries has helped in increasing the number of women that attend ANC through the distribution of Maltina Drinks during ANC sessions.
- The engagement of community leaders and men has helped in mobilizing more women in the attendance of ANC. Community groups such as the village mobilization committee has played a key role in helping to raise awareness.
- The distribution of delivery kits has worked well in increasing the number of women that attend ANC at the facilities.
- Integration of pregnant women who attending ANC as referral peer champions with incentives provision in form of (Mosquito nets) worked well.
- Priority was given to most vulnerable women who can not afford delivery kits through an assessment that was carried out during ANC sessions to ascertain the number of women who cannot afford delivery kits and that may prevent them from delivering at the facility, delivery kits were provided to them to ensure that they return to the facility for delivery.

**ii. Recommendation**

- The renovation and/or reconstruction of delivery rooms with good hygiene facilities is required to encourage women child birth at the facility level.
- Conduct training for traditional birth attendance, while link them to work with the nearest facility

- Strengthen partnership with traditional birth attendant and the relevant community stakeholders
- Promote a multi-stakeholder partnership towards the achievement of the SDG goals in Nigeria
- Pull diverse partners to support Primary health care antenatal services and child birth at facility level
- State government and community leaders continue to take ownership of the project through their contribution in monitoring, raising funds to support project, etc.
- Training frontline health workers on friendly antenatal care service delivery, complicated child birth, good hygiene practice and Postpartum family planning PFP , amongst others.