

Description of the Maternal and Neonatal Health Care Learning Grant

Dissemination Meeting

Abuja, Nigeria

March 8, 2012



Goal:

- A learning grant to demonstrate effective, scalable approaches to improving critical maternal health practices in the home and position successful approaches for scale up.



Context: Demographics

- Fertility:
 - Nigeria = 5.7
 - North Eastern Nigeria = 6.5 per household
- Maternal mortality is 545 deaths /100,000 live births
- Neonatal mortality is 40 deaths/1000 live births (NDHS 2008)



Context: Health System Issues

- **Health seeking behavior** among rural women in Nigeria, especially Gombe State is very **low**
- Only **17.5 % receive services from Health facilities** (NDHS 2008), despite free Antenatal Care and under five children services in Gombe State
- **Limited numbers of skilled health workers** in health facilities in Gombe State



Project Objectives

Given demographic and health system context the project seeks to:

- Test three models to strengthen health seeking behaviour through existing community providers
- Increase access to health care:
 - Improved supply of MNH products
 - Develop call center and MNG hotline
 - Provide referral system
- Build platform to support scale up



Project Core Indicators

Process Indicators included percentage of:

- Home births where a clean delivery kit was used
- New mothers who initiate breastfeeding within an hour of birth
- Live births with a postnatal visit within 48 hours
- Newborns who slept under a treated bed net within the first 7/28 days of delivery



Project Core Indicators

Outcome Indicators included percentage of :

- Births occurring in a facility
- Births delivered by C-section

Impact Indicators included:

- Survival of the infant at one month of age



Project Design: Models

PPMVs Intervention, Call Centre and Emergency
Transport Scheme Drivers

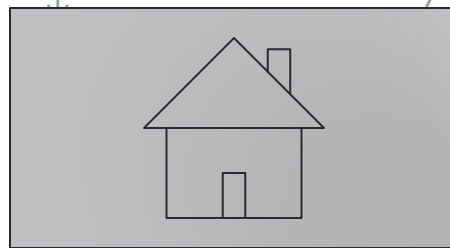


**Traditional
Birth
Attendants
ONLY**

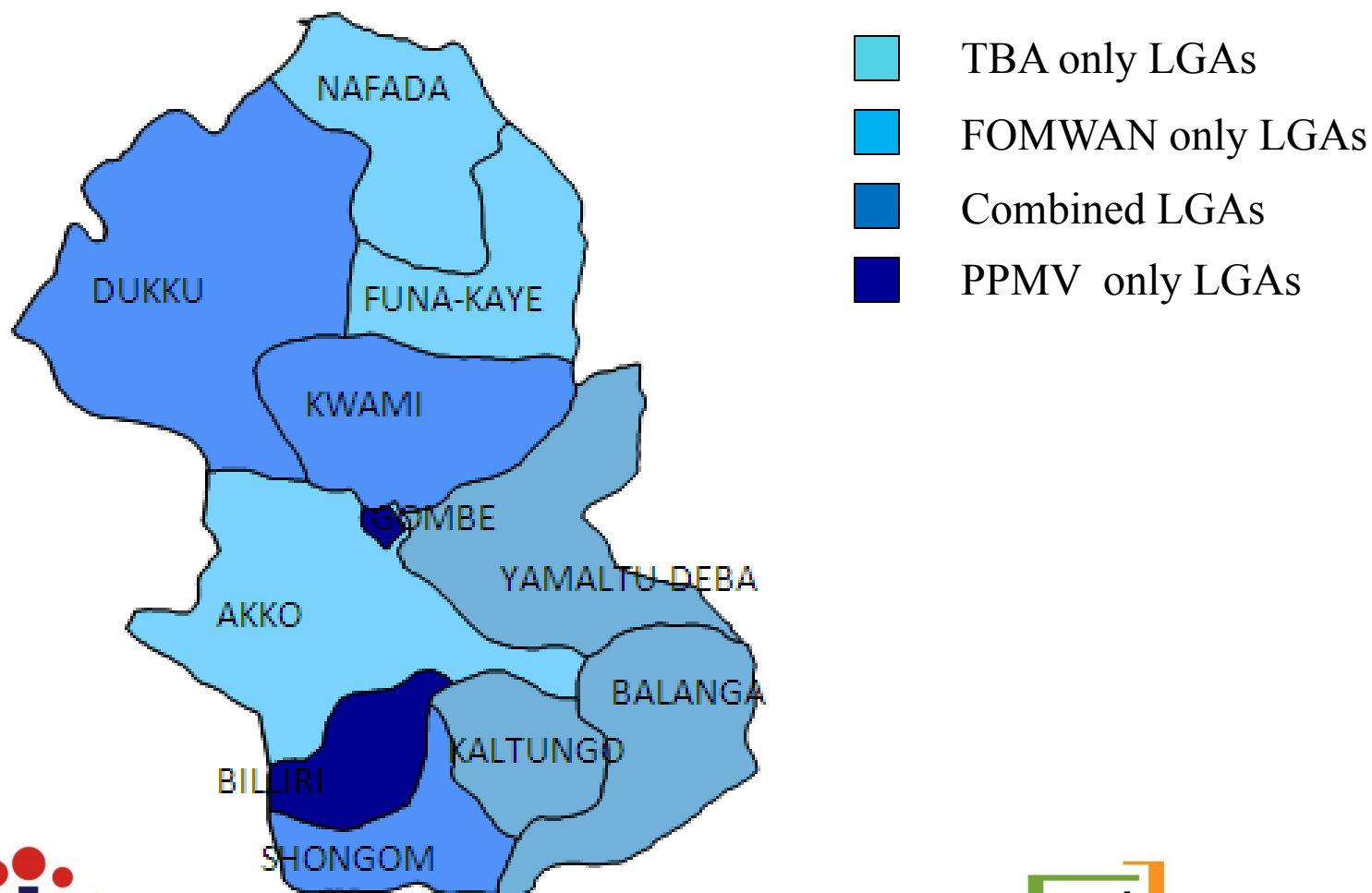
**FOMWAN
Volunteers
ONLY**

**Traditional
Birth
Attendants
and
FOMWAN
Volunteers
(Combined)**

**PPMVs
ONLY**



Map of Gombe LGAs with Models



Model 1: Traditional Birth Attendants (TBAs)

- 315 were recruited, trained and deployed
- Trained on
 - recognition of danger signs
 - counseling
 - care of the cord
 - thermal care for the newborn
- Visit women 4 times
 - during second and third trimesters
 - during labour
 - within 28 days of delivery



Model 1: TBAs and Their Duties

- Serve as a bridge between the community and the formal health system:
 - Visit women directly in their homes
 - Undertake deliveries
 - Referrals
 - Accompany women to health facilities.
 - Access support from Call centre
 - Arrange Emergency Transport Scheme drivers
 - Instruction on how to use the Call centre



Model 2: Women's Group Volunteers - Federation of Muslim Women Association of Nigeria (FOMWAN)

- 248 volunteers were recruited and trained on:
 - Interpersonal Communication (IPC)
 - Importance of attending Antenatal clinic
 - Recognition of danger signs
 - Use of flip chart for IPC
 - Use of the Call Centre

Model 2: FOMWAN

- FOMWAN volunteers communicate key MNH messages and deliver basic services at the household level
- They encourage pregnant women to go for ANC and deliver in hospital
- They are called for advice when pregnant women or their newborn require medical attention
- They call the Call Centre for help
- They arrange Emergency Transport for pregnant women or their newborn to hospital .



Model 3: Combined Model – TBAs and FOMWAN

- A third model to leverage all existing community-based providers in a given LGA.
- The model used a combination of the TBAs and FOMWAN volunteers.



Proprietary Patent Medicine Vendors (PPMVVs)

- SFH is implementing this objective across the entire state including comparison LGAs not hosting another model.
- SFH worked with the National Association of Patent and Proprietary Medicine Dealers (NAPPMED) and individual registered PPMVs across Gombe state to:
 - Increase availability of MNH care products at PPMV shops.
 - Improve the ability of PPMVs to recognize maternal and neonatal danger signs and refer families to a higher level of care.



The MNH Call Centre

- SFH designed, launched, markets and manages an MNH call centre in Gombe State.

The purpose of the call centre is to:

- Increase availability of MNH information to pregnant women, their families and the community-based care providers.
- Strengthen referral systems and ultimately reduce the delay between the onset of illness or complications and the receipt of appropriate care.



The MNH Call Centre

- The Call Centre is a toll-free hotline with 9 numbers from 3 different telecommunication companies that are accessible in most part Gombe state.
- The users are community based providers, PPMVs, pregnant women and/or new mothers and their families in Gombe State.



Emergency Transport Scheme

- SFH and Transaid, worked with the National Union of Road Transport Workers (NURTW) to establish a low cost Emergency Transport Scheme (ETS) linked to the Call Centre.
- 695 Drivers were recruited and trained in:
 - danger signs
 - referral centres
 - lifting and transporting a woman or neonate in an emergency



THANK YOU

